

Applied Behavior Consultants, Inc. (ABC, Inc.)

Notice of Privacy Practices

Effective: January 1, 2014

THIS NOTICE EXPLAINS HOW YOUR MEDICAL INFORMATION MAY BE USED AND DISCLOSED, AND HOW YOU CAN GET ACCESS TO THIS INFORMATION. PLEASE REVIEW IT CAREFULLY.

We are required by state and federal law to protect your health information. We must give you this notice to let you know your rights and how we may use and share your information.

Your information is personal and private.

After you become eligible and enroll in a health plan, your health plan sends your information to us. We also may receive medical information from your doctors in order to approve and pay for your health care.

ABC, Inc. requires its employees to follow ABC, Inc.'s privacy and security policies and procedures to protect your health information in oral, written, or electronic form. This means that an ABC, Inc. employee who has access to your information and needs it in order to perform his or her job duties, will not discuss your information in public areas or with unauthorized persons and will lock away and ensure your information is stored away when not in use. If the employee must send your information via an electronic form, he or she will ensure the communication is encrypted. ABC, Inc. limits access to health information about members to those employees who need it to perform their jobs.

CHANGES TO NOTICE OF PRIVACY PRACTICES

ABC, Inc. must obey the notice currently in effect. We have the right to change these privacy practices. If we make changes after January 1, 2014, we will revise this notice and send it to you right away.

HOW WE MAY USE AND SHARE INFORMATION ABOUT YOU

Your information may be used or shared by ABC, Inc. only for a reason directly connected to your insurance or managed care health program. The information we use and share includes, but is not limited to:

- Your name
- Address
- Personal facts
- ABA therapy treatment records/reports
- Individual Education Program
- Medical records

Some actions we take when we act as a ABA Provider include:

- Checking your eligibility and enrollment
- Coordinating the care you receive

Examples:

1. **For treatment:** We will share information with your insurance company or managed care health plan in order to obtain authorization for treatment
2. **For payment:** ABC Inc. reviews, approves and bills for health care claims.
3. **For health care operations:** We may use information in your health record to be judged for the quality of the health care you receive. We may also use this information in audits, fraud and abuse programs, planning, and general administration.

OTHER USES FOR YOUR HEALTH INFORMATION

1. Sometimes a court will order us to give out your health information. We will also give information to a court, investigator or lawyer if it is about the operation of ABC, Inc.
2. We may also share your health information with agencies and organizations that check how our health plan is providing services.
3. We must share your health information with the federal government when it is checking on how we are meeting privacy rules.

WHEN WRITTEN PERMISSION IS NEEDED

If we want to use your information for any purpose not listed in this notice, we must get your written permission. If you give us your permission, you may take it back in writing at any time.

WHAT ARE YOUR PRIVACY RIGHTS?

- You have the right to ask us not to use or share your personal health care information in the ways described in this notice. We may not be able to agree to your request.
- You have the right to ask us to contact you only in writing, or at a different address or post office box, or by telephone. We will accept reasonable requests when necessary to protect your safety.
- You and your personal representative have the right to get a copy of your health information; you have the right to request an electronic copy if it is available. You will be sent a form to fill out and may be charged a fee for the costs of copying and mailing records. We may keep you from seeing certain parts of your records for reasons allowed by law.
- You have the right to receive notification if an unauthorized person accessed or received your unsecured protected health information in a manner not permitted by HIPAA.
- You have the right to ask that information in your records be changed if it is not correct or complete. We may refuse your request if: 1.) The information is not created or kept by ABC, Inc, or 2.) We believe it is correct and complete.
- If we don't make the changes you ask, you may ask that we review our decision. You may also send a statement saying why you disagree with our records, and your statement will be kept with your records.

****IMPORTANT****

ABC, INC. DOES NOT HAVE COMPLETE COPIES OF YOUR MEDICAL RECORDS. IF YOU WANT TO LOOK AT, GET A COPY OF, OR CHANGE YOUR MEDICAL RECORDS, PLEASE CONTACT YOUR DOCTOR OR CLINIC.

- When we share your health information after January 1, 2014, you have the right to request a list of:
 1. With whom we shared the information
 2. When we shared it
 3. For what reasons
 4. What information was shared

This list will not include when we share information with you, with your permission, or for treatment, payment or health plan operations.

You have a right to request a paper copy of this Notice of Privacy Practices. You can also find this notice on our website at www.abcreal.com

- [View the Notice of Privacy Practices](#)

HOW TO CONTACT US TO USE YOUR RIGHTS

If you want to use any of the privacy rights explained in this notice, please call or write us at:

Kathy L Tucker, Privacy Officer

ABC, Inc.
4540 Harlin Drive
Sacramento, California 95826
1 916 364.7800, 177

Filipe Lucio, E-Privacy Officer

ABC, Inc.
4540 Harlin Drive
Sacramento, California 95826
1 916 364.7800, 177

COMPLAINTS

If you believe that we have not protected your privacy and wish to file a complaint or grievance, you may write or call ABC, Inc. at the address and phone number above. You may also contact the agencies below:

Privacy Officer

California Department of Health Services
1501 Capitol Avenue, MS 4721 P.O. Box 997413
Sacramento, CA 95899-7413
1-916-445-4646 or TDD/TTY 1-877-735-2929
Website: dhcs.ca.gov/privacyoffice

OR

U.S. Department of Health and Human Services

Office for Civil Rights
Attention: Regional Manager
90 7th Street, Suite 4-100
San Francisco, CA 94103
For additional information, call 1-800-368-1019
or
U.S. Office for Civil Rights at 1-866-OCR-PRIV (1-866-627-7748)
or TDD/TTY 1-866-788-4989

USE YOUR RIGHTS WITHOUT FEAR

ABC, Inc. cannot take away your health care benefits or do anything to hurt you in any way if you choose to file a complaint or use any of the privacy rights in this notice.

QUESTIONS

If you have any questions about this notice or want more information, please contact the ABC, Inc. Privacy Officer at the address and phone number from above.