



WHAT YOU SHOULD KNOW ABOUT THE PROTECTION OF YOUR PRIVACY

The Great Lakes Center for Autism Treatment and Research (GLCATR) and Residential Opportunities, Inc. (ROI) is committed to protecting the privacy of you and your child and complying with the Federal Rules regarding the use and disclosure of protected health information. *This law, Health Insurance Portability and Accountability Act (HIPAA) was enacted to safeguard your Protected Health Information (PHI).* GLCATR is required by law to: 1) make sure that medical information that identifies you and/or your child is kept private; 2) give you this Notice of our legal duties and privacy practices with respect to medical information; and 3) follow the terms of this Notice that is currently in effect. This notice describes how medical information about your child may be used and disclosed, your rights and how you can access this information. Please review it carefully.

Direct questions, requests and complaints to ROI HIPAA Privacy Officer; Jules Isenberg Wedel
Office: ROI Administration Building, 1100 S. Rose; Kalamazoo, 49001;
Phone: Confidential voicemail: 269-343-3731 (ext 220)
Email: Jisenberg_wedel@resopp.org

How GLCATR May Use and Disclose Your Child's Medical Information

The following describes the different ways that medical information may be used or disclosed. Not every possible use or disclosure is specifically mentioned. However, all of the ways we are permitted to use and disclose medical information will fit within one of these general categories:

For treatment: We will use medical information about your child to provide medical treatment and services. We may disclose medical information about your child to doctors, nurses, technicians, laboratories and other office personnel who are involved in providing your child's medical care.

For payment: We may use and disclose medical information about your child so that the services your child receives at GLCATR may be billed to and payment may be collected from you, an insurance company, or a third party. We may also tell your health plan about a treatment your child is going to receive to obtain prior approval or to determine whether your plan will cover the treatment.

For Health Care Operations: We may use and disclose medical information about your child for practice operations necessary to run our office and make sure that all of our patients receive quality care. We may also combine medical information about many of our clients to decide what additional services the office should offer, what services are not needed and whether certain new treatments are effective. We may also disclose information to doctors, nurses, technicians and other office personnel for review and learning purposes. We may remove information that identifies you from this set of medical information so that others may use it to study health care and health care delivery without learning the identity of specific clients.





Appointment Reminders: We may use and disclose medical information to contact you as a reminder of your child's appointment at this office.

Treatment Alternatives: We may use and disclose medical information to tell you about or recommend possible treatment options or alternatives for your child that may be of interest to you.

Health-Related Benefits and Services: We may use and disclose medical information to tell you about health related benefits or services that may be of interest to you.

Research: Under certain circumstances, we may use and disclose medical information about your child for research purposes.

As Required by Law: We will disclose medical information about your child when required to do so by federal, state or local law.

To Avert a Serious Threat to Health or Safety: We may use and disclose medical information about your child when necessary to prevent a serious threat to the health and safety of your child, another person or the public. Any disclosure would only be to someone able to help prevent the threat.

Health Oversight Activities: We may disclose medical information to a governmental or other oversight agency for activities authorized by law. For example, disclosures may be made in connection with audits, investigations, inspections, license renewals, etc.

Lawsuits and Disputes: If you are involved in a lawsuit or dispute, we may use your medical information to defend the office or to respond to a court order.

Law Enforcement: We may release medical information about your child if required by law when asked to do so by a law enforcement official.

Coroners and Medical Examiners: We may release medical information to a coroner or medical examiner to identify a deceased person or determine the cause of death.

Other uses and disclosures of your medical information not covered by this Notice of Privacy Practices will be made only with your written authorization. If you provide such an authorization in writing to use or disclose medical information about your child, you may revoke that authorization in writing at any time. If you revoke your authorization we will no longer use or disclose medical information about your child for the reasons covered by your written authorization.





Your Rights Regarding Your Child's Medical Information

You have the following rights regarding the medical information this office maintains about your child:

1. Should you decide that GLCATR is not meeting its responsibility to protect your private information, you have a right to complain to the HIPAA Privacy Officer.
2. You may request restrictions on the use /disclosure of your protected health information. Direct your request to the HIPAA Privacy Officer as noted above. You do not have to explain your request in order to have it met. Also, GLCATR does not have a legal obligation to meet the request. If GLCATR agrees to the restriction, it will be treated as if legally mandated to do so.
3. You have the right to request and receive communications from GLCATR by alternative means and alternative communications. For example, you may want GLCATR to leave messages at your place of work, or to use only Email to contact you. GLCATR will accommodate reasonable requests. Once GLCATR agrees to a request, it will be treated as if legally mandated to do so. Make your requests known to the HIPAA Privacy Officer.
4. You have the right to receive an accounting of disclosures of your protected health information for purposes other than treatment, payment, and health care operations. For example, an accounting of disclosures made to an accrediting body. You may request an accounting for up to six years worth of information effective April 14, 2003. Make your request known to the HIPAA Privacy Officer.
5. You have the right to inspect and copy protected health information that GLCATR uses to make decisions about your diagnosis, treatment/care, and reimbursement purposes. This information is called "Designated Record Set". Contact the HIPAA Privacy Officer; you will be informed of the procedures.
6. You have the right to request amendments to your protected health information maintained in GLCATR's records about you. Requests should be submitted in writing to the HIPAA Privacy Officer and are to include your reasons for the amending actions. GLCATR will consider requests for the information that GLCATR created. Once you have contacted the HIPAA Privacy Officer you will be informed of the procedure.





Client name _____ Date of birth _____

Case # _____

ACKNOWLEDGEMENT OF RECEIPT OF NOTICE OF PRIVACY PRACTICE

By signing below, I acknowledge that I have received a copy of The Great Lakes Center for Autism Treatment and Research/Residential Opportunities Inc.'s Notice of Privacy Practices form.

Signature of Patient or Authorized Representative

Date

Witness

Date

