



APL's Notice of Privacy Practices
First Effective: March 2023
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Most Recent Effective Date: March 2023

[THIS NOTICE DESCRIBES HOW WE MAY USE AND DISCLOSE MEDICAL INFORMATION ABOUT YOUR CHILD AND HOW YOU CAN GET ACCESS TO THIS INFORMATION. THIS NOTICE ALSO DESCRIBES SOME OF THE RIGHTS YOU HAVE RELATED TO THIS MEDICAL INFORMATION. PLEASE REVIEW IT CAREFULLY.]

If you have any questions about this notice, please contact our Privacy Officer:

Kristin Ojala
compliance@aplschool.org
(206) 427-0115, x 107

Our Obligations:

We are required by law to:

- Maintain the privacy and security of your child's protected health information.
- Let you know promptly if a breach occurs that may have compromised the privacy or security of your child's information.
- Follow the duties and privacy practices described in this notice and give you a copy of it.
- Not use or share your child's information other than as described here unless you tell us we can in writing. If you tell us we can, you can change your mind at any time. If you change your mind, please let us know in writing.

When it comes to your child's health information, you have certain rights. This section explains your rights and some of our responsibilities to help you.

You have the right to get a copy of your child's online ABA clinical record.

If you wish to see the claims history of your child's care, which includes diagnostic and procedure codes as well as electronic data interchange codes we use to communicate with your health insurance company, please let us know. Unlike the medical record (where treatment plans and progress reports are found), the claims history data are more complicated and time-consuming to export and while we're more than happy to get you that information, we'll need to charge you a fee to cover the time we spend getting the records together for you. We'll provide you with an estimated charge in advance of producing the claims information. Please note that this claims history information is the same as what you receive and can access for free from your health insurer.

If you'd ever like a full copy of your child's online ABA clinical record, just ask and we'll give you a copy of it in PDF format on a USB drive at no cost to you. To request a PDF copy of your child's online clinical record, please send us an email at compliance@aplschool.org. We'll give you one free, PDF copy of your child's online clinical record once every 12 months. If you'd like PDF copies more often than that, we'll need to charge you \$10.00 per copy to help cover the expenses of our time, materials, and postage we spend getting each extra copy to you.

If you'd like a copy of your child's online ABA clinical record in a format other than PDF, please let us know. While we'll do our best to give you a copy in the format you'd like, we may not be able to convert all of your child's files to the format you choose, and we may have to charge you to convert the files to the format you'd like. Before we charge you, we'll estimate how much we think it will cost, let you know whether we think we'll have any problems converting all of the files to the format you've chosen, and we'll get your approval before we charge you or start the process of converting your child's files. If we need to charge you to get you a copy of your child's online clinical record in the format you've chosen, we'll only charge you what it actually costs us to make the copy for you; we won't charge you anything more than it cost us

You have the right to ask us to correct something in your child's ABA clinical record

- You can ask us to correct information in your child's ABA clinical record that you think is wrong or incomplete. To ask us to correct something, please notify compliance@aplschool.org
- When you complete the form, we'll review your request. Please understand that we may say "no" to your request.
- Within 60 days, we'll either correct the information that you asked us to, or we'll let you know in writing why we won't be changing it.

You have the right to ask us to communicate with you in certain ways

- You can ask us to contact you in a specific way. For example, you might ask that we only contact you at your home or using your office phone; or you might ask us to send mail to you at a specific address and not at another address.
- We'll say "yes" to any reasonable request you make about how you'd like us to communicate with you.
- To request that we contact you in certain ways, please just send us an email to compliance@aplschool.org

You have the right to ask us to limit what information we use or share

- You can ask us not to use or share certain health information for treatment, payment, or our operations.
- We aren't required to agree to your request, and we may say "no" if it would affect your child's care.
- If you pay for our services out-of-pocket in full, you can ask us not to share that information for the purpose of payment or our operations with your insurance company. When you pay for our services privately and request that we not share information about those services with others, we'll say "yes" unless a law requires us to share that information.

- To ask us to limit what information we use or share, please email us at compliance@aplschool.org

You have the right to get a list of who we've shared your child's information with

- You can ask for a list of the times we've shared your child's information for six years before the date you ask. When you ask for this list, we'll tell you who we shared the information with, what we shared, and why we shared it.
- We'll include all disclosures except for disclosures about treatment, payment, and health care operations, and certain other disclosures (such as any you asked us to make). We'll provide you one accounting per year for free but will charge a reasonable, cost-based fee if you ask for another accounting within 12 months.
- To ask us for a disclosure of what information we've shared, please email compliance@aplschool.org

You have the right to get a copy of this Privacy Notice

- You can ask for a paper copy of this notice at any time, even if you've agreed to receive the notice electronically. We will provide you with a paper copy promptly. If you'd like a paper copy, please just send us an email at compliance@aplschool.org and we'll get one in the mail to you right away.

You have the right to choose someone to act on your behalf

- You can choose someone to act for you. If you have given someone medical power of attorney or if someone is your legal guardian, that person can exercise your rights and make choices about your child's health information, unless the law provides an exception for this.
- If you ask someone else to act on your behalf, we'll make sure the person has this authority and can act for you before we take any action based on what they say.

You have the right to ask us to send your child's ABA clinical information to someone else

- You also have the right to request that we send clinical information about your child's ABA program to another person or entity. We'll make every effort to provide access to your child's Protected Health Information in the form or format you request, if it is readily producible in that form or format. If the Protected Health Information is not readily producible in the form or format you request we'll provide your child's clinical record in either our standard electronic format (which is the portable document (or PDF) format) or if you don't want a PDF copy, we'll print a readable hard copy form. We may charge you a reasonable, cost-based fee for the labor associated with transmitting the electronic medical record or printing your child's record.
- If you'd like to request that we share your child's clinical record with someone else, please email compliance@aplschool.org

You have the right to file a complaint if you feel your rights are violated

- You can complain if you feel we've violated your child's rights. We won't retaliate against you for filing a complaint against us.
- You have the right to file a complaint directly with us. If you'd like to file a complaint with us, please email compliance@aplschool.org
- You can also file a complaint with the U.S. Department of Health and Human Services Office for Civil Rights by sending a letter to:

200 Independence Avenue, S.W.
Washington, D.C. 20201
or by calling 1-877-696-6775

- If you believe that your rights or your child's rights have been violated, you can file a complaint with the [Washington State Department of Health](#)
- In addition, you have the right to complain to the [Behavior Analyst Certification Board™](#)

HOW WE MAY USE AND DISCLOSE HEALTH INFORMATION:

The following describes the ways we may use and disclose health information that identifies you or your child ("Health Information"). Except for the purposes described below, we'll use and disclose Health Information only with your written permission. You may revoke your permission at any time by writing to our practice's Privacy Officer. APL's Privacy Officer is Kristin Ojala and they may be reached at compliance@aplschool.org.

For Treatment. We may use and disclose Health Information for your child's treatment and to provide your child with treatment-related health care services. For example, we may disclose Health Information to doctors, nurses, technicians, or other personnel, including people outside of APL, who are involved in your child's medical care and need the information to provide your child with medical care.

For Payment. We may use and disclose Health Information so that we or others can bill and receive payment from you, your child's insurance company, or a third party for the Applied Behavior Analysis (ABA) treatment and services we provide your child. For example, we may give your health insurance company information about your child so that they will reimburse us for your child's ABA treatment.

For Health Care Operations. We may use and disclose Health Information for health care operations purposes. These uses and disclosures are necessary to make sure that all of our patients receive quality care and so that we can operate and manage our practice. For example, we may use and disclose information to make sure the behavior analytic care your child receives is of the highest quality. We also may share information with other entities that have a relationship with you (for example, your health plan) for their health care operation activities.

For Appointment Reminders, Treatment Alternatives and Health Related Benefits and Services. We may use and disclose Health Information to contact you to remind you that your child has an appointment with us. We also may use and disclose Health Information to tell you about treatment alternatives or health-related benefits and services that may be of interest to you.

With Individuals Involved in Your Child’s Care or Payment for Your Child’s Care. When appropriate, we may share Health Information with a person who is involved in your child’s medical care or payment for your child’s care, such as your family or a close friend. We also may notify your family about your child’s location or general condition or disclose such information to an entity assisting in a disaster relief effort.

For Research. Under some circumstances, we may use and disclose Health Information for research. For example, a research project may involve comparing the health of patients who received one treatment to those who received another, for the same condition. Before we use or disclose Health Information for research, that project will go through a special approval process. Even without special approval, we may permit researchers to look at records to help them identify patients who may be included in their research project or for other similar purposes, as long as they do not remove or take a copy of any Health Information.

SPECIAL SITUATIONS:

As Required by Law. We will disclose Health Information when international, federal, state or local law requires us to disclose that Information.

To Avoid a Serious Threat to Health or Safety. We may use and disclose Health Information when necessary to prevent a serious threat to your child’s health and safety or the health and safety of the public or another person. Disclosures, however, will be made only to someone who may be able to help prevent the threat, such as a police officer.

To Our Business Associates. We may disclose Health Information to our business associates who perform functions on our behalf or provide us with services if the information is necessary for such functions or services. For example, we may use another company to perform billing services for us. All of our business associates are obligated to protect the privacy of your information and aren’t allowed to use or disclose any information other than as specified in our contract with them. All of our business associates sign confidentiality agreements with us to help protect your child’s Health Information.

To Military Command Authorities. If you’re a member of the United States armed forces, we may release Health Information about your child as required by military command authorities. We also may release Health Information to the appropriate foreign military authority if you’re a member of a foreign military.

For Workers’ Compensation Purposes. We may release Health Information to workers’ compensation or similar programs. These programs provide benefits for work-related injuries or illness.

For Public Health Activities. We may disclose Health Information for public health activities. These activities generally include disclosures to prevent or control disease, injury, or disability; report births and deaths; report suspected child abuse or neglect; report reactions to medications or problems with products; notify people of recalls of products they may be using; a person who may have been exposed to a disease or may be at risk for contracting or spreading a disease or condition; and the appropriate government authority if we believe a patient has been the victim of

abuse, neglect or domestic violence. We'll only make this disclosure if you agree or when we're required or authorized by law.

To Health Oversight Activities. We may disclose Health Information to a health oversight agency such as Washington State's Department of Health for activities authorized by law. These oversight activities include, for example, audits, investigations, inspections, and licensure of us. These activities are necessary for the government to monitor the health care system, government programs, and compliance with civil rights laws.

For Data Breach Notification Purposes. We may use or disclose your Protected Health Information to provide legally required notices of unauthorized access to or disclosure of your child's Health Information.

For Lawsuits and Other Disputes. If you're involved in a lawsuit or a dispute, we may disclose Health Information in response to an order we receive from a court or administrative law judge involved with your case. We also may disclose Health Information in response to a subpoena, discovery request, or other lawful process by someone else involved in the dispute, but only if efforts have been made to tell you about the request or to obtain an order protecting the information requested.

To Law Enforcement. We may release Health Information if we're asked to do so by a law enforcement official if the information is: (1) in response to a court order, subpoena, warrant, summons or similar process; (2) limited information to identify or locate a suspect, fugitive, material witness, or missing person; (3) about the victim of a crime even if, under certain very limited circumstances, we are unable to obtain the person's agreement; (4) about a death we believe may be the result of criminal conduct; (5) about criminal conduct on our premises; and (6) in an emergency to report a crime, the location of the crime or victims, or the identity, description or location of the person who committed the crime.

To Coroners, Medical Examiners and Funeral Directors. We may release Health Information to a coroner or medical examiner. This may be necessary, for example, to identify a deceased person or determine the cause of death. We also may release Health Information to funeral directors as necessary for their duties.

USES AND DISCLOSURES THAT REQUIRE US TO GIVE YOU AN OPPORTUNITY TO OBJECT AND OPT OUT

To Individuals Involved in Your Care or Payment for Your Care. Unless you object, we may disclose to a member of your family, a relative, a close friend or any other person you identify Protected Health Information about you or your child that directly relates to that person's involvement in your child's health care. If you are unable to agree to such a disclosure or object to such a disclosure, we may disclose such information as necessary if we determine that it's in your child's best interest based on our professional judgment.

For Disaster Relief. We may disclose your child's Protected Health Information to disaster relief organizations that seek your child's Protected Health Information to coordinate your child's care, or notify family and friends of your child's location or condition in a disaster. We will provide you with an opportunity to agree or object to such a disclosure whenever we practically can do so.

A NOTE ABOUT MARKETING AND SELLING PROTECTED HEALTH INFORMATION

A clause in our contract provides you with the option to consent to allow us to use your child's image and information for limited purposes, such as marketing and professional publications. You may withdraw that consent at any time, although such withdrawal will not apply to actions we've already taken in accordance with that consent. As a matter of policy, APL does not sell its clients' Protected Health Information.

SITUATIONS NOT COVERED BY THIS NOTICE

Other uses and disclosures of your child's Protected Health Information not covered by this Notice or laws that apply to us will be made only with your written authorization. If you do give us an authorization, you may revoke it at any time by submitting a written revocation to our Privacy Officer and we'll no longer disclose Protected Health Information under the authorization. But disclosure that we made in reliance on your authorization before you revoked it will not be affected by the revocation.

Some types of information have greater protection under Washington State law RCW 70.02. There are extra legal protections for health information about sexually transmitted diseases, drug and alcohol use treatment records, mental health records, and HIV/AIDS information. Unless required by law, we'll not share this type of information without your written permission.

In Washington State, minors aged 13-17 have the right to seek and obtain certain medical services and care, without the consent or knowledge of their parents/guardians. For minors aged at least 13, examples include emergency medical care and birth control services; for minors aged at least 14, examples include treatment for sexually-transmitted diseases.

CHANGES TO THIS NOTICE:

We reserve the right to change this notice and make the new notice apply to Health Information we already have as well as any information we receive in the future. We will post a copy of our current notice on our website. The notice will contain the effective date on the first page as well as in the footer of each page.