

NOTICE OF PRIVACY PRACTICES
UNDER THE HEALTH INSURANCE PORTABILITY & ACCOUNTABILITY ACT (HIPAA) OF 1996 –
CLIENT PROGRAMS

THIS NOTICE DESCRIBES HOW MEDICAL INFORMATION ABOUT YOU OR YOUR CHILD MAY BE USED AND DISCLOSED AND HOW YOU CAN GET ACCESS TO THIS INFORMATION. PLEASE REVIEW IT CAREFULLY. This notice shall also inform you of who you may contact in the event of questions, or if you would like to receive an accounting of all disclosures of your, or your child's, protected health information.

Effective Date of This Notice: March 1, 2004, Amended February 1, 2014, June 1, 2018, and October 14, 2019

Your or your child's provider, Behavior Frontiers (Provider) provides behavior and early intervention services to its customers/clients. This notice defines the privacy practices of the Provider as it relates to its customers/clients. This notice describes how the Provider may use and disclose protected health information (PHI) to carry out treatment, payment, or health care operations, and for other purposes as permitted or required by law.

The Provider understands that your medical information, and that of your dependents, is personal. The Provider is committed to protecting this information. The Provider is required under the Health Insurance Portability & Accountability Act of 1996 (HIPAA) to maintain the privacy of your protected health information. The Provider has appointed a privacy officer and each member of the privacy implementation team has been properly trained to perform his/her work functions. On occasion, the Provider may be in possession of your or your child's PHI. The Provider is required by law to make sure that your or your child's medical information is kept private, when obtained, and to give you notice of our legal duties and privacy practices. The Provider is required to abide by the terms of this Notice so long as it remains in effect. The Provider reserves the right to change the terms of this Notice of Privacy Practices as necessary and to make the new Notice effective for all protected health information maintained by the provider. If the Provider makes material changes to its privacy practices, copies of revised notices will be sent to all participants and posted in the workplace.

WHERE TO GO TO GET COPIES OF OUR CURRENT PRIVACY NOTICE

Location: Behavior Frontiers
Address: 100 N. Pacific Coast Highway, Suite 1400, El Segundo, CA 90245
Telephone: (310) 856-0800
Email Address: PrivacyOffice@behaviorfrontiers.com
Contact/Department: Compliance Officer / Compliance

DEFINITIONS

Group Health Provider or the "Provider" means, for purposes of this Notice, Behavior Frontiers, a Behavior and Early Intervention Services provider for the benefit of its customers/clients.

Protected Health Information ("PHI") means individually identifiable health information, as defined by HIPAA, that is created or received by the Provider, its business associates, and that relates to the past, present, or future physical or mental health or condition of an individual; the provision of health care to an individual; or the past, present, or future payment for the provision of health care to an individual; and that identifies the individual or for which there is a reasonable basis to believe the information can be used to identify the individual. PHI includes information of persons living or deceased.



USES AND DISCLOSURES OF YOUR PROTECTED HEALTH INFORMATION

The following categories describe different ways that the Provider uses and discloses PHI without your written authorization. For each category of uses and disclosures, this notice will explain the types of uses and disclosures the Provider is permitted to make and, where appropriate, provide examples for illustrative purposes. Not every use or disclosure in a category will be listed. However, all of the ways the Provider is permitted or required to use and disclose PHI will fall within one of the categories.

Uses and Disclosures for Treatment – The Provider and its business associates may use and disclose PHI with or without your written authorization, as necessary and appropriate for treatment purposes. Treatment purposes include all phases of your or your child’s treatment as determined by your or your child’s medical provider(s).

Uses and Disclosures for Payment – The Provider and its business associates may use and disclose PHI, without your written authorization, as necessary for payment purposes. Payment purposes includes billing, claims management, medical necessity reviews, utilization reviews, eligibility determinations, coverage determinations, and other related health care data processing services, and disclosures to a Regional Center or School District. For example, the Provider may use information regarding medical procedures and treatment you have undergone to process and pay claims for these services.

Uses and Disclosures for Health Care Operations – The Provider and its business associates may use and disclose your or your child’s PHI, without your written authorization, as necessary for our health care operations. Examples of health care operations include activities relating to the creation and reporting to Regional Centers or School Districts, compliance, auditing, rating, business management, quality improvement and assurance, and other functions related to your Group Health Provider.

Business Associates – At times the Provider will use outside persons or organizations to help provide you with the benefits of your Group Health Provider. Examples of these outside persons and organizations might include vendors that help process your claims or assist with your care. At times it may be necessary for the Provider to provide certain of your child’s PHI to one or more of these outside persons or organizations, known as business associates. The Provider will not disclose PHI to business associates unless the Provider receives satisfactory assurance that the business associate will appropriately safeguard PHI.

Others Involved in Your or Your Child’s Care – If you agree to the disclosure or have been given an opportunity to object and have not objected, the Provider and its business associates may disclose your or your child’s PHI to your family, friends, and others identified by you, if the information is relevant to your family or friend’s involvement with your or your child’s care or payment for it. In the event you or your child are unavailable or become incapacitated, the Provider may, in the exercise of professional judgment, share you or your child’s PHI, but only if the Provider determines it to be in your or your child’s best interests.

De-Identified Information – The Provider and its business associates may use or disclose PHI to create information that is not individually identifiable health information. For example, the Provider may create a summary of the Provider’s health claims history, without identifying individuals, which may be used for Regional Center or other State Agency use.

Other Uses and Disclosures – The Provider may make certain other uses and disclosures of your or your child’s PHI without your authorization.

- The Provider may use or disclose your or your child’s PHI for any purpose required by law.
- The Provider may disclose your or your child’s PHI to the proper authorities for law enforcement purposes. For example, the Provider may disclose PHI in response to a subpoena, to identify



and locate persons, if someone is believed to be a victim of a crime, or if a crime has been committed on the premises.

- The Provider may disclose your or your child's PHI for public policy uses and disclosures, such as to coroners, medical examiners, and/or funeral directors, if the disclosure is consistent with law, or for cadaveric organ, eye, or tissue donation, or for research purposes, but only as permitted by law.
- The Provider may use or disclose PHI, consistent with applicable law and standards of ethical conduct, to prevent or lessen a serious and imminent threat to the health or safety of a person or the public.
- The Provider may disclose your or your child's PHI for public health activities, such as reporting of disease, injury, birth and death, and for public health investigations. The Provider may disclose PHI to a public health or other governmental authority authorized to receive reports of child abuse or neglect. Disclosures for public health activities might also include reporting product defects, tracking FDA-regulated products, enabling product recalls, repairs, or replacements, or to conduct post-marketing surveillance. Other disclosures for public health activities might include circumstances in which you have been exposed to a communicable disease.
- The Provider may also disclose your or your child's PHI to a government authority if the Provider reasonably believes you to be a victim of abuse, neglect, or domestic violence. In this event, the Provider will notify you of the disclosure unless, in the exercise of professional judgment, the Provider believes informing you would place you at risk of serious harm or, if you or your child have a personal representative, the Provider believes the personal representative is responsible for the abuse, neglect, or domestic violence and disclosure would not be in your or your child's best interest.
- The Provider may disclose your or your child's PHI if authorized by law to a health oversight agency (e.g., a state insurance department) conducting audits, investigations, licensure or disciplinary actions, or civil or criminal proceedings relating to the oversight of the health care system, government benefit programs, or other regulated activities.
- The Provider may disclose your or your child's PHI in the course of a judicial or administrative proceeding (e.g., to respond to a subpoena or discovery request).
- The Provider may use or disclose your or your child's PHI if you are a member of the Armed Forces and disclosure is deemed necessary by appropriate military command authorities. The Provider may also use or disclose your or your child's PHI for other specialized government functions such as national security or intelligence activities, protective services for the President and others, law enforcement custodial situations, or public benefit programs.
- The Provider may disclose your or your child's PHI to the extent necessary to comply with workers' compensation laws.
- The Provider will, if required by law, release your or your child's PHI to the Secretary of the Department of Health and Human Services for enforcement of HIPAA.

Except as described in this Notice, the provider may not use or disclose your or your child's PHI without your written authorization.

In the event applicable state or federal laws, other than HIPAA, prohibit or materially limit our uses and disclosures of Protected Health Information, as described above, we will restrict our uses or disclosure of your or your child's Protected Health Information in accordance with the more stringent standard.

The Provider and its business associates must obtain your authorization before using or disclosing psychotherapy notes recorded by a mental health professional documenting or analyzing the contents of a conversation with you or your child during private counseling sessions. This limitation does not include summary information about your or your child's mental health treatment. Psychotherapy notes can be used or disclosed without your authorization if the Provider needs to defend itself in a legal action or other proceeding brought by you, for professional oversight of the therapist, in certain instances to a coroner or medical examiner, or if necessary to prevent or lessen a serious and imminent threat to the health or safety of a person or the public.



While the provider does not intend to use or disclose PHI for marketing purposes or to sell PHI, in the event the provider were to do so, it would not without your written authorization. The provider also does not intend to engage in any fundraising activities that involve the use of PHI; if the provider were to do so, the provider would obtain your written authorization first, and you would have the ability to opt out of such use of your or your child's PHI.

RIGHTS THAT YOU HAVE

Right to Access to Your or Your Child's PHI – You have the right of access to inspect and obtain a copy of your or your child's PHI that the Provider maintains in a "designated record set," for so long as that information is maintained in a designated record set. Requests for access to your or your child's PHI must be in writing, must state that you want access to your or your child's PHI and must be signed by you or your representative. The information will be provided within 30 days (or 60 days if the information is maintained offsite); the Provider is entitled to one 30-day extension. The Provider may charge you a fee for copying and postage. A form is available for completion for this purpose; see below for contact information. The Provider can deny you access to psychotherapy notes or information compiled in reasonable anticipation of, or for use in, a civil, criminal, or administrative action or proceeding. HIPAA allows the Provider to deny access on certain other specified grounds. If access is denied, the Provider will provide you with a written statement of the basis for the denial and, if applicable, a statement of your right to a review of the Provider's denial of access.

Amendments to Your or Your Child's PHI – You have the right to request an amendment of PHI or a record in a designated record set that the Provider maintains about you or your child for so long as the PHI is maintained in a designated record set. The Provider is not obligated to make all requested amendments but will give each request careful consideration. To be considered, your amendment request must be in writing, must be signed by you or your personal representative, and must state the reasons for the amendment/correction request. Amendment request forms are available from the Provider at the address below. The Provider will act within 60 days of receipt of your written request; the Provider is entitled to one 30-day extension. If the Provider denies the requested amendment, a written explanation will be provided. You may then submit a written statement disagreeing with the denial; your written statement will be included with future disclosures of your or your child's PHI.

Accounting for Disclosures of Your or Your child's PHI – You have the right to receive an accounting of certain disclosures of your or your child's PHI made by the Provider. Examples of disclosures that the Provider is required to account for include those to state insurance departments, pursuant to valid legal process, or for certain law enforcement purposes. To be considered, your accounting requests must be in writing and signed by you or your personal representative. Accounting request forms are available from the Provider at the address below. The first accounting in any 12-month period is free; however, the Provider may charge you a reasonable fee for each subsequent accounting you request within the same 12-month period. The Provider will provide a written response within 60 days of receipt of your request; the Provider is entitled to one 30-day extension.

Restrictions on Use and Disclosure of Your or Your Child's PHI – You have the right to request restrictions on uses and disclosures of your or your child's PHI to carry out treatment, payment, or health Provider operations (as described above). You also have the right to request restrictions on the use or disclosure of your or your child's PHI to family, friends, or other persons identified by you who are involved in your or your child's care or payment for your or your child's care. Your request must describe in detail the restriction you are requesting. The Provider is not required to agree to your request but will attempt to accommodate reasonable requests when appropriate. Notwithstanding your requested restriction, the Provider may use or disclose your or your child's PHI in certain circumstances if you or your child requires emergency treatment, or as otherwise required by law or regulation. The Provider retains the right to terminate an agreed-to restriction if the Provider believes such termination is appropriate. In the event of a termination by the Provider, the Provider will notify you of such termination,



and the termination will not be effective until you have been informed of it. You also have the right to terminate, in writing or orally, any agreed-to restriction. You may make a request for a restriction (or termination of an existing restriction) by contacting the Provider at the telephone number or address below.

You and /or child have the right to request that your or your child's health care provider restrict the use or disclosure of PHI to your health plan if the disclosure is for the purpose of carrying out payment or health care operations (and is not otherwise required by law) and the PHI pertains solely to a health care item or service for which the individual (or person other than the health plan on behalf of the individual) has paid the Provider in full. A requested restriction for this purpose may not be terminated by the Provider.

Request for Confidential Communications – You have the right to request that communications regarding your or your child's PHI be made by alternative means or at alternative locations. For example, you may request that messages not be left on voice mail or sent to a particular address, including e-mail addresses. The Provider is required to accommodate reasonable requests if you inform the Provider that disclosure of all or part of your information could place you in danger. Requests for confidential communications must be in writing, signed by you or your personal representative, and sent to the Provider at the address below.

Genetic Information: The Provider may not use or disclose PHI for underwriting purposes if the PHI is also genetic information.

Notice of Breach: In the event there is a breach of unsecured PHI pertaining to you or your child, you may be entitled to notice of that breach. A "breach" is generally defined as acquisition, access, use, or disclosure of PHI that is not permitted by HIPAA and that compromises the security or privacy of the PHI.

Right to a Copy of the Notice – You have the right to a paper copy of this Notice upon request by contacting us at the telephone number or address below.

Complaints – If you believe your or your child's privacy rights have been violated, you can file a complaint with us in writing at the address below. You may also file a complaint in writing with the Secretary of the U.S. Department of Health and Human Services in Washington, D.C., within 180 days of a violation of your rights. There will be no retaliation for filing a complaint.

Your Authorization – Except as outlined in this notice, we will not use or disclose your or your child's PHI unless you have signed a form authorizing the use or disclosure. You have the right to revoke that authorization in writing except to the extent that we have taken action in reliance upon the authorization or that the authorization was obtained as a condition of obtaining coverage under the group health or behavior and early intervention service provider, and we have the right, under other law, to contest a claim under the coverage or the coverage itself.

Your Obligation to Notify Us of Changes – It is your responsibility to notify the Provider of any changes, including name, address, change of personal representative, or other pertinent changes that have occurred which may affect the way we use or disclose information. Please contact us in writing with any changes.

FURTHER INFORMATION OR FORMS DISTRIBUTION

If you have any questions regarding this notice, or for distribution of any of the forms mentioned in this notice, please contact:

Attn: Privacy Office of Behavior Frontiers
Address: 100 N. Pacific Coast Highway, Suite 1400, El Segundo, CA 90245
Telephone: (310) 856-0800



Behavior Frontiers

NOTICE OF
PRIVACY PRACTICES

Email Address: PrivacyOffice@behaviorfrontiers.com
Contact Person or Department: Compliance Department
Fax Number (855) 568-2494