ABAS

Notice of Privacy Practices

About This Notice

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

Who Issues This Notice

This notice is issued by **Applied Behavioral Analysis Services, LLC (ABAS)**.

In this notice, **we** means ABAS, including the care team and the administrative staff, at every location where we provide services. **You** means the person receiving ABAS services. If you are the parent, guardian, or other legally authorized representative of a person receiving services, this notice speaks to you on that person's behalf, as the law allows.

Who We Are

ABAS provides applied behavior analysis (ABA) services in homes, in the community, at schools, and at our offices across Western Massachusetts. People of every age receive our services.

To provide care, we keep health information: assessments, treatment plans, session notes, and billing records. This notice explains how we may use and share your health information and describes your rights.

How We May Use and Share Your Health Information

For treatment. We use your health information to plan and provide ABA services. We may share it with others involved in your care, such as your doctor or other providers (for example, speech or occupational therapists), so that your care is coordinated under one plan. We coordinate with the learner's school team with your permission. Our Board Certified Behavior Analysts (BCBAs) also review session records to supervise the Behavior Technicians who work with you.

For payment. We use your health information to bill for services. For example, we may bill public and private insurers, school districts, or private payers. We may also send your treatment plan to your insurer to get approval for services, a step known as prior authorization.

For our operations. We use health information to operate ABAS responsibly. This includes quality assurance, training the people who work with you, audits, and reporting.

Other sharing permitted or required by law. We may also share your information in these cases:

- **When required by law.** When a federal or state law requires it.
- **For public health.** For example, reporting to agencies that track disease or product safety.
- **To report suspected abuse or neglect.** Everyone who works at ABAS is a mandated reporter in Massachusetts. We must report concerns about a child to the Department of Children and Families (DCF) and concerns about an adult with a disability to the Disabled Persons Protection Commission (DPPC).
- **For health oversight.** For audits, inspections, or reviews by agencies such as MassHealth, EOHHS, or your health plan.
- **For lawsuits and legal actions.** In response to a court order or, in some cases, a subpoena.
- **To law enforcement.** In limited cases the law allows, such as responding to a court-ordered warrant.

- **To prevent a serious threat.** When sharing information could prevent serious harm to you or another person.
- **For workers' compensation.** As allowed by law for work-related injury programs.

For any use or disclosure not described in this notice, we will ask for your written permission first.

Uses That Require Your Written Authorization

Some uses of health information always require your written permission (an "authorization"):

- **Marketing.** We will not use your information to market products or services to you without your written permission.
- **Sale of information.** ABAS does not sell health information.
- **Photos, videos, and social media.** ABAS does not share identifying information, photos, or videos on social media. Any public sharing would require your specific written consent first.
- **Any other use not described in this notice.**

If you give us written permission, you may revoke it at any time by notifying us in writing. Revoking permission stops future sharing. It does not affect information already shared while your permission was in place.

Your Rights

You have these rights about your health information. To use any of them, contact our Privacy Officer, listed at the end of this notice.

- **Get a copy of the record.** You may ask to see or get a copy of your health record. We will provide it within 30 days. We may charge a reasonable, cost-based fee for copies.
- **Ask us to correct the record.** If you believe information is wrong or missing, you may ask us in writing to amend it. We will respond within 60 days. If we deny the request, we will explain why in writing, and you may add a statement of disagreement to the record.
- **Ask for confidential communications.** You may ask us to contact you in a specific way (for example, only by cell phone) or at a specific address. We will honor reasonable requests.
- **Ask us to limit what we share.** You may ask us to limit what we use or share. We are not required to agree to every request. However, if you paid for a service in full out of pocket, you may direct us not to share that service's information with your health plan, and we must honor that request.
- **Get a list of the times we shared your information.** You may ask for a list (the law calls it an "accounting of disclosures") of certain times we shared your information in the 6 years before your request. The first accounting in any 12-month period is free. We may charge a reasonable, cost-based fee for more requests within that period, and we will tell you the cost in advance so you may withdraw or change your request.
- **Get a paper copy of this notice.** You may ask for one at any time, even if you agreed to get this notice electronically.
- **Have someone act for you.** A personal representative, such as a parent of a minor or a legal guardian, may use these rights on your behalf, as the law allows.
- **Be notified after a breach.** We will notify you if a breach puts the privacy or security of your information at risk.
- **File a complaint without retaliation.** You may file a complaint as described below. Filing a complaint will not affect the services you receive.

Our Duties

The law requires us to:

- Keep your health information private and secure.
- Follow the version of this notice now in effect.
- Notify you promptly if a breach of unsecured health information may have put your information at risk.

We reserve the right to change this notice. Any change will apply to all information we hold, and we will post the updated version and make it available at our offices. The current version is available at abaswma.org, at our offices, and in paper form on request.

Complaints

If you believe your privacy rights have been violated, you may file a complaint with ABAS, with the federal government, or with both. Filing a complaint will not affect your services, and ABAS will not retaliate against you.

To ABAS: Privacy Officer 432 State St, Belchertown, MA 01007 Phone: 413-461-7120 Email: privacy@abaswma.org

To the U.S. Department of Health & Human Services, Office for Civil Rights: 200 Independence Ave. S.W., Washington, D.C. 20201 Phone: 1-877-696-6775 Web: hhs.gov/ocr/complaints

Questions and Contact

If you have questions about this notice or about how we handle your health information, contact:

Privacy Officer, ABAS 432 State St, Belchertown, MA 01007 Phone: 413-461-7120 Email: privacy@abaswma.org

This notice is available in large print and in read-aloud form on request. The effective date of this notice appears on every page, next to the version number.