



Notice of Privacy Practices

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.

Our Duty to Safeguard Your Protected Health Information

Your health information is personal and private. Individually identifiable information about your past, present, or future health or condition, the provision of health care to you, or payment for health care is considered “Protected Health Information.” We are required by law to maintain the privacy and security of your protected health information. We will let you know promptly if a breach occurs that may have compromised the privacy or security of your information. We must follow the duties and privacy practices described in this notice and give you a copy of it. We will not use or share your information other than as described here unless you tell us we can in writing. If you tell us we can, you may change your mind at any time. Let us know in writing if you change your mind.

We reserve the right to change our privacy practices and the terms of this Notice at any time. The new notice will be available upon request, in our office, and on our website.

How We May Use and Disclose Your Protected Health Information

How do we typically use or share your health information?

The following describes and offers examples of our potential uses and disclosures of your protected health information that do not require your authorization.

1. **For treatment:** We can use and share your health information with health care professionals within our practice who are involved in providing your care, without written authorization so that we may provide, coordinate, or manage your care and related services.
2. **Bill for your services:** We can use and share your health information to bill and get payment from health plans, school districts, regional centers, or other entities. For example, we give information about you to your health insurance plan so it will pay for your services.
3. **Run our organization:** We can use and share your health information to run our practice, improve your care, and contact you when necessary. For example, we may use your health information in evaluating the quality of services provided or disclose your health information to our accountant or attorney for audit purposes. Release of your protected health information to state agencies might also be necessary to determine your eligibility for publicly funded services.

How else can we use or share your health information?

We are allowed or required to share your protected health information without your authorization in other ways – usually in ways that contribute to the public good, such as public health and research. We must meet many conditions in the law before we can share your information for these purposes. For more information, see www.hhs.gov/ocr/privacy/hipaa/understanding/consumers/index.html.

1. **When required by law.** We may disclose your protected health information when the law requires that we report information about suspected abuse, neglect, or domestic violence, relating to suspected criminal activity, or in response to a court order. We must also share information about you if state or federal laws require it, including with the Department of Health and Human Services, if it wants to see that we’re complying with federal privacy law.
2. **Help with public health and safety issues.** We can share your health information for certain situations such as preventing disease, helping with product recalls, and preventing or reducing a serious threat to anyone’s health or safety.

3. **For research purpose.** In certain circumstances, and under the supervision of a privacy board, we may disclose your protected health information to staff and their designees in order to assist in health research.
4. **Address workers' compensation, law enforcement, and other government requests.** We can share your health information for workers' compensation claims and for law enforcement purposes or with a law enforcement official.
5. **For health oversight activities.** We can share protected health information to the protection and advocacy agency, or other agency responsible for monitoring the behavioral health care system for such purposes as reporting or investigating unusual incidents and monitoring the Medi-Cal program.
6. **For specific government requests.** We can share protected health information of military personnel and veterans in certain situations, to correctional facilities in certain situations, to government benefit programs relating to eligibility and enrollment, and for national security reasons such as protection of the President.

Your Choices

For certain health information, you can tell us your choices about what to share. If you have a clear preference for how we share your information in the situations described below, let us know. Tell us what you want us to do and we will follow your instructions.

1. In these cases, you have both the right and choice to tell us to:
 - a. Share information with your family, close friends, or others involved in your child's care or payment of your child's care to notify them about your child's location, general condition, or death.
 - b. Share information in a disaster relief situation
 - c. Include your information in a hospital directory

If you are not able to tell us your preference, for example, if you are unconscious, we may go ahead and share your information if we believe it's in your child's best interest. We may also share your information when needed to lessen a serious and imminent threat to health or safety.

2. In these cases, we never share your information unless you give us written permission:
 - a. Marketing purposes
 - b. Sale of your information
 - c. Most sharing of psychotherapy notes
3. In the case of fundraising, we may contact you for fundraising efforts, but you can tell us in writing not to contact you again for this purpose by emailing Managing Director Maureen Moore at mmoore@teamabi.com or by mail to our office.

Your Rights

You have the following rights relating to your protected health information:

1. **Get an electronic or paper copy of your protected health information:** You have a right to see or get an electronic or paper copy of your protected health information upon your written request. We will provide you with a copy or summary of your health information, usually within 30 days of your request. We may charge a reasonable, cost-based fee. You have a right to choose what portions of your information to be copied and to have prior information on the cost of copying.
2. **Ask us to correct your protected health information.** You can ask us in writing to correct health information about you that you think is incorrect or incomplete. We'll respond within 10 days of receiving your request. We may say "no" to your request if we determine that your health information is (a) correct and complete, (b) not created by us and/or not part of our records, or (c) not permitted to be disclosed. If we say "no" to your request, we'll explain the reasons for the denial and explain your rights to have the

request and denial, along with any statement in response that you provide, added to your health information. If we say “yes” to your request, we’ll change your health information and tell you and others who need to know about the change.

3. **To choose how we contact you:** You can ask us to contact you in a specific way (for example, cell or office phone, cell phone only, etc.) or to send mail to a different address. We will say “yes” to all reasonable requests.
4. **Ask us to limit what we use or share:** You have the right to ask that we limit how we use or disclose your protected health information. We will consider your request but are not legally bound to agree to the restriction if it would affect your care. To the extent that we do agree to any restrictions on our use disclosure of your protected health information, we will put the agreement in writing and abide by it except in emergency situations. We cannot agree to limit uses/disclosures that are required by law. However, we are required to comply with a request not to disclose health information to a health plan for treatment where you pay out-of-pocket for a service.
5. **Get a list of those with whom we’ve shared information:** You can ask for a list (accounting) of times we’ve shared your health information for six years prior to the date you ask, who we shared it with, and why. We will include all the disclosures except for those about (a) treatment, payment, and health care operations, (b) disclosures to you or your family, and (c) certain other disclosures (such as any you authorized us to make). We will respond to your written request within 30 days of receiving it. We’ll provide one accounting a year for free but will charge a reasonable, cost-based fee if you ask for another one within 12 months.
6. **To receive notification following a breach of unsecured protected health information.** We will notify you should such a breach occur.
7. **File a complaint about our privacy practices.** If you think we may have violated your privacy rights or you disagree with a decision we made about access to your protected health information, you can file a complaint with our Privacy Office, Jana Brodock. She can be reached at 844.646.7516 or by email at jbrodock@teamabi.com. You can also file a written 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, calling 877.696.6775, or visiting www.hhs.gov/ocr/privacy/hipaa/complaints. We will not retaliate against you for filing a complaint.

If you have any questions about this Notice, please contact ABI’s Privacy Officer, Jana Brodock by phone at 844.646.7516, by email at jbrodock@teamabi.com, or in writing to 17203 Ventura Blvd., Suite 3, Encino, CA 91316.

Client Acknowledgement

I have received a copy of this Notice of Privacy Practices and understand its contents.

Client Name

Name of Parent / Guardian (Please Print)

Parent / Guardian Signature

Date