



(Furtherance of Autism with Intervention, Treatment, and Health services)

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Contagious Disease Policy

Certain illnesses, while not serious, can cause problems in a clinical/therapy setting. Here is a list of some of the most common problems and how we handle them. If your child exhibits any of these illnesses please inform your therapist immediately.

CHICKEN POX- If you suspect chicken pox, keep your child at home and see your doctor. Your child may return to therapy when all of the pox have scabbed over, usually about 7 days after the appearance of the rash.

CONJUNCTIVITIS (pink eye) - If your child starts on antibiotics, then he/she may return to therapy 24 hours later.

IMPETIGO OR RINGWORM – Both are very common and very contagious skin infection in young children. They can be treated with topical or oral antibiotics. A child who is being treated with antibiotics may return 24 hours after treatment has begun and lesions are covered. We must have a note from the doctor indicating the kind of skin infection and that it is being treated.

HEAD LICE – Don't panic! Occasionally a child (usually one with a sibling in public school) will get head lice. We suggest that you have your pediatrician prescribe treatment but over-the-counter treatment can be easily used, also. Your child may return as soon as he/she has been treated and is **nit free**.

STREP THROAT – If your child has strep throat, he/she may return 24 hours after he/she starts taking antibiotics. Please let us know if your child has strep throat.

DIARRHEA – Therapist must be informed if child has diarrhea. Therapy can resume 24 hours after the last episode of diarrhea. Diarrhea is defined by any of the following two criteria:

- Stools that are too runny to be contained by a diaper
- The inability of a potty-trained child to make it to the bathroom before having a loose, runny stool

If giardia is suspected, the child must be tested.



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PROVIDER 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.

INTRODUCTION

Your privacy and protection of your protected health information (PHI) have always been of great importance to everyone who works at the Furtherance of Autism with Intervention, Treatment, and Health services and its affiliates (hereinafter “F.A.I.T.H.”). We are committed to providing you with the highest quality of care and will continue to respect the privacy and confidentiality of your health information. On April 14, 2003, the federal Office of Civil Rights enforced new rules to ensure your right to privacy. As part of those rules, the F.A.I.T.H. is obligated to provide you with this notice so that you will understand how the F.A.I.T.H. will handle your health information, the F.A.I.T.H.’s legal duties related to your health information and your rights with regard to your medical information. We will not release personally identifiable information about you without your permission, unless the release is to provide service you expect from us or is otherwise in accordance with the law. Even when allowed, use and disclosure are limited to the minimum amount reasonably necessary for the intended task.

Key Issues

Uses and Disclosures: We use health information about you for treatment, to obtain payment for treatment, for administrative purposes, and to evaluate the quality of care that you receive. Continuity of care is part of treatment and your records may be shared with other providers to whom you are referred. We may use or disclose identifiable health information about you without your authorization in several situations, but beyond those situations, we will ask for your written authorization before using or disclosing any identifiable health information about you.

The following are examples of the types of uses and disclosures of your protected health care information that the provider is permitted to make. These examples are not meant to be exhaustive, but to describe the types of uses and disclosures.

Treatment: Treatment means providing, coordinating or managing supports and related services by one or more health care providers. Under HIPAA, for example, we may disclose PHI to a case manager, who is responsible for coordinating your supports, or we may disclose PHI to another “covered entity” (e.g., other health care providers such as



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your primary care physician or a laboratory) working outside of the F.A.I.T.H.. F.A.I.T.H. will use and disclose your protected health information to provide, coordinate, or manage your health care and any related services. For example, your protected health

information may be provided to a doctor to whom you have been referred to ensure that the doctor has the necessary information to diagnose or treat you.

Payment: Payment includes activities such as billing, confirming insurance coverage and utilization review. Under HIPAA, for example, we may provide PHI about you to someone who helps pay for your care, disclose PHI about you to a health oversight agency for activities authorized by law, or share your PHI in order to determine if your insurance plan will approve additional visits to a therapist. Your protected health information will be used, as needed, in activities related to obtaining payment for your healthcare services. For example, obtaining approval for additional therapy may require that your relevant protected health information be disclosed to your health insurance company or governmental plan to obtain approval for the additional therapy.

Healthcare Operations: Health Care Operations are activities that are needed to operate the May Institute's facilities and carry out its mission, including quality improvement activities, audits, cost management and customer service. Under HIPAA, for example, we may provide information to quality improvement staff, or to students or interns while training them. We may use or disclose, as needed, your protected health information in order to support our business activities. For example, when we review employee performance, we may need to look at what an employee has documented in your medical record.

Business Associates: We may share your protected health information with a third party "business associate" that performs various activities (e.g., billing, transcription services). Whenever an arrangement between us and a business associate involves the use or disclosure of your protected health information, we will have a written contract that contains terms that will protect the privacy of your protected health information.

Your Rights: In most cases, you have the right to look at or get a copy of health information about you. If you request copies, we will charge you only normal photocopy fees. You also have the right to receive a list of certain types of disclosures of your information that we made. If you believe that information in your record is incorrect, you have the right to request that we correct the existing information.

You have the right to:

inspect and copy your protected health information. However, we may refuse to provide access to certain psychotherapy notes or information for a civil or criminal proceeding.



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request a restriction of your protected health information. You may ask us not to use or disclose certain parts of your protected health information for treatment, payment or healthcare operations. You may also request that information not be disclosed to family members or friends who may be involved in your care. Your request must state the specific restriction requested and to whom you want the restriction to apply.

We are not required to agree to a restriction that you may request, but if we do agree, then we must act accordingly.

request to receive confidential communications from us by alternative means or at an alternative location. We will accommodate reasonable requests. We may also condition this accommodation by asking you for information as to how payment will be handled or specification of an alternative address or other method of contact. We will not request an explanation from you as to the basis for the request.

ask us to amend your protected health information. You may request an amendment of protected health information about you. If we deny your request for amendment, you have the right to file a statement of disagreement with us, and your medical record will note the disputed information.

receive an accounting of certain disclosures we may have made. This right applies to disclosures for purposes other than treatment, payment or healthcare operations. It excludes disclosures we may have made to you, to family members or friends involved in your care, or for notification purposes. You have the right to receive specific information regarding these disclosures. The right to receive this information is subject to certain exceptions, restrictions, and limitations.

opt out of receiving fundraising and marketing communications. This right sets limits on how information can be used and disclosed for marketing and fundraising purposes, and it prohibits the sale of an individuals' health information without their permission.

prevent certain information from being shared to your health plan. This right applies when clients pay out of pocket, in full, for procedures and can instruct their provider to refrain from sharing information about their treatment with their health plan.

obtain a paper copy of this notice from us, upon request, even if you have agreed to accept this notice electronically.

obtain a copy of their electronic medical records in electronic form.

to complain. If you believe your privacy rights have been violated, you may complain to:



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F.A.I.T.H.
Privacy Office
3852 Traylor Drive
Richmond, VA 23235
615-294-1221

or

Office for Civil Rights
U.S. Department of Health & Human Services
JFK Federal Building - Room 1875
Boston, MA 02203
(617) 565-1340; (617) 565-1343 (TDD)
OCRCComplaint@hhs.gov

We will take no retaliatory action against you should you complain about our Privacy Practices. If you believe you have been retaliated against, please contact the Privacy Office

Our legal duty: We are required by law to protect the privacy of your information, provide this notice about our information practices, follow the information practices that are described in this notice, and seek your acknowledgement of receipt of this notice. Before we make a significant change in our policies, we will change our notice and post the new notice in the waiting area. You can also request a copy of our notice at any time. For more information about our privacy practices, contact the person listed below.

Doemiko Flores, Cell: (615)294-1221, Fax: (910)327-2716

Further Details:

Written Authorization

Other uses and disclosures of your protected health information will be made only with your written authorization, unless otherwise permitted or required by law as described below. You may revoke your authorization, at any time, in writing.

Opportunity to Object

We may use and disclose your protected health information in the following instances. You have the opportunity to object. If you are not present or able to object, then your provider may, using professional judgment, determine whether the disclosure is in your best interest.



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Others Involved in Your Healthcare: Unless you object, we may disclose to a member of your family, a relative, a close friend or any other person you identify, your protected health information that directly relates to that person's involvement in your healthcare.

Communication Barriers: We may use and disclose your protected health information if we have attempted to obtain acknowledgement from you of our Notice of Privacy Practices but have been unable to do so due to substantial communication barriers and we determine, using professional judgment, that you would agree.

Without Opportunity to Object

We may use or disclose your protected health information in the following situations without your authorization or opportunity to object:

Public Health: for public health purposes to a public health authority or to a person who is at risk of contracting or spreading your disease.

Health Oversight: to a health oversight agency for activities authorized by law, such as audits, investigations, and inspections.

Abuse or Neglect: to an appropriate authority to report child abuse or neglect, if we believe that you have been a victim of abuse, neglect, or domestic violence.

Food and Drug Administration: as required by the Food and Drug Administration to track products.

Legal Proceedings: in the course of legal proceedings.

Law Enforcement: for law enforcement purposes, such as pertaining to victims of a crime or to prevent a crime.

Research: to researchers when their research has been approved by an Institutional Review Board or Privacy Board.

Soldiers, Inmates, and National Security: to military supervisors of Armed Forces personnel or to custodians of inmates, as necessary. Preserving national security may also necessitate disclosure of protected health information.

Compliance: to the Department of Health and Human Services to investigate our compliance.



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In general, we may use or disclosure your protected health information as required by law and limited to the relevant requirements of the law.

RIGHT TO AMEND NOTICE

The F.A.I.T.H. reserves the right to change this Privacy Notice without notice or your consent.

Acknowledgement of receipt of Notice of Privacy Practices:

Please sign your name, print the name of the minor child of whom you're signing on behalf of, print your name, and date on this acknowledgement form. Then detach the form from the Notice along the line and return your signed acknowledgement to the therapist.

Signature: _____ on behalf of _____

Printed name: _____

Date: _____

Received by: _____

Printed name: _____

Date: _____



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F.A.I.T.H. Policies

I. ACCESS AND AMENDMENT POLICY

Access Right

We give clients access to their health information whether we or our business associates hold that information and whether or not we were the source of the information. Exceptions to this access occur rarely, such as when disclosure of the information to the individual is deemed dangerous. If we feel we need to deny access, we provide an explanation. Sometimes the client can contest this denial, and then we will have a third party review the situation.

The client may request access in writing, and we will record the request in a log book. We typically have 30 days in which to provide the information. We will charge the client the cost of photocopying.

Amendment Right

The client may request in writing that we amend our records about the client. We will log the patient request and reply within 60 days. We may deny the client request, if we were not the originators of the information or we believe the information is accurate.

When we make an amendment, we add a note to the record to indicate the change but do not delete the original information. If we deny the client request, then we provide an explanation to the client and in the record. The client may contest our denial and among other things we will document the client concerns in the record.

II. ACCOUNTING AND RESTRICTIONS POLICY

Accounting of Disclosures

The client has a right to receive an accounting of certain disclosures of the client's protected health information. The client's request must be in writing. We have 60 days to respond. Our accounting to the client will:

- Be in writing,



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- Include the dates of disclosure and to whom the information was sent,
- Describe what information was sent, and

- State the purpose of the disclosure.

Not subject to the accounting requirement are disclosures of:

- Made to the individual,
- For treatment, payment, or health care operations,
- Made with patient authorization,
- Covered by a business associate agreement,
- For national security or intelligence purposes, or
- To correctional institutions or law enforcement officials.

Disclosures remaining in the “Notice of Privacy Practices” under the heading ‘Without Opportunity to Object’ need to be tracked and those are disclosures for Public Health Oversight, Abuse or Neglect, Food and Drug Administration, Legal Proceedings, Research, or Compliance. In any given 12 month period, we will provide one accounting at no cost. The accounting only covers disclosures since Privacy Rule Compliance was required.

Restriction on Use and Disclosures

The client may request restrictions on our use or disclosure of the client’s protected health information beyond those restrictions already imposed by the government. We may elect to accept the restriction or not. However, if we accept the request, then we must abide by it and could only reverse our position after notifying the client in writing first.

Restrictions on Communication Method

We will accommodate a request that we communicate with the client by alternative means, if we can reasonably and practically implement such an alternative. The client is not required to explain why he or she wants such an alternative means of communication. Our agreement with the client for an alternative communication channel will be documented and included in the client’s record.

III. COMMUNICATION

The Privacy Rule requires a policy on dealing with protected health information but is not specific. An entity might have policy on how it handles correspondence in email, fax,



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phone, or face-to-face mode. The client record is an important medium of communication, and “minimum necessary” sharing should occur.

Phone and Face-to-face

When clients are brought into the office to see the therapist or director, their consultation is private – behind closed doors. However, in the reception area the client is in the presence of others who do not have a need to know the client’s private details. Staff should not give information about a client to another person without the client’s permission. The same principle applies to the phone. When staff contact the client for reminders about appointments they should take reasonable steps to avoid conveying protected health information to any individual other than the patient.

Email Policy

Ownership and User Privacy of Email – use of electronic email is a part of F.A.I.T.H. business processes. All email originating within or received into F.A.I.T.H. is the property of F.A.I.T.H.

Confidentiality of Email – When email is used for communication of individually identifiable health information, a notation referring to the confidential nature of the information should be made in the subject line and the information is to be distributed only to those with a legitimate need to know.

Retention of Email – Non-vital emails may be discarded at the discretion of the employee. All clinically relevant email messages including the full text of the client’s query, as well as the reply should be stored in the client’s record.

Provider/Client Use of Email – The client should acknowledge email communication is a convenience and not appropriate for emergencies or time-sensitive issues and that no one can guarantee the privacy of email messages. Employers generally have the right to access any email received or sent by a person at work.



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PAYMENT REMINDER STATEMENT POLICY FOR F.A.I.T.H.

Upon intake, or during your first therapy appointment, we do our best to indicate any deductible, co-payment or monthly cost-share due by the parent/responsible party. This information is provided on the "Assignment of Benefits and Financial Agreement" form which is signed by the responsible party. Your deductible, co-pay, or monthly cost-share due is also explained to you via your respective benefits handbook and in some cases, is printed on your insurance card(s). If you are authorized for services under a specific program through your insurance, such as Extended Care Health Option through Tricare, then you acknowledged your financial obligation when you first applied for that program. Lastly, you are notified of the patient portion due on your insurance explanation of benefit vouchers that are sent to you directly from your insurance company, explaining what your insurance paid for on each date of service charged to them.

Your financial obligation (in the form of deductibles, co-pays, cost-shares) is a part of your individual agreement/contract with your insurance company. Failure to pay results in notification to your insurance company and may impact your future coverage and benefits. With that said, in order to keep our office charges as low as possible, we do not send payment reminder statements out on a regular basis to clients who have a deductible, co-pay, or monthly cost-share due. We request instead that these payments are either paid at the time services are rendered or at the very least, one time at the beginning of each month. A payment reminder statement is available by request, should you need written verification of your account standing. Payment reminder statements are generated and mailed when it's noticed that your cash portion due is delinquent and recent payments have not been received. If you are not sure if you have a balance due, feel free to call the office.

Thank you for your time and cooperation with this policy.