Notice of Privacy Practices

Partners in Autism is committed to protecting your personal health information (PHI) and maintaining the privacy and security of the information we maintain about you. This notice describes and explains our privacy practices, your rights regarding your health information, and our responsibilities to protect it. Please review it carefully. This notice is available to you on our company website at www.PartnersinAutism.com and, upon request, at both our locations.

Your Rights

When it comes to your health information, you have certain rights. This section explains your rights and how Partners in Autism can help you.

Right to inspect or obtain copies of PHI.

- You may request to see or receive a copy of your paper or electronic medical record maintained by Partners in Autism. Requests for records or a summary of your records will be provided within 30 days of the request.

Right to request an amendment.

- You may ask us to correct your health information if you believe it is incorrect or incomplete. If requested, we will explain how to make your request. If we deny your request, we will provide a written explanation within 60 days.

Right to request confidential communications

- You may ask us to contact you in a specific way or to send information to a different address. We will honor all reasonable requests.

Right to limit what we use or share.

- You may ask us to limit how we use or share your health information for treatment, payment, or healthcare operations. We are not required to agree to your request and may deny it if the restriction could affect your care. If we agree, we may still share the information when needed for emergency treatment.

Right to receive an accounting of certain disclosures.

- You may ask for a list of certain disclosures of your health information made during the six years before your request. The list will include who received the information and why it was shared.
- Some disclosures are not included, such as those made for treatment, payment, healthcare operations, or those you specifically requested. You may receive one accounting each year at no cost. We may charge a reasonable, cost-based fee for additional requests within a 12-month period.

Right to obtain a copy of these privacy notices.

- You may request a paper copy of this notice at any time, even if you have agreed to receive it electronically. We will provide a paper copy promptly.

Right to choose someone to act for you.

- If you have a legal guardian or have given someone medical power of attorney, that person may exercise your rights and make decisions about your health information.
- We will verify that the person has the legal authority to act on your behalf before taking action.

A right to file a complaint if you believe your privacy rights have been violated.

- You may file a complaint if you believe your privacy rights have been violated. You may contact Partners in Autism or file a complaint with the U.S. Department of Health and Human Services Office for Civil Rights.
- You may contact the Office for Civil Rights by mail at 200 Independence Avenue, S.W., Washington, D.C. 20201, by phone at 1-877-696-6775, or through its online complaint process.
- We will not retaliate against you for filing a complaint.

Your Choices

For certain health information, you may tell us how you would like your information. When appropriate, we will follow your instructions.

You may ask us to:

- Share your information with family members, close friends, or others involved in your care.
- Share information with people involved in disaster relief when appropriate.

If you are unable to tell us your preference, such as during an emergency, we may share your information if we believe it is in your best interest or if needed to prevent a serious and immediate threat to health or safety.

We will not share your information in the following situations without your written permission:

- For marketing purposes
- For the sale of your health information
- For the use of disclosures or psychotherapy notes

Our Uses and Disclosures

We may use or share your health information for the following purposes:

For treatment

- We may use and share your health information with individuals involved in providing, coordinating, and managing your services. This may include

developing and updating treatment plans, communicating with members of your care team, and monitoring your progress.
    - E.g., we may disclose PHI to a physician, psychologist, or other provider to coordinate services.

To obtain payment
- We may use and share your health information to bill and receive payment for the services we provide. This may include submitting claims to Medicaid, insurance companies, or other payers.
    - E.g., we may send PHI to the client's insurance company to obtain payment for services provided.

For healthcare operations
- We may use and disclose PHI for business and operational purposes that support quality and compliant service delivery.
    - E.g., include quality review, staff training and supervision, administrative activities, and compliance activities.

For appointment reminders, treatment alternatives, and health-related benefits and services.
- We may use your health information to contact you about appointments, discuss available treatment options, or provide information about health-related services and benefits.

Other Uses and Disclosures

We may use or share your health information when permitted or required by law for purposes that protect public health and safety. We must meet legal requirements before sharing your information for these purposes.

- Help with public health and safety issues
    - Prevent or control disease
    - Report health or safety concerns
    - Report suspected abuse, neglect, or domestic violence
    - Prevent or reduce a serious threat to someone's health or safety
- Comply with the law
    - We may share your health information when required by state or federal law. This may include sharing information with the U.S. Department of Health and Human Services to confirm that we are complying with federal privacy laws.
- Address workers' compensation, law enforcement, and other government requests
    - We may use or share your health information when permitted or required by law:
        - For law enforcement purposes or with law enforcement officials
        - With government or health oversight agencies for activities authorized by law

- For certain government functions, such as national security or other legally authorized activities
- Respond to lawsuits and legal actions
  - We may use or share your health information when required by law, including in response to a court order, administrative order, or subpoena.

Partners in Autism will never market or sell personal information.

Our Responsibilities

- We are required by law to protect the privacy and security of your Protected Health Information (PHI).
- We will notify you promptly if a breach occurs that may have compromised the privacy or security of your information.
- We must follow the privacy practices described in this notice and provide you with a copy upon request.
- We will not use or share your information in ways not described in this notice unless you give us written permission. If you give permission, you may change your mind at any time by notifying us in writing.

Response to a Breach

You have a right to receive notice if there is a breach of your unsecured PHI. Partners in Autism will provide notice without unreasonable delay and no later than 60 calendar days after discovery of the breach, as required by law. Partners in Autism will also provide any required notification to the U.S. Department of Health and Human Services and others as required.

If you have questions about this notice or complaints about our privacy practices, please contact:

Amanda Herald, Director of Operations
260-420-9332 Ext. 802
Email: Amanda@PartnersinAutism.com

Your report will be kept confidential to the extent permitted by law. You may make a report anonymously if you choose. You will not be penalized or retaliated against for filing a complaint.

For more information about your privacy rights, visit the U.S. Department of Health and Human Services at: https://www.hhs.gov/ocr/privacy/hipaa/understanding/consumers/noticepp.html.

Effective Date: 9/10/2026