



## NOTICE OF PRIVACY PRACTICES (HIPAA ACT)

*This notice describes how medical/mental health information about you may be used or disclosed and how you can get access to this information. Please review it carefully.*

### **KISS ABA must maintain the privacy of your health information and provide you with this Notice.**

Upon receiving your signed *Authorization for Release of Information & Records Form*, KISS ABA employees may use or disclose your Protected Health Information (PHI) for purposes of diagnosis, treatment, obtaining payment, or to conduct healthcare operations. For example, to receive payment for our services, KISS ABA must provide information to the funding source being used.

*Other permitted and required uses and disclosures that may be made without your consent, authorization, or opportunity to object include:*

**Abuse or Neglect:** If any KISS ABA member suspects abuse or neglect of a child or elder, he/she is mandated to make a report to the appropriate public authorities.

**Danger:** If a KISS ABA employee suspects that you are in imminent danger of harming yourself or someone else, he/she is mandated to make a report of the person at risk to the public authorities.

**Legal Proceedings:** KISS ABA employees may disclose *Personal Health Information (PHI)* in response to a court order or subpoena or certain other legal proceedings.

*You have the following rights regarding Personal Health Information that KISS ABA maintains about you:*

**Right to Inspect and Copy:** You have the right to inspect and request copies of information that may be used to make decisions about your care. Usually, this includes demographic and billing records but does not include case notes. To inspect and receive copies of information, you must submit a request in writing. If you request a copy of the information, KISS ABA may charge a fee for the cost of copying, mailing, or other supplies associated with your request. KISS ABA must respond to your request within fifteen (15) days of receipt.

**Right to Amend:** If you feel that the PHI about you is incorrect or incomplete, you may ask KISS ABA to amend the information. You have a right to request an amendment for as long as KISS ABA keeps the information. Your request for amendment must be in writing and include a reason supporting your request.