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Applied Behavioral Analysis
Music Therapy
Occupational Therapy
Physical Therapy
Speech/Language Therapy
Social Skills Groups

HIPAA Notice of Privacy Practices

Revised to reflect the 2013 HIPAA/HITECH Omnibus Final Rule

This Notice describes how health information about you may be used and disclosed and how you can get access to this information. This Notice provides you with information to protect the privacy of your confidential health care information, hereafter referred to as protected health information (PHI). The Notice also describes the policy rights you have and how you exercise those rights. Please review it carefully.

If you have any questions about this Notice, please contact Aaris Therapy Group at 330-505-1606. This Notice is effective on August 1, 2018, replacing previous versions.

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If you have any questions about this Notice, please contact Aaris Therapy Group at 330-505-1606.

Our Obligations:

We are required by law to:

- Maintain the privacy of protected health information
- Give you this Notice of our legal duties and privacy practices regarding health information about you
- Follow the terms of our Notice that is currently in effect

How We May Use and Disclose Health Information:

The following describes the ways we may use and disclose health information that identifies you ("Health Information"). Except for the purposes described below, we will use and disclose Health Information only with your written permission. You may revoke such permission at any time by writing to our Privacy Officer: Melissa Cormell, at melissa.c@aaristherapy.com.

For Treatment. We may use and disclose Health Information for your treatment and to provide you with treatment-related health care services. For example, we may disclose Health Information to teachers, or therapists on your child's school treatment team, or other school personnel, who are involved in your care.

For Payment. We may use and disclose Health Information so that we or others may bill and receive payment from you or a third party for the treatment and services you received.

For Health Care Operations. We may use and disclose Health Information for health care operations purposes. These uses and disclosures are necessary to make sure that all of our clients/students receive quality care and to operate and manage our office.

Appointment Reminders, Treatment Alternatives and Health Related Benefits and Services. We may use and disclose Health Information to contact you to remind you that you have an appointment with us. We may also use this and disclose Health Information to tell you about treatment alternatives or health-related benefits and services that may be of interest to you.

Individuals Involved in Your Care or Payment for Your Care. When appropriate, we may share Health Information with a person who is involved in your medical care or payment for your care, such as your family or a third party payment source.

Special Situations:

As Required by Law. We will disclose Health Information when required to do so by international, federal, state or local law.

To Avert a Serious Threat to Health or Safety. We may use and disclose Health Information when necessary to prevent a serious threat to your health and safety or the health and safety of the public or another person. Disclosures, however, will be made only to someone who may be able to help prevent the threat.

Business Associates. We may disclose Health Information to our business associates that perform functions on our behalf or provide us with services if the information is necessary for such functions or services; examples may include but are not limited to the Ohio Department of Education's Scholarship Offices and/or virtual schools. All of our business associates are obligated to protect the privacy of your information and are not allowed to use or disclose any information other than information specified in our contract.

Public Health Risks. We may disclose Health Information for public health activities. These activities generally include disclosures to prevent or control disease, injury or disability; report child abuse or neglect; a person who may have been exposed to a disease or may be at risk for contracting or spreading a disease or condition; and the appropriate government authority if we believe a patient has been the victim of abuse, neglect or domestic violence. We will only make this disclosure if you agree or when required or authorized by law.

Health Oversight Activities. We may disclose Health Information to a health oversight agency for activities authorized by law. These oversight activities include, for example, audits, investigations, inspections, and licensure. These activities are necessary for the government to monitor the health care system, government programs, and compliance with the civil right laws.

Data Breach Notification Purposes. We may use or disclose your PHI to provide legally required notices of unauthorized access to or disclosure of your health information.

Lawsuits and Disputes. If you are involved in a lawsuit or dispute, we may disclose Health Information in response to a court or administrative order. We also may disclose Health Information in response to a subpoena, discovery request, or other lawful process by someone else involved in the dispute, but only if efforts have been made to tell you about the request or to obtain an order protecting the information released.

Law Enforcement. We may release Health Information if asked by a law enforcement official if the information is: (1) in response to a court order, subpoena, warrant, summons or similar process; (2) limited information to identify or locate a suspect, fugitive, material witness, or missing person; (3) about the victim of a crime even if, under certain very limited circumstances, we are unable to obtain the person's agreement; (4) about a death we believe may be the result of a criminal conduct; (5) about criminal conduct on our premises; and (6) in an emergency to report a crime, the location of the crime or victims, or the identity, description or location of the person who committed the crime.

National Security and Intelligence Activities. We may release Health Information to authorized federal officials for intelligence, counterintelligence, and other national security activities authorized by law.

For any non-routine request for disclosure of PHI, the Facility will review the request for disclosure on an individual basis.

Uses and Disclosures that Require Us to Give You an Opportunity to Object and Opt

Individuals Involved in Your Care or Payment for Your Care. 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 health care. If you are unable to agree or object to such a disclosure, we may disclose such information as necessary if we determine that it is in your best interest based on our professional judgement.

Disaster Relief. We may disclose your Protected Health Information to disaster relief organizations that seek your Protected Health Information to coordinate your care, or notify family and friends of your location or condition in a disaster. We will provide you with an opportunity to agree or object to such a disclosure whenever we practically can do so.

Your Written Authorization Is Required for Other Uses And Disclosures

The following uses and disclosures of your Protected Health Information will be made only with your written authorization:

1. Uses and disclosures of Protected Health Information for marketing purposes; and
2. Disclosures that constitute a sale of your Protected Health Information

Other uses and disclosures of Protected Health Information not covered by this Notice or the laws that apply to us will be made only with your written authorization. If you do give us authorization, you may revoke it at any time by submitting a written revocation to our Privacy Officer and we will no longer disclose Protected Health Information under the authorization. But disclosure that we made in reliance on your authorization before you revoked it will not be affected by the revocation.

Your Rights:

You have the following rights regarding Health Information we have about you:

Rights to Inspect and Copy. You have a right to inspect and copy Health Information that may be used to make decisions about your care or payment for your care, including medical and billing records. To inspect and copy this Health Information, you must make your request, in writing, to our Privacy Officer: Melissa Cornell. We have 30 days to make your Protected Health Information available to you and we may charge you a reasonable fee for the costs of copying, mailing or other supplies associated with your request. We may not charge you a fee if you need the information for a claim for benefits under the Social Security Act or any other state or federal needs-based benefit program. We may deny your request in certain limited circumstances. If we do deny your request, you have the right to have the denial reviewed by a licensed healthcare professional who was not directly involved in the denial of your request, and we will comply with the outcome of the review.

Right to an Electronic Copy of Electronic Medical Records.

If your PHI is maintained in an electronic format (known as an electronic medical record or an electronic health record), you have the right to request that an electronic copy of your record be given to you or transmitted to another individual or entity. We will make every effort to provide access to your PHI in the form or format you request, if it is readily producible in such form or format. If the PHI is not readily producible in the form or format you request your record will be provided in either our standard electronic form or if you do not want this form or format, a readable hard copy form. We may charge you a reasonable, cost-based fee for the labor associated with transmitting the electronic medical record.

Right to Get Notice of a Breach. You have the right to be notified upon a breach of any of your unsecured Protected Health Information.

Right to Amend. If you feel that Health Information we have is incorrect or incomplete, you may ask us to amend the information. You have the right to request an amendment for as long as the information is kept by or for our office. To request an amendment, you must make your request, in writing, to our Privacy Officer: Melissa Cormell.

Right to an Accounting of Disclosures. You have the right to request a list of certain disclosures we made of Health Information for purposes other than treatment, payment and health care operations or for which you provided written authorization. To request an accounting of disclosures, you must make your request, in writing, to our Privacy Officer: Melissa Cormell.

Right to Request Restrictions. You have the right to request a restriction or limitation on the Health Information we use or disclose for treatment, payment, or health care operations. You also have the right to request a limit on the Health Information we disclose to someone involved in your care or the payment for your care, like a family member or friend. To request a restriction, you must make your request, in writing, to our Privacy Officer: Melissa Cormell. We are not required to agree with your request unless you are asking us to restrict the use and disclosure of your Protected Health Information to a health plan for payment or health care operation purposes and such information you wish to restrict pertains solely to a health care item or service for which you have paid us "out of pocket" in full. If we agree, we will comply with your request unless the information is needed to provide you with emergency treatment.

Out-of-Pocket-Payments. If you paid out-of-pocket, in full, for your health care provided by Aaris Therapy Group, your Protected Health Information with respect to that health care service will not be disclosed to a health plan (i.e. your health insurance provider) for purposes of payment or health care operations; you must request a SuperBill be provided to you with respect to that health care service, and your health insurance provider may also request that you provide supporting documentation (i.e. treatment notes, evaluation report).

Destruction of Protected Health Information. To ensure that any medium containing Protected Health Information ("PHI"), is properly destroyed. PHI stored in paper, electronic or other format will be destroyed utilizing an acceptable method of destruction after the appropriate retention period has been met (i.e. 7-year rule as required by law). Access to PHI stored on computer equipment and media will be limited by taking the appropriate measures to destroy electronically stored PHI.

Electronic Protected Health Information ("e-PHI"). To ensure the appropriate use, storage, and transmission of electronic Protected Health Information ("e-PHI"), via methods including email, text, voice-messaging, and/or web-based data storage (may include cloud drives, such as Google Drive, Microsoft OneDrive, etc.). It is the policy of Aaris Therapy Group to protect the use, storage, and transmission of e-PHI as well as to fulfill our duty to protect the confidentiality and integrity of each client's/student's e-PHI as required by law, professional ethics, and accreditation requirements. The information released will be limited to the *minimum necessary* to meet the requestor's needs. Whenever possible, de-identified information will be used. For example:

Text/SMS Text/SMS messaging will not be used to send sensitive information, including information about current or past sessions, conditions, or treatment, as well as identifying information such as social security numbers or insurance identification information.

Voice Messaging Client's are responsible for providing updated contact information to Aaris Therapy Group when applicable; voicemail messaging will not be used to send sensitive information, including information about current or past sessions, conditions, or treatment, as well as identifying information such as social security numbers or insurance identification information.

Right to a Paper Copy of This Notice. You have the right to a paper copy of this notice. You may ask us to give you a copy of this notice at any time. Even if you have agreed to receive this notice electronically, you are still entitled to a paper copy of this notice. To obtain a paper copy of this notice, please see our business office.

Changes to this Notice. We reserve the right to change this notice and make the new notice apply to Health Information we already have as well as any information we receive in the future. We will post a copy of our current notice at our office. The notice will contain the effective date on the first page.

Complaints. If you believe your privacy rights have been violated, you may file a complaint with our office or with the Secretary of the Department of Health and Human Services. To file a complaint with our office, contact our Privacy Officer: Melissa Cormell. All complaints must be in writing. You will not be penalized for filing a complaint.

You may contact our office at:

Aaris Therapy Group
950 Youngstown-Warren Rd, Suite A
Niles, OH 44446
330-505-1606

Privacy Officer: Melissa Cormell
melissa.c@aaristherapy.com