



## Privacy Policy

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This notice describes how medical information about you may be used and disclosed and how you can access this information. Please review it carefully. The Health Insurance Portability and Accountability Act of 1996 (HIPAA) requires that health care practitioners create a notice of privacy practices for you to read. This notice tells you how Cornerstone Autism Center will protect your medical information, how we may use or disclose this information, and describes your rights. If you have any questions, please contact the Center.

### **Understanding Your Health Information**

The privacy rules generally allow the use and disclosure of your health information without your permission (known as an authorization) for purposes of health care Treatment and Payment activities. Here are some examples of what that might entail:

- Treatment includes providing, coordinating, or managing health care and treatment. Treatment can also include coordination or management of care between the "Center" and a third party who may contribute to your care, and consultation and referrals between providers.
- Payment includes activities by the Center to make coverage determinations and provide reimbursement for health care with third-party payers (health insurance companies). This can include eligibility determinations, reviewing services for medical necessity or appropriateness, claims management and billing.



## Your Health Information Rights

You have the following rights related to your medical records:

- Obtain a copy of this notice.
- Authorization to use your health information. Before Cornerstone Autism Center can use or disclose your health information, other than described below, we will obtain your written authorization, which you may revoke at any time to stop future use or disclosure.
- Access to your health information. You may request a copy of your medical records from Cornerstone Autism Center at any time.
- Change your health information. If you believe the information in your record is inaccurate or incomplete, you may request that Cornerstone Autism Center correct or add information.
- Request confidential communications. You may request that when we communicate with you about your health information, we do so in a specific way (e.g. Certain mail address or phone number). We will make every reasonable effort to agree to your request.
- Accounting of disclosures. You may request a list of disclosures of your health information that Cornerstone Autism Center has made for reasons other than treatment or payment.

## Our Responsibilities

- We are required by law to protect the privacy of your health information, to provide this notice about our privacy practices and to abide by the terms of this notice.
- We reserve the right to change our policies and procedures for protecting health information. When we make significant changes on how we use or disclose your health information, we will also change this notice.
- Except for purposes related to your treatment, to collect payment for our services, to perform necessary business functions or when otherwise permitted or required by law. We will not use or disclose your health information without your authorization. You have the right to revoke your authorization at any time.



### **When can we legally disclose your health information without your specific consent?**

- In order to facilitate your medical treatment.
- In order to collect payment for health care services that we provide. For example, to get paid our billing agency will send a bill to you or your insurance company. Some of the employees of this company have access to a small portion of your health information to do their job. The information on the bill may include information that identifies you, as well as your diagnosis, and type of treatment.
- In order to facilitate routine office operations. For example, exchange of information with clinical staff may be necessary to provide treatment.

### **For More Information or To Report a Problem**

If you have questions, would like additional information, or want to request an updated copy of this notice, you may contact the Center at any time. If you feel your privacy rights have been violated in any way, please let us know and we will take appropriate action.

You may also send a written complaint to:

Department of Health & Human Service, Office of Civil Rights Hubert H.  
Humphrey Building 200 Independence Avenue SW Room 509 HHH Building  
Washington, DC 20201