

Notice of Privacy Practices

Confidentiality

This notice describes how medical information about your child may be used and disclosed by Peace by Piece and how you can get access to this information. **Please review it carefully.**

Your Rights

You have the right to:

• Get a copy of your child's paper or electronic medical record
• Correct your child's paper or electronic medical record
• Request confidential communication
• Ask us to limit the information we share
• Get a list of those with whom we've shared your child's information
• Get a copy of this privacy notice
• Choose someone to act for you
• File a complaint if you believe your child's privacy rights have been violated

Our Uses and Disclosures

We may use and share your child's information as we: • Treat your child
• Run our organization
• Bill for services provided to your child
• Help with public health and safety issues
• Do research
• Comply with the law
• Work with a medical examiner or funeral director
• Address workers' compensation, law enforcement, and other government requests • Respond to lawsuits and legal actions

OUR LEGAL DUTY

We are required by applicable federal law and state law to maintain the privacy of your health information. We are also required to give you this Notice about our privacy practices, our legal duties, and your rights concerning your health information. We must follow the privacy practices that are described in this Notice while it is in effect. This notice takes effect April 6, 2016 and will remain in effect until we replace it.

We reserve the right to change our privacy practices and the terms of this Notice at any time, provided such changes are permitted by applicable law. We reserve the right to make changes in our Notice effective for all health information that we maintain, including health information we created or received before we made the changes. Before we make a significant change in our privacy practices, we will change this Notice and the new Notice available upon request. You may request a copy of our Notice at any time. For more information about our privacy practices, or additional copies of this Notice, please contact the appropriate office using the information listed at the end of this Notice.

USES AND DISCLOSURES OF HEALTH INFORMATION

This notice describes how health information about you may be used and disclosed by Peace by Piece. We also describe your rights and certain obligations we have regarding the use and disclosure of your health information. Peace by Piece

must interact with other providers and outside entities in order to provide your services. This notice describes our practices and includes our employees and any other health care professionals who are authorized to enter information into your records.

Your Rights Regarding Health Care Information About Your Child:

1. Right to inspect and obtain a copy of your medical record. You must submit your request in writing to the address at the end of the notice.
2. Right to amend your record. If you feel your child's information is incorrect or incomplete, you may ask us to amend the information. You must submit your request in writing to the address at the end of the notice. We may deny your request if the information was not created by us or we find the information to be inaccurate and incomplete.
3. Right to request restrictions. You have the right to request a restriction or limitation on the information we may use or disclose about your child. We will accept your request unless the information is needed to provide your child with treatment.
4. Right to request confidential communication or to receive your information in a different way. You may request that we communicate with you in a different way or location. We will try and honor your request if the request is something we are able to offer to all patients equally. You must submit your request in writing to the address at the end of the notice.
5. Right to a paper copy of this notice. You have a right to a copy of this notice and may ask for a copy at any time. To obtain a copy, contact the owners of Peace by Piece.

We are required by law to:

- Keep your child's health information private.
- Give you this notice, which describes your child's health information privacy rights and our - duties to maintain your privacy.
- Follow the terms of this notice while it is in effect.
- Only use or disclose your child's health information with authorization except as provided in this notice.

How We May Use and Disclose Protected Health Care Information about You:

Peace by Piece may use and disclose your child's health information without your permission in some of the following ways. These may not include every possible way we could disclose within each category. We may use and disclose your child's information for:

1. Treatment purpose - This information would be used to provide your child with treatment or services or assist other providers with your child's treatment.
2. Payment purposes - Treatment and services your child receives may be billed and payment to be collected by an outside agency (i.e., insurance company).
3. Operations purposes - In order to run our business your child's information may be used for quality management, receiving accreditation, certification and licensing, or for auditing, medical review or legal services.
4. Individuals involved in your care - This may include leaving messages at your residence related to appointments and treatment reminders. In an emergency, your family may be notified of your child's location or condition.
5. Requirements by federal, state or local law.
6. Public Health Risks - This relates to preventing or controlling neglect, abuse, disease or injury to health or legal authorities charged with these duties.
7. Health Oversight Activities - The information could be used to ensure we follow healthcare laws and regulations related to oversight and licensure.
8. Lawsuits or Legal Activities - This relates to a lawsuit you or your child may be involved in or other similar proceedings or under a subpoena or court order.
9. Law Enforcement disclosure - As required by state or federal law and as required in response to a court order or subpoena, you or your child's information may be released.
10. Research - All research projects are subject to a special approval process, which evaluates a proposed research project and its use of information, balancing the research needs with the patient's needs for privacy. Before we use or disclose information for research, the project will have been approved and we will ask your permission to use your child's information to participate in the research project.
11. Serious threat to health and safety - We may give your child's information to prevent a serious threat to your child's health and safety or the health and safety of the public or another person. In an emergency, we may contact your family or persons responsible for your child's care.

12. Business Associates - We may be required to contract with outside providers for services to run our business (i.e., computer company, billing specialist, other behavior analysts). By contract, we require our business associates to safeguard your information.
13. School- We may provide your child's health information to a school while attending an Individual Education Plan meeting with your child's teachers. We will work with the school to improve your child's performance and provide continuity of care.

REQUIREMENTS BY LAW

We may use or disclose your child's health information when we are required to do so by law.

I authorize a release of information, or under certain other conditions some of which are listed below: (1) where abuse or harmful neglect or children, the elderly, or disabled or incompetent individual is known or reasonably suspected; (2) where the validity of a will of a former patient is contested; (3) where such information is necessary for the professional to defend against a
malpractice action brought by the client; (4) where such information is necessary for the professional/corporation to pursue payment for services rendered; (5) where an immediate threat
of physical violence against a readily identifiable victim is disclosed to the professional; (7)where the client, by alleging mental or emotional damages in litigation, puts his/her mental state at issue; (8) pursuant to a Court order, open DCFS investigation, National Security Investigation or otherwise allowed or compelled under the law, and (9) where the client is examined pursuant to a court order. I hold the staff of Peace by Piece, LLC. harmless for releasing information under the above conditions.

We support your right to privacy of your health information.

For more information about HIPAA or to file a complaint:

The U.S. Department of Health and Human Services Office of Civil Rights

200 Independence Avenue, S.W. Washington D.C. 20201

877-696-6775

Text Messaging Privacy

Peace by Piece does not sell, rent, or share mobile phone numbers or text messaging consent information with third parties or affiliates for marketing or promotional purposes. Mobile contact information and messaging consent are used solely for communications related to services provided by Peace by Piece.

Terms and Conditions

Text Messaging: Peace by Piece uses a HIPAA-compliant messaging platform to communicate with clients and their parents or legal guardians regarding appointments, scheduling, forms, treatment coordination, care-related questions, and secure messages from their care team. We do not share or sell your mobile number or text messaging consent with third parties or affiliates for marketing or promotional purposes.

Message frequency varies. Message and data rates may apply. Reply STOP to opt out of text messages or HELP for assistance, or contact our office directly at 615-516-3778 or at admin@peacebypieceaba.com. Mobile carriers are not responsible for delayed or undelivered messages.

Consent to Receive Text Messages

Peace by Piece uses a HIPAA-compliant messaging platform to communicate with families regarding appointments, scheduling, forms, treatment coordination, and other care-related matters.
By checking the box below, I consent to receive text messages from Peace by Piece at the mobile phone number I have provided. I understand that message frequency varies, message and data rates may apply, and I may opt out at any time by contacting the office directly.

I understand that consenting to text messaging is voluntary and is not required to receive services.

◯ Yes, I consent to receive text messages from Peace by Piece.

Acknowledgement and Signature

By signing this form, you acknowledge that you have received our “Notice of Privacy Practices” (the “Notice”). This Notice describes in detail how we might use or disclose your protected health information. The Notice also discusses your rights and our duties with respect to your protected health information. You have the right to review the Notice before signing this acknowledgment.

Client's Full Name

Client's Parent or Legal Guardian

Signature of Parent or Legal Guardian

Date