

NOTICE OF PRIVACY PRACTICES FOR SPECIAL KIDS, INC.

This notice describes how medical information about you may be used and disclosed and how you can get access to that information. Please review it carefully.

You have the right to the confidentiality of your child's medical information and the right to approve or refuse the release of specific information except when the release is required by law. If the practices described in this outline meet your expectations, there is nothing you need to do. If you prefer that we not share information, we may honor your written request in certain circumstances described below. If you have any questions about this notice, please contact our **Privacy Officer** in writing at the address provided herein.

Our Pledge Regarding Medical Information

We understand that medical information about your child is personal. Protecting medical information about your child is important. We create a record of the care and services your child receives. We need this record to provide your child with quality care and to comply with certain legal requirements. This notice applies to all of the records of your child's care generated by Special Kids Inc., whether made by health care professionals or other personnel.

This notice will tell you about the ways in which we may use and disclose medical information about your child. We also describe your rights and certain obligations we have regarding the use and disclosure of medical information.

This office is required to:

- Maintain the privacy of your child's health information as required by law;
- Notify you promptly if a breach occurs that may have compromised the privacy or security of your information;
- Give you this notice of our legal duties and privacy practices with respect to medical information about your child;
- Abide by the terms of this notice;
- Accommodate your reasonable requests regarding methods to communicate health information with you; and
- Accommodate your requests for an accounting of disclosures.
- Refrain from using/sharing your information other than as described herein unless you provide written authorization which may be changed at any time. Let us know in writing if you change your mind. For more information, refer to www.hhs.gov/ocr/privacy/hipaa/understanding/consumers/noticepp.html

How We May Use and Disclose Medical Information About Your Child

The following categories describe different ways that we may use and disclose medical information. For each category of uses or disclosures we will try to give some examples. Not every use or disclosure in a category will be listed. For more information, see: www.hhs.gov/ocr/privacy/hipaa/understanding/consumers/index.html

For Treatment. A nurse or therapist obtains treatment information about your child and records it in a health record.

During the course of your child's treatment, the nurse or therapist determines that he/she will need to consult with another specialist within the agency. He/she will share the information with such specialist and obtain his/her input.

Treatment may be in a group atmosphere; other patients may be observed in the same area that you are observing your child.

For Payment. We submit requests for payment to your health insurance company. The health insurance company or business associate helping us obtain payment requests information from us regarding the medical care given. We will provide information to them about your child and the care provided.

For Health Care Operations. We may obtain services and/or products from business associates such as medical equipment, quality assessment, quality improvement, outcome evaluation, protocol and clinical guidelines development, training programs, credentialing, medical review, legal services and insurance. We will share information about your child with such business associates as necessary to obtain these services.

Appointment Reminders. We may use and disclose medical information to contact you as a reminder that your child has an appointment for treatment or medical care.

Treatment Alternatives. We may use and disclose medical information to tell you about or recommend possible treatment options or alternatives that may be of interest to you for your child.

Health-Related Benefits and Services. We may use and disclose medical information to tell you about health-related benefits or services that may be of interest to you, including Clinical Research.

Individuals Involved in Your Child's Care or Payment for Your Child's Care. We may release medical information about your child to a family member or friend who is involved in your child's medical care. We may also give information to someone who helps pay for your child's care. In addition, we may disclose medical information about your child to assist in a disaster relief effort so that your family can be notified about your child's condition, status and location.

Grants and Funding Opportunities. We may use and disclose aggregate, or collectively combined, data with demographic information about our patients such as race, ethnicity, diagnosis types, income etc. in the process of applying for grant and funding opportunities. Any survey responses or comments you make may also be used.

Marketing & Fundraising. We may use and disclose identifying information to contact you about marketing or fundraising opportunities and efforts, but you may choose to opt out at any time by either following the appropriate steps for electronic unenrollment or notifying us in writing. If you grant us consent (with a separate form) to use photos/videos/likeness of you/your child, we may use such information and publicize it during marketing/fundraising efforts, campaigns, events, etc. We may use and disclose aggregate, or collectively combined, data with demographic

information about our patients such as race, ethnicity, diagnosis types, income etc. in these kinds of efforts and similar initiatives. Any survey responses or comments you make may also be used.

In Honor Donations: We may acknowledge the receipt of a gift or donation made in honor of you or your child; in rare and extenuating circumstances, we may offer a nominal token of acknowledgement in honor of you or your child.

Research. We may disclose information to researchers when their research has been approved by an institutional review board that has reviewed the research proposal and established protocols to ensure the privacy of your child's medical information.

As Required By Law. We will disclose medical information about your child when required to do so by federal, state or local law.

Respond to organ and tissue donation requests. We can share health information about you with organ procurement organizations.

To Avert a Serious Threat to Health or Safety. We may use and disclose medical information about your child when necessary to prevent a serious threat to your child's health and safety or the health and safety of the public or another person. Any disclosure, however, would only be to someone able to help prevent the threat.

Special Situations

Public Health Risks. We may disclose medical information about your child for public health activities. These activities generally include the following:

- To prevent or control disease, injury or disability;
- To report births and deaths;
- To report child abuse or neglect;
- To report reactions to medications or problems with products;
- To notify people of recalls of products they may be using;
- To notify a person who may have been exposed to a disease or may be at risk for contracting or spreading a disease or condition;
- To notify the appropriate government authority if we believe a patient has been the victim of abuse, neglect or domestic violence.

Representation. An individual who has been given medical power of attorney for, or is the legal guardian of, a person can exercise their rights and make choices about their health information. We will make sure the person has this authority and can act accordingly before we take any action.

Health Oversight Activities. We may disclose medical 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 civil rights laws.

Lawsuits and Disputes. We may disclose medical information about your child in response to a subpoena, discovery request, or other lawful order from a court.

Law Enforcement. We may release medical information if asked to do so by a law enforcement official as part of law enforcement activities; in investigations of criminal conduct or of victims of crime; in response to court orders; in emergency circumstances; or when required to do so by law.

Coroners, Medical Examiners and Funeral Directors. We may release medical information to a coroner, medical examiner or funeral director consistent with applicable law to allow them to carry out their duties.

Worker's Compensation Claims. We may disclose medical information about your child in response to a workers' compensation claim.

Specialized Government Functions. We may release medical information about your child for specialized government functions as authorized by law such as to armed forces personnel, for national security purposes, or to public assistance programs personnel.

Your Rights Regarding Medical Information About Your Child

The health and billing records we maintain about your child are the property of Special Kids, Inc. You have the following rights regarding medical information we maintain about your child:

Right to Inspect and Copy. You have the right to inspect (with supervision) medical information that may be used to make decisions about your child's care. Usually, this includes medical and billing records, but does not include psychotherapy notes. You may also request an electronic or paper copy of these records. We reserve the right to charge a fee for the cost of copying, mailing or other supplies associated with your request. Copies are usually provided within 30 days of your request. You may exercise this right by delivering a request in writing to our **Privacy Officer** using the form we provide to you upon your request. We may deny your request to inspect and copy in certain very limited circumstances. If you are denied access to medical information, you may request that the denial be reviewed. Another licensed health care professional chosen by Special Kids, Inc. will review your request and the denial. The person conducting the review will not be the person who denied your request. We will comply with the outcome of the review.

Right to Amend. If you feel that medical information we have about your child 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. You may exercise this right by delivering a request in writing to our **Privacy Officer** using the form we provide to you upon request. *You must provide a reason that supports your request.* We may deny your request for an amendment if it is not in writing or does not include a reason to support the request. In addition, we may deny your request if you ask us to amend information that:

- Was not created by us, unless the person or entity that created the information is no longer available to make the amendment;
- Is not part of the medical information kept by Special Kids, Inc.
- Is not part of the information which you would be permitted to inspect and copy; or
- Is accurate and complete.

If your request is denied, you may file a statement of disagreement and require that the request for amendment and any denial be attached in all future disclosures of your medical information. If denied, you will be notified in writing within 60 days of your request.

Right to an Accounting of Disclosures. You have the right to request an “accounting of disclosures.” This is a list of the disclosures we made of medical information about you. To request this list or accounting of disclosures, you must submit your request in writing to our **Privacy Officer** using the form we provide to you upon your request. Your request must state a time period that may not be longer than six years and may not include dates before April 14, 2003.

An accounting will not include internal uses of information for treatment, payment or health care operations, disclosures made to you or made at your request or disclosures made to family members or friends in the course of providing care. The first list you request within a 12-month period will be free. For additional lists, we may charge you for the costs of providing the list. We will notify you of the cost involved and you may choose to withdraw or modify your request at that time before any costs are incurred.

Right to Request Restrictions. You also have the right to request a limit on the medical information we disclose about your child to someone who is involved in your child’s care or the payment for your child’s care, like a family member or friend. If you pay out-of-pocket in full, you can ask us not to share that information for the purpose of payment or our operations with your health insurer; we will comply unless a law requires us to share that information. To request restrictions, you must make your request in writing to our **Privacy Officer** using the form we provide to you upon your request. In your request, you must tell us (1) what information you want to limit; (2) whether you want to limit our use, disclosure or both; and (3) to whom you want the limits to apply. We are not required to agree to your request. If we do agree, we will comply with your request unless the information is needed to provide you emergency treatment.

Right to Request Confidential Communications. You have the right to obtain a paper copy of this notice at any time by making a request at our office even if you have agreed to receive this notice electronically.

If you want to exercise any of the above rights, please contact our **Privacy Officer** in person or in writing, during normal business hours. *No individual therapist, nurse, or other employee can agree to restrictions, amendments, or other rights described herein.* Only the **Privacy Officer** can make these amendments. He/she will provide you with assistance on the steps to take to exercise your rights.

Your Choices

For certain health information, you can tell us your choices about what we share. If you have a clear preference for how we share your information in the situations described below, talk to us. Tell us what you want us to do, and we will follow your instructions.

In these cases, you have both the right and choice to tell us to: Share information with your family, close friends, or others involved in your care; share information in a disaster relief situation. If you are not able to tell us your preference, for example if you are unconscious, we may go ahead and share your information if we believe it is in your best interest. We may also share your information when needed to lessen a serious and imminent threat to health or safety.

In these cases we never share your information unless you give us written permission: Marketing purposes; sale of your information; most sharing of psychotherapy notes if applicable, but this practice does not maintain psychotherapy notes.

In the case of fundraising: We may contact you for fundraising efforts, but you can tell us not to contact you again.

Changes To This Notice

We reserve the right to change this notice. We reserve the right to make the revised or changed notice effective for medical information we already have about your child as well as any information we receive in the future. The notice will contain on the last page the effective date.

To Request Information or File a Complaint

If you have questions, would like additional information or want to report a problem regarding the handling of your information, you may contact our **Privacy Officer** at the following address:

**Special Kids Inc.
Attn: Privacy Officer
2132 East Main Street
Murfreesboro, TN 37130
615-809-2632**

If you believe your privacy rights have been violated, you may file a written complaint at our office by delivering it to the **Privacy Officer**. You may also file a complaint by mailing it to the Secretary of Health and Human Services at **The U.S. Department of Health and Human Services Office for Civil Rights, 200 Independence Avenue, S.W., Washington, D.C. 20201**, calling 1-877-696-6775, or visiting www.hhs.gov/ocr/privacy/hipaa/complaints/.

We cannot, and will not, require you to waive the right to file a complaint with the Secretary of Health and Human Services (HHS) as a condition of your child receiving treatment/services from Special Kids, Inc. We cannot, and will not, retaliate against you for filing a complaint with the Secretary of Health and Human Services.

Other Uses of Medical Information

Other uses and disclosures besides those identified in this notice will be made only as otherwise authorized by law or with your written authorization which you may revoke except to the extent information or action has already been taken.

Website

A link to this notice is posted on Special Kids Inc.’s website at www.specialkidstn.com

Effective Date: December 14, 2023