NOTICE OF PRIVACY PRACTICES

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A copy of this Notice is also available for review at https://www.astroaba.com/

HIPAA Compliance Statement

THIS NOTICE DESCRIBES HOW MEDICAL INFORMATION ABOUT YOU OR YOUR CHILD MAY BE USED AND DISCLOSED AND HOW YOU CAN GET ACCESS TO THIS INFORMATION. PLEASE REVIEW IT CAREFULLY BEFORE SIGNING.

Understanding Your Health Information: When you begin working with Astro ABA, a record is made. Typically, this record contains your/your child's history, assessment, medical information, diagnoses, treatment, a plan for future treatment, etc. This information, often referred to as you/your child's clinical record, serves as:

- Basis for planning your care and treatment
- Legal document describing the care you received
- Means by which you or a third-party payer can verify that services billed were provided
- A source of data for health officials charged with improving the health of our country or needed services for the area
- A tool by which future or continual services can be approved
- Understanding what is in this record will help you to ensure its accuracy, better understand who, what, when and why others may access your information and help to make more informed decisions when authorizing disclosure to others

Your Health Information Rights: Although your health record is the physical property of Astro ABA, the information belongs to you. You have the following rights:

Right to Request a Restriction

You have the right to request a restriction on our use and sharing of your protected health information. Astro ABA can deny the request if it is unreasonable or would be detrimental to your treatment.

Right to a Paper Copy of this Notice

You have a right to obtain a paper copy of this notice.

Right to Amend Your Health Information

You have the right to request an amendment to the health information we maintain about you if you feel it is incorrect or incomplete for as long as the information is kept by Astro ABA. To request an amendment, you must submit a request in writing and state the reason that supports your request. The disputed information will remain in the record along with the amended information. Astro ABA may deny your request if the request is not submitted in writing, does not contain a reason to support the request, the information that is being questioned was not originated by Astro ABA, it is not part of the information which you are permitted to inspect or copy, or it is currently accurate and complete.

Right to Inspect and Copy PHI

Requests for PHI must be submitted in writing. A reasonable, cost-based fee may apply for copying, mailing, or supplies. You may request that PHI be sent directly to a designated third party; written authorization must clearly identify the recipient and destination.

Right to an Accounting of Disclosures

You may request a list of disclosures over the past six years, excluding treatment, payment, and operations disclosures. One accounting per 12-month period is free; additional requests may incur a reasonable, cost-based fee. We will respond within 60 days; one 30-day extension is allowed with written notice.

Right to Confidential Communications

You may request that PHI be communicated via alternative methods or locations. Requests must be submitted in writing. Reasonable requests will be accommodated.

Right to Designate a Third Party

You may request that PHI be sent to a designated person on a standing or regular basis. Requests must be submitted in writing with signature and designation details.

Health Care Insurance Providers: If we do not file your insurance claims at this time, we will provide you with statements that you may submit to your insurance carrier or complete any forms as required by your insurance carrier in order to obtain reimbursement for out-of-network providers. In order to assist you with obtaining reimbursement for our services, your insurance carrier may require that we provide a clinical diagnosis, or additional clinical information such as treatment plans or summaries, or copies of your child's entire clinical record. In such situations, we will make every effort to release only the minimum information about you that is necessary for the purpose requested. This information will become part of the insurance company files and will probably be stored in a computer. Although all insurance companies claim to keep such information confidential, we have no control over what they do with it once it is in their hands. We will provide you with a copy of any report or form that we submit upon your request. By signing this Notice, you agree that we can provide requested information to your carrier for authorization of services and if/when you choose to file a claim for any services that we have provided to you or your child.

Others We May Share Your Information With: As required by law we will disclose you/your child's protected health information, even if you do not sign an authorization form, under the following circumstances:

1. Disaster Relief-to an agency organizing disaster relief efforts.
2. Public Health Activities-such as: reporting to a public health or government authority for preventing or controlling disease, injury, or reporting child abuse or neglect.
3. Food and Drug Administration (FDA)-concerning adverse events or problems with products or medications for tracking purposes to enable product recalls or to comply with other FDA requirements.
4. To notify a person who may have been exposed to a communicable disease or may otherwise be at-risk of contracting or spreading a disease or condition
5. For certain purposes involving workplace illnesses or injuries.
6. Reporting victims of abuse, neglect or domestic violence-information will be disclosed as required by law.
7. Judicial and Administrative proceedings-information may be disclosed in response to a court or administrative order, subpoena, discovery requests, or other lawful process. Efforts will be made to notify you about the request or to obtain an order or agreement protecting the information
8. Health oversight activities-information may be disclosed to a health oversight agency for activities authorized by law, such as, audits, inspections, investigations, licensure actions or other legal proceedings
9. Coroners, Medical Examiners, Funeral Directors, Organ Procurement Organizations.
10. To avert a serious threat to health or safety-any disclosure would be made only to someone able to prevent the threat of safety to you/your child, the public or another person.
11. Research-only under your specific disclosure.
12. Workers Compensation.
13. Law Enforcement-as required by law to comply with reporting requirements including, but not limited to: complying with court orders, warrants, subpoenas, summons, identifying or locating a fugitive, missing person or material witness, when information is requested about the victim of a crime if the individual agrees, to report information about a suspicious death, to provide information about criminal conduct occurring at the agency, or information about emergency circumstances about a crime.
14. National Security and Intelligence Activities, Protective Services for the President and others.

Records: We will review all testing results during our meetings with parents/guardians and offer you opportunities to review raw testing data with us. You will receive a written report that summarizes our findings. This report will include summary and interpretation of all individual testing, as well as impressions from individual observations and consultations conducted as a part of a comprehensive, individual behavioral evaluation. Upon your request, we are happy to provide you with a written summary of our impressions from other meetings, consultations, or observations as well. We will forward copies of any reports or written summaries to others only with specific, written consent from you. Because of the

proprietary nature of testing materials, we will release raw testing data only to other appropriately credentialed professionals (except as otherwise required by law).

Legal Proceedings: If you are involved in a court proceeding and a request is made for information concerning our professional services, we cannot provide any information without your written authorization or a court order. However, a court order may force us to reveal information. In that case, we will reveal only the minimally acceptable amount of information. If you are involved in or are contemplating litigation, you should consult with your attorney to determine whether a court would be likely to order us to disclose information. Also, if a client files a complaint or lawsuit against anyone affiliated with Astro ABA, we may disclose any and all relevant information regarding that client we deem necessary in order to defend ourselves.

Confidentiality, Records, and Release of Information: Behavioral services are best provided in an atmosphere of trust. Because trust is so important, all services are confidential except to the extent that you provide us with written authorization to release specified information to specific individuals, or under other

conditions and as mandated by Astro ABA and Federal law and our professional codes of conduct/ethics. These exceptions are discussed below.

- *To Protect the Client or Others from Harm:* If we have reason to suspect that a minor, elderly, or person with a disability is being abused, we are required to report this (and any additional information upon request) to the appropriate state agency. If we believe that a client is threatening serious harm to him/herself or others, we are required to take protective actions, which could include but not limited to, notifying the police or an intended victim, a minor's parents, or others who could provide protection, or seek appropriate hospitalization.
- *Professional Consultations:* Board Certified Behavior Analysts and other professionals providing ABA services will routinely consult about cases with other professionals. Therefore, we make every effort to avoid revealing the identity of our clients and any consulting professionals are also required to refrain from disclosing any information we reveal to them. If you want us to talk with or release specific information to other professionals with whom you are working, you will first need to sign an Authorization that specifies what information can be released and with whom it can be shared.
- *Your Authorization is Required for Other Uses of Protected Health Information:* Astro ABA will use and disclose protected health information (other than described in this Notice or required by law) only with your written authorization. You may revoke your authorization to use or disclose protected health information in writing, at any time. If you revoke your authorization, we will no longer use or disclose your protected health information for the purposes covered by the authorization except where we have already relied on the authorization.

Our Responsibility Regarding You/Your Child's Protected Health Information: Astro ABA is required by law to:

1. Maintain the privacy of your child's health information.

2. Provide you with a notice as to our legal duties and privacy practices with respect to information we collect and maintain about you.
3. Abide by the terms of this notice.
4. Notify you if we are unable to agree to a requested restriction.
5. Inform you promptly if a breach occurs that may have compromised the privacy or security of your Information.

Data Breach Notification:

In the event that a breach occurs, Astro ABA will take the necessary steps to protect your PHI. Astro ABA will promptly notify you if a breach occurs that may have compromised your PHI. Notification will be provided in writing, via first-class mail, or by email if you have previously agreed to electronic communications. In limited cases, business associates may provide notification on our behalf.

Complaints:

If you believe your privacy rights have been violated, you may file a complaint with us or with the U.S. Department of Health and Human Services. Filing a complaint will not result in retaliation.

HIPPA Notice of Privacy Practices Acknowledgment:

I acknowledge that I have received the HIPPA Notice of Privacy Practices from Astro ABA. I understand that:

- I have certain rights to privacy regarding my protected health information (PHI).
- Astro ABA may use and disclose my PHI for purposes of treatment, payment, and healthcare operations.
- The Notice explains in detail how Astro ABA may use and disclose my PHI for other purposes permitted or required by law.
- I have the rights regarding my PHI as described in the Notice.
- Astro ABA has the right to change the Notice from time to time, and I may obtain a current copy at any time by contacting the Privacy Officer listed in the Notice.

Additional Considerations:

- Astro ABA limits the disclosure and use of records related to the diagnosis, treatment, or referral for substance use disorders (SUDs).
- Clients have the right to be informed about public-facing policies regarding the collection and use of biometric data, including retention schedules and procedures for responding to any data breaches.
- Clients under the age of 18 are entitled to specific protections, including limitations on targeted advertising and the requirement for parental consent for certain services or data collection.
- Clients have the right to control the collection and use of precise geolocation data and to access new opt-out mechanisms for its collection and processing.
- Astro ABA will not use or disclose PHI for marketing purposes or sell PHI without specific written authorization, and will not use PHI for fundraising communications without

providing clients the right to opt out of such communications by contacting the Privacy Officer.

- If the client is a minor, a parent or legal guardian may generally exercise the client's rights regarding protected health information as the client's personal representative, except where applicable law permits or requires the minor to act independently. In certain circumstances permitted by law, Astro ABA may limit a parent's or guardian's access to a minor's health information.

We reserve the right to make changes to this Notice whenever there is a material change to the uses or disclosures, your individual rights, our legal duties, or other privacy practices stated in this Notice. Any changes made will affect the protected health information we maintain at that time. We will provide a revised copy of the notice to parents/legal guardians upon request on or after the effective date of revision.

WE WILL NOT USE OR DISCLOSE YOU/YOUR CHILD'S PROTECTED HEALTH INFORMATION WITHOUT YOUR
AUTHORIZATION, EXCEPT AS DESCRIBED IN THIS NOTICE.

If you have any questions regarding this Notice or wish to receive additional information about our privacy practices, please contact our office. If you believe your privacy rights have been violated, you may file a complaint at our service location either in person or by mail.

Consent: All information is private and not shared with any outside parties. Agreement of Informed Consent and the HIPAA Privacy Policy described above, and the information below must be completed before any services can be provided.