

NOTICE OF PRIVACY PRACTICES

HEALTH INSURANCE PORTABILITY AND ACCOUNTABILITY ACT (HIPPA)

This notice describes how protected health information (PHI) about a patient may be used and disclosed and how the patient can gain access to this information. Please review it carefully.

B.E.S.T. Services, Inc. understands that we collect private and/or potentially sensitive medical information about each patient and/or the patient's family. We call this information "protected health information." This notice explains the patient's privacy rights and addresses how B.E.S.T. Services, Inc. may use and disclose PHI.

B.E.S.T. Services, Inc. does not use or disclose PHI unless permitted or required to do so by law. B.E.S.T. Services, Inc. must adhere to laws aimed at securing the privacy of the patient's PHI. These laws are known as the HIPPA privacy rules. When we do use or disclose PHI, we will make every reasonable effort to limit its use or the level of disclosure to the minimum we deem necessary to accomplish the intended purpose. Please note that the privacy provisions articulated in this notice do not apply to health information that does not identify the patient or anyone else.

B.E.S.T. Services, Inc. is required by law to follow the terms set forth in this notice. We reserve the right to change this notice. If we make a change in our privacy policies or procedures, we will provide the patient with a new privacy notice either by mail or in person.

PROTECTED HEALTH INFORMATION (PHI)

PHI is information about the patient that relates to a past, present or future mental health condition or treatment or payment for the treatment that can be used to identify the patient. This includes any information whether oral or recorded in any form, that is created or received by B.E.S.T. Services, Inc. This also includes electronic information and information in any other form or medium that could identify the patient. Examples of information that can identify a patient include, but are not limited to the following:

- Name
- Telephone Number
- Address
- Date of Birth
- Social Security Number
- Services Start/ End Date
- Diagnosis

USES AND DISCLOSURES OF HEALTH INFORMATION FOR TREATMENT, PAYMENT AND HEALTH CARE OPERATIONS

1. Treatment, Payment and Health Care Operations

The following section describes different ways that we use and disclose PHI for treatment, payment and health care operations. Not every possible use or disclosure will be noted and there may be incidental disclosures that are a byproduct of one of the listed uses and disclosures. The way we use and disclose PHI will fall within one of the categories.

A. Treatment

We may use a patient's PHI to provide the patient with services and we may disclose this information to any and all B.E.S.T. Services, Inc. staff involved with the patient's treatment. Treatment includes (a) activities performed by B.E.S.T. Services, Inc., personnel in the course of providing service to the patient or in coordinating or managing the patient's service with other service providers and (b) consultations with and in between B.E.S.T. Services, Inc. staff and other professionals involved in the patient's treatment.

B. Payment

We may use and disclose the patient's PHI so that they may bill and collect payment from the patient, an insurance company or another party for services that B.E.S.T. Services, Inc. provides to the patient. We may also inform the patient's health plan provider of treatment we intend to administer in order to obtain prior approval or to determine whether the patient's plan will pay for the treatment.

C. Health Care Operations

B.E.S.T. Services, Inc. may use and disclose the patient's PHI in order to maintain necessary administrative, education, quality assurance and business functions. For example, we may use a patient's PHI to evaluate the performance of our staff in providing treatment for the patient. We may also use information about patients to help us evaluate what additional services to offer, how we can improve efficiency or the effectiveness of certain treatments. Additionally, we may use PHI for review, analysis and other teaching and learning purposes.

2. Special Circumstances

Treatment, payment and health care operations further include the circumstances listed below.

A. Appointment Reminders

We may use and disclose the patient's PHI to contact the patient as a reminder that he may have an appointment for treatment or services.

B. Treatment Information

We may use and disclose the patient's PHI to contact him about treatment information.

C. Contract Renewal

We may use and disclose the patient's PHI to contact him about service contract.

3. Uses and Disclosures You Can Limit

A. B.E.S.T. Services, Inc. Patient Roster/ Directory

Unless the patient notifies us that he objects, we may include certain information about him in B.E.S.T. Services, Inc. Patient Directory/ Roster in order to respond to inquiries and disseminate information more efficiently. This directory/ roster is accessed by B.E.S.T. Services, Inc.'s staff who may or may not be involved in the patient's treatment.

B. General Notification

Unless the patient notifies us that he objects, we may provide his PHI to individuals such as the patient's family members, caregivers and friends, who are involved in the patient's treatment or who help pay for the patient's treatment. We may do this if the patient informs us that we gave their consent to do so or if the patient knows we are sharing the patient's PHI with these people and the patient expresses no objection or make no reasonable discernible attempt to prevent us from doing so. There may also be circumstances when we can assume, based on our professional judgment, that the patient would not object to disclosure of his PHI.

Also, if the patient is not able to approve or object disclosures, we may make disclosures to a particular individual (such as a patient's family member or friend) that we feel are in the patient's best interests and that relate to that person's involvement in the patient's care.

OTHER PERMITTED USES AND DISCLOSURE OF HEALTH CARE INFORMATION

We may use or disclose the patient's health information without the patient's permission in the following circumstances, subject to all applicable legal requirements and limitations:

1. Required By Law

B.E.S.T. Services, Inc. must make any disclosures required by federal, state or local law. They may include but are not limited to, disclosures [pertaining to: the reporting of abuse or neglect; court orders, subpoenas, warrants or other lawful processes; identification/ location of a suspect, fugitive, witness, missing person or crime victim; crime on our work premises; or a serious, imminent threat. Employees of B.E.S.T. Services, Inc. are designated as Mandated Reporters.

2. Public Health Risks

We may make disclosures for public health reasons in order to prevent or control disease, injury or disability; or to report births, deaths, disease or condition, suspected abuse or neglect, non-accidental physical injuries, reactions to medications or problems with products.

3. Health Oversight Activities

We may disclose PHI to agencies authorized to receive reports for health oversight activities (e.g. Department of Health and Human Services, Office of the Attorney general) for audits, investigations, inspections, licensing purposes or as necessary for certain government agencies to monitor that health care system, government programs and compliance with civil rights laws.

4. Lawsuits, Disputes or Other Legal Proceedings

We may make disclosures in response to a subpoena or court or administrative order, if the patient is involved in a lawsuit or dispute, or in response to a court order, subpoena, warrant, summons or similar process or if requested to do so by law enforcement.

5. Coroners, Medical Examiners, Funeral Directors and Organ Donation

We may disclose information to a coroner or medical; examiner (as necessary, for example to identify a deceased person or determine cause of death) or to a funeral director, as necessary to allow him to carry out his activities.

6. Serious Threat to health or Safety; Disaster Relief

We may disclose information to appropriate individual(s)/organization(s) when necessary (a) to prevent a serious threat to the patient's health and safety or that of the public or another person, or (b) to notify the patient's family members or persons responsible for the patient in the course of a disaster relief effort. We will disclose PHI only to persons we believe to be able to lessen/prevent the threat and will limit disclosure to that which we deem necessary to lessen or prevent the threat.

7. Military and Veterans

We must make disclosures as required by military command or other government authority for information about a member of the domestic or foreign armed forces.

8. National Security; Intelligence Activities; Protective Services

We may disclose information to federal officials for intelligence, counterintelligence and other national security activities authorized by law, including activities related to protection of the President, other authorized persons or foreign heads of state or related to the conduct of special investigations.

9. Correctional Facilities

We may make disclosures to a correctional facility (if the patient is a ward) or a law enforcement official (if the patient is in that person's custody) as necessary (a) for the institution to provide the patient with treatment; (b) to protect the patient's or other's health and safety and the security of the correctional facility.

WHEN WRITTEN AUTHORIZATION IS REQUIRED

Other than for the range of purposes previously identified in this notice, we will not use or disclose the patient's PHI for any purpose unless the patient provides us with specific written authorization to do so. If the patient grants us authorization, the patient can still withdraw this authorization at any time, though the authorization must be revoked in writing. In order to withdraw that authorization, the patient must deliver, mail, email or fax the revocation to:

Carmela B. Sanford
@ B.E.S.T. Services, Inc.
411 S. Magnolia Avenue
El Cajon, CA 92020
email: cboton@bestAutismservices.com
fax: 619.444.8182

If the patient revokes the authorization, we will discontinue the use or disclosure of the patient's PHI to the extent that we relied on his/her authorization for the use/disclosure. However, we cannot take back or undo any use/disclosure made under the patient's grant of authorization prior to our receipt of the patient's written revocation of that authorization and we must continue any use/disclosure that is necessary in keeping records of the patient's treatment.

THE PATIENT'S RIGHTS REGARDING THE PATIENT'S HEALTH INFORMATION

The patient has certain rights regarding his/her health information, which is listed below. In each of these cases, if the patient wants to exercise his/her rights, the patient must do so in writing by completing a form that the patient can obtain from B.E.S.T. Services, Inc. In some cases, we may charge the patient for the costs of providing materials to the patient. The patient can get information about how to exercise his/her rights and about any costs that we may charge for materials by contacting

Carmela B. Sanford
@ B.E.S.T. Services, Inc.
411 S. Magnolia Avenue
El Cajon, CA 92020
Email: cboton@bestAutismservices.com
Fax: 619.444.8182
Phone: 619.442.1271

1. Right to Inspect and Copy

With some exceptions, the patient has the right to inspect and get a copy of the patient's PHI that may be used to make decisions about the patient's care. We may deny the patient's request to inspect and/or copy the information in certain limited circumstance and if we do this, the patient may ask the denial decision be reviewed.

2. Right to Amend

The patient has the right to amend his/her health information maintained by B.E.S.T. Services, Inc. or used by us to make decisions about the patient. We will require that the patient provide a reason for request and we may deny the request for an amendment if the request is not properly submitted or if it asks us to amend information that (a) we did not create (unless the source of information is no longer available to make the amendment), (b) is not part of the health information that we keep, (c) is of a type that the patient would not be permitted to inspect and copy or (d) is already accurate and complete.

3. Right to Request Restrictions

The patient has the right to request restriction or limitation on the health information we use or disclose about the patient (a) for treatment, payment or health care operations, or (b) to someone who is involved in the patient's care or the payment for it, such as a family member or friend. We are not required to agree to the patient's request. Any time B.E.S.T. Services, Inc. agrees to a restriction, it must be in writing and signed by the Clinical director or Clinical Director.

4. Right to Request Confidential Communications

The patient has the right to request that communication with the patient about health matters in a certain method or at a certain place. For example, the patient can ask that we only contact the patient at home or by mail.

5. Right to a Paper Copy of This Notice

The patient has the right to a paper copy of this notice, whether or not the patient may have previously agreed to receiving only the notice electronically.

B.E.S.T. Services, Inc.
Family Packet January 2015

QUESTIONS AND/OR COMPLAINTS

If the patient has any questions about this notice, he/she should contact

Carmela B. Sanford
@ B.E.S.T. Services, Inc.
411 S. Magnolia Avenue
El Cajon, CA 92020
Email: cboton@bestAutismservices.com
Phone: 619.442.1271
Fax: 619.444.8182

If the patient believes his/her privacy rights have been violated, the patient may file a complaint with B.E.S.T. Services, Inc. using the contact information provided above or with the Secretary of the Department of Health and Human Services. To file a complaint with the Secretary of the Department of Health and Human Services, call 877.696.6775.

The patient will not be penalized for filing a complaint and the patient will continue to have the same access to B.E.S.T. Services, Inc. services.