

**University of North Texas Kristin Farmer Autism Center**  
**Notice of Privacy Practices**  
**Effective May 1, 2013**

\*\*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. \*\*

**What is protected health information?**

Protected health information (PHI) is any information that relates to the past, present, or future physical or mental health or condition of an individual; the provision of health care to an individual; or the past, present, or future payment for the provision of health care to an individual. PHI is individually identifiable and includes any demographic information collected from the individual. All of this information collected serves as a:

- Basis for planning your child's care and treatment;
- Means of communication among any health care professionals who contribute to your child's care;
- Means by which you or a third-party payer can verify that services billed were actually provided;
- Tool for educating health professionals;
- Source of information for public health officials
- Tool for assessing and continually working to improve the care rendered
- Means of archival retention for medical and legal purposes

This notice applies to all of the records of your or your child's care generated by your health care provider and archived according to retention standards. The contents will describe the ways we may use and disclose protected health information about you or your child, in addition to your rights and our obligations regarding the use and disclosure of protected health information.

**How is my protected health information used or disclosed?**

Your or your child's protected health information (PHI) will be used by the UNT Kristin Farmer Autism Center for Treatment, Payment, or Healthcare Operations (TPO). The examples provided serve only as guidance and do not include every possible use or disclosure.

- **Treatment** – PHI may be shared with other health care professionals in order to provide, coordinate, or manage your child's health care and any related service. These health care professionals could include other clinicians within the UNT Kristin Farmer Autism Center and appropriate referrals to specialists connected to your child's treatment.
- **Payment** – PHI, such as diagnosis, laboratory fees, or demographic information, may be shared with the UNT Kristin Farmer Autism Center billing personnel in order to assure that you are properly charged for medical/therapeutic services provided to you or your child. In addition, we will use and disclose PHI about you or your child so that the treatment and services your child receives may be billed and payment collected from you, an insurance company, or a third party. We may also tell your health plan about a treatment or procedure your child is going to receive in order to obtain prior approval or to determine whether your plan will cover the services.
- **Health Care Operations** – PHI may be shared with any department of the UNT Kristin Farmer Autism Center needing it for operational purposes (i.e. Billing, Medical Records, etc.). These uses

and disclosures are necessary to operate the UNT Kristin Farmer Autism Center in an efficient manner and to ensure that all clients receive quality care.

### **How is protected health information released?**

Except in the cases listed in the section below, the UNT Kristin Farmer Autism Center only releases Protected Health Information (PHI) when the client has completed an **Authorization for the Release of Medical Records**. An authorization to **use, disclose or obtain** protected health information (medical records) may be revoked by the client in writing, except to the extent that the UNT Kristin Farmer Autism Center has already taken action.

### **Is Protected Health Information ever released without the client's authorization?**

Yes, PHI may be released, in accordance with federal and state laws, in certain instances.

- **In order to contact the client** –Your or your child's PHI may be used in order to remind you of an appointment with a written reminder or a telephone reminder. It may also be used to provide the client with information about suggested treatment choices or other related benefits and services.
- **Emergency situations** – If you are in a life threatening situation or you are unconscious and not able to provide authorization.
- **To carry out treatment, payment, or health care operations** (as provided in the consent document).
- **When required by state or federal law.**
- **When substantial communication barriers exist** (between the client and the medical provider) that prevent clear consent, yet, in the opinion of the medical provider, consent is inferred from the circumstances, PHI may be released to provide appropriate care.
- **When the client is a minor**, the parent or legal guardian acts as the minor's personal representative and the parent or legal guardian is allowed access to the minor client's PHI, except that which is protected by federal and state law.
- **Law enforcement** – We may release PHI if officially requested by a law enforcement official in response to a court order, a warrant, summons, subpoena, or similar legal process.
- **Serious threats to health or safety** – We may use and disclose PHI when necessary to reduce or prevent a serious threat to your health and safety or the health and safety of another individual or the public.
- **Health Oversight Activities** – We may disclose medical information to a health oversight agency for activities authorized by law. Health oversight agencies include public and private agencies authorized by law to oversee the health care system. These oversight activities include, for example, audits, investigations, inspections, and licensure. These activities are necessary to monitor the health care system, government programs, eligibility or compliance, and to enforce health-related civil rights and criminal laws.
- **Worker's Compensation** - We may release medical information regarding work related treatment for worker's compensation or similar programs. These programs provide benefits for work-related injuries or illnesses.
- **Marketing** – We may contact you to give you information about other treatments or health-related benefits and services that may be of interest to you.
- **Fundraising** – We may use information about you to contact you in an effort to raise money for the UNT Kristin Farmer Autism Center and its operations. We may disclose information to a foundation related to the UNT Kristin Farmer Autism Center so that the foundation may contact you in an effort to raise money for the Center. We would only release contact information such

as your name, address and phone number and the dates you received treatment or services at the UNT Kristin Farmer Autism Center. If you do not want the UNT Kristin Farmer Autism Center to contact you regarding fundraising efforts, you must notify the **Privacy Officer** in writing.

- **Research** – Under certain circumstances, we may use and disclose PHI about you or your child for research purposes. All research projects are subject to a special approval process. This process evaluates a proposed research project and its use of PHI, trying to balance the research needs with clients’ need for privacy of their PHI. Before we use or disclose PHI for research, the project will have been approved through this research approval process, but we may, however, disclose information about you to people preparing to conduct a research project, for example, to help them look for patients with specific needs, so long as the PHI they review does not leave the UNT Kristin Farmer Autism Center.
- **Training** – As a training site, students, researchers, community partners, and parents may view PHI about you/your child for training purposes through the use of video –capture technology.
- **Public Health Risks** – We may disclose medical information about you or 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 a victim of abuse, neglect, or domestic violence.

Other uses or disclosures of PHI may be made with the client’s written authorization to release. You may revoke an authorization at any time provided that it is in writing and we have not already acted on the authorization.

### **What are my rights with respect to Protected Health Information?**

As described in state and federal legislation, client rights with respect to PHI include:

- **The right to request restrictions** on the medical information that the UNT Kristin Farmer Autism Center uses or discloses about you or your child for treatment, payment, and health care operations. You also have the right to request a limit on the medical information the UNT Kristin Farmer Autism Center discloses about your child to someone who is involved in your care or the payment of your care. ***The UNT Kristin Farmer Autism Center is not required to agree to your request.***
- **The right to receive confidential communications** about medical matters in a certain manner or at a certain location. To request that the UNT Kristin Farmer Autism Center communicates in a certain manner, you must make your request in writing to the UNT Kristin Farmer Autism Center for initial approval with final approval from the **Privacy Officer**. You do not have to state a reason for your request. The UNT Kristin Farmer Autism Center will accommodate all reasonable requests. Your request must specify how or where you wish to be contacted.
- **The right to inspect and obtain copies of PHI** – Usually this includes medical and billing records, but does not include psychotherapy notes. To inspect and obtain copies of medical information that may be used to make decisions about you or your child, you must submit your request in writing to the UNT Kristin Farmer Autism Center for initial approval with final approval from the

**Privacy Officer.** If you request a copy of the information, the UNT Kristin Farmer Autism Center may charge a fee established by the Texas Board of Medical Examiners for the costs of copying, mailing, or summarizing your medical records.

The UNT Kristin Farmer Autism Center may deny your request to inspect and/or obtain copies in certain very limited circumstances. If you are denied access to medical information, including psychotherapy notes, you may request that the denial be reviewed. Another licensed professional chosen by the UNT Kristin Farmer Autism Center will review your request and denial. The person conducting the review will not be the person who denied your request. The UNT Kristin Farmer Autism Center will comply with the outcome of the review.

- **The right to amend** your or your child’s medical information that is maintained if you feel that it is incorrect – You have the right to request an amendment for as long as the information is kept by the UNT Kristin Farmer Autism Center. To request an amendment, your request must be made in writing and submitted to the UNT Kristin Farmer Autism Center for initial approval with final approval from the **Privacy Officer**. In addition, you must provide a reason that supports your request.

The UNT Kristin Farmer Autism Center may deny your request for an amendment if it is not in writing or does not include a reason to support the request. In some cases, you may need to provide documentation that supports your request. In addition, the UNT Kristin Farmer Autism Center may deny your request if you ask us to amend information that:

1. Was not created by the UNT Kristin Farmer Autism Center, unless the person or entity that created the information is no longer available to make the amendment;
  2. Is not part of the medical information kept by the UNT Kristin Farmer Autism Center;
  3. Is not part of the information which you would be permitted to inspect and copy; or
  4. Is accurate and complete.
- **The right to receive an accounting of disclosures** of PHI – This is a list of the disclosures made of your or your child’s medical information for purposes other than treatment, payment, or health care operations. To request this list you must submit your request in writing to the UNT Kristin Farmer Autism Center for initial approval with final approval from the **Privacy Officer**.

Your request must state a time period, which may not be longer than six (6) years. Your request should indicate in what form you want the list (e.g., on paper or electronically). The first list you request within a twelve-month period will be free. For additional lists within the twelve-month period, you may be charged for the cost of providing the list. The UNT Kristin Farmer Autism Center will notify you of the cost involved and you may choose to withdraw or modify your request before any costs are incurred.

- **The right to obtain a paper copy of the Notice of Privacy Practices**

#### **What are my medical care provider’s responsibilities?**

As stipulated in state and federal regulations, with respect to PHI, the UNT Kristin Farmer Autism Center is required to:

- **Maintain the privacy of PHI.**
- **Provide clients with notice of the center’s legal duties and privacy practices with respect to PHI.**
- **Abide by the stipulations in the Privacy Notice that is currently in effect for the center.**

- **Notify clients that the center reserves the right to change privacy practices that apply to all PHI:** however, any changes in privacy practices must be described in an updated Privacy Notice before the changes are implemented. An updated Notice of Privacy Practices will be available to clients upon request. If revisions create changes to the uses or disclosures, individual’s rights, legal duties or other privacy practices stated in the Notice, all clients will receive a revised Notice of Privacy Practices
- **Post the Notice of Privacy Practices on the UNT Kristin Farmer Autism Center web site:** <http://www.autism.unt.edu>

**How do I report a complaint or problem?**

If you believe your or your child’s privacy rights have been violated, you may report your concerns to:

*UNT Kristin Farmer Autism Center  
Attn: Privacy Officer  
490 S. I-35E  
Denton, TX 76205*

Or you may contact the U.S. Department of Health and Human Services Office for Civil Rights at:

*Office for Civil Rights  
U.S. Department of Health and Human Services  
200 Independence Avenue, S.W.  
Room 509F, HHH Building  
Washington, D.C. 20201*

**The complainant will not be subject to any retaliation for filing the complaint.**

**How can I obtain additional information or clarification of the Privacy Notice?**

For further information on UNT Kristin Farmer Autism Center policies regarding Protected Health Information, please contact the following individual:

*Kevin Callahan, Ph.D., B.C.S.E.  
Executive Director  
UNT Kristin Farmer Autism Center  
490 S. I-35E  
Denton, TX 76205  
940-369-7426  
[callahan@unt.edu](mailto:callahan@unt.edu)*

By signing here you are acknowledging the receipt of the UNT Kristin Farmer Autism Center’s Notice of Privacy Practices. A copy of this document is available upon request. You will be notified and provided with an updated copy of this document should any changes be made.

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Printed Name of Parent/Guardian/Client Relationship to Client

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Signature of Parent/Guardian/Client Date