



NOTICE OF PRIVACY PRACTICES

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

Effective Date: 01/01/2017

Alpine Learning Group which includes the Center for Autism and the Adult Programs (ALG for purposes of this Notice) is required by law to protect the privacy of your child's protected health information (PHI). ALG is also required to provide you with a copy of this Notice which describes ALG's health information privacy practices, and to follow the terms of the Notice as it may be revised from time to time.

A copy of ALG's current Notice will always be posted in the reception area where your child receives care. You will also be able to obtain your own copy by accessing our website at www.alpinelearninggroup.org, calling our office or asking for one at the time of your next visit.

Your child's PHI is information about him/her that could be used to identify his/her past and present physical and mental health care services. The Health Information Portability and Accountability Act (HIPAA) regulations require that ALG protect the privacy of your child's PHI that ALG has received or created. This Notice tells you about the ways in which we may use and disclose your child's PHI. It also describes your rights and certain obligations we have regarding the use and disclosure of your child's health and treatment information.

How We May Use and Disclose Health and Treatment Information About Your Child:

The following sections describe different ways that we may use and disclose your child's health and treatment information. For each category of uses or disclosures we will describe them and give some examples. All of the ways we are permitted to use and disclose information will fall within one of the following categories.

For Treatment: We may use health and treatment information about your child to provide your child with mental and/or behavioral health treatment services. We may disclose health information about your child to your child's doctors, nurses, Center for Autism/Adult Program personnel, related service providers, or other personnel who are involved in your child's treatment. For example, a therapist who is providing coverage for another therapist may need to know what type of behavior reduction plan or treatment program your child is currently on.

For Payment: We may use and disclose PHI about your child to obtain payment from insurers or a third party payer for your child's healthcare services. For example, we may need to give information to your health plan about the services your child received within an authorization period so that your health plan will pay us or reimburse you for the services. We may also tell your health plan about a proposed treatment plan to determine whether your plan will cover the treatment.

For Program Operations: We may use and disclose the minimum amount of PHI necessary to conduct quality assessments, improvements and activities and to evaluate ALG workforce performance. For example, we may review your child's treatment information to find ways to improve treatment and services to our learners.



The following are additional ways in which ALG is permitted or required to use or disclose PHI about your child without written authorization:

Use and Disclosure as required by law: ALG is required to use or disclose PHI about your child as required and as limited by the law.

Use and Disclosure for public health activities: ALG may use or disclose PHI about your child to a public Health authority that is authorized by law to collect it for the purposes of preventing or controlling disease, injury or disability including disclosing it to the FDA to monitor any adverse effects of drugs, foods, nutritional supplements and their products as required by law. For example: ALG may use PHI about your child 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.

Use and disclosures about victims of abuse, neglect or domestic violence: For example, ALG may use or disclose PHI about you to a government authority if it is reasonably believed that you or your child are a victim of abuse, neglect or domestic violence.

Use and disclosures for health oversight activities: ALG may use or disclose PHI about your child to a health oversight agency as part of an audit, investigation or inspection as necessary for licensure or other activities such an agency is required by law to conduct.

Disclosures for judicial and administrative proceedings: ALG may disclose PHI about your child in the course of any judicial or administrative proceeding provided that proper documentation is presented.

Disclosures for Law Enforcement: ALG may use and disclose PHI about your child to law enforcement officials for authorized purposes as required by law or in response to a court order or court-ordered subpoena.

Uses and Disclosures to avert a serious threat to health or safety: ALG may use or disclose PHI about your child, in good faith and consistent with any applicable law and standards of ethical conduct, to avert a serious threat to health and safety.

Treatment Alternatives: ALG may use your PHI to tell you about or recommend possible treatment options or alternatives that may benefit your child's development.

Treatment-Related Services: ALG may contact you about additional services that ALG provides.

Fundraising Activities: ALG may contact you to provide information about Alpine sponsored activities, including fundraising programs and events. You may request that we not contact you in the future about fundraising.

Research: ALG is a research institution. All research projects conducted by ALG must be approved through a special review process to protect learner's safety, welfare and confidentiality. ALG may use and disclose PHI about your child for research purposes with a waiver of authorization by a valid Institutional Review Board (IRB) or Privacy Board or with your signed authorization. For example, a research study may involve a chart review to compare the outcomes of learners who received one medication to those who received another for the same condition.

Disclosures for disaster relief purposes: ALG may disclose PHI about your child as authorized by law to a public or private entity to assist in disaster relief efforts and for family and personal representative notification.

For all other uses and disclosures of PHI ALG will obtain written authorization from you and will use or disclose only the PHI that you authorize. In addition, you may revoke such an authorization in writing at any time. To revoke a previously authorized use or disclosure or to obtain a request for restriction of uses and disclosures please contact the Privacy Officer at 201-612-7800.



The following are your rights in respect to your child's PHI:

Right to Inspect and obtain a copy of your child's PHI: You have the right to inspect and obtain a copy in either electronic or paper form of any of your child's PHI that may be used to make decisions about his/her treatment for as long as we maintain this information in our records. ALG will produce the records in the specific electric format that you request if it is feasible to do so. This includes health and billing records. To inspect or obtain a copy of your health information, please submit your request in writing to the Privacy Officer. If you request a copy of the information, we may charge a fee, as permitted by law, for the costs of copying, mailing or other supplies we use to fulfill your request and you will be notified in advance of the fee.

Right to Amend Records: If you believe that the PHI we have about your child is incorrect or incomplete, you have the right to request an amendment for as long as the information is kept in our records. If you wish to amend your child's PHI please request an amendment request form from the Privacy Officer. If we deny part or all of your request, we will provide a written notice that explains our reasons for doing so. You will have the right to have certain information related to your requested amendment included in your child's records. For example, if you disagree with our decision, you will have an opportunity to submit a statement explaining your disagreement which we will include in your child's records. We will also include information on how to file a complaint with us or with OCR. These procedures will be explained in more detail in any written denial notice we send you.

Right to an Accounting of Disclosures: You have the right to request an "accounting of disclosures" which is a list with information about how the institution has shared your information with others outside ALG, other than for treatment, payment or its operations or at your directive.

Right to Request Additional Privacy Protections: You have the right to request that we further restrict the way we use and disclose your child's PHI to treat his/her condition, collect payment for that treatment, or run our business operations. You may also request that we limit how we disclose information about you to family or friends involved in your care. In most cases we are not required to agree to your request for a restriction, and in some cases the restriction you request may not be permitted under law. *However, if we do agree, we will be bound by our agreement unless the information is needed to provide you with emergency treatment or to comply with the law.* Once we have agreed to a restriction, you have the right to revoke the restriction at any time. Under some circumstances, we will also have the right to revoke the restriction as long as we notify you before doing so; in other cases, we will need your permission before we may revoke the restriction. We are required, however, to honor your request if you direct us not to share specific health information with your insurance company if you plan to pay for a service personally without submitting a claim to your insurer.

Right to Request Confidential Communications: You have the right to request that we communicate with you about your medical matters in a more confidential way by requesting that we communicate with you by alternative means or at alternative locations. For example, you may ask that we contact you at home instead of at work. *We will not ask you the reason for your request, and we will try to accommodate all reasonable requests.* Please specify in your request how or where you wish to be contacted. If you do not want us to reveal PHI to your guarantor or payor, please specify how payment for your healthcare will be handled if we communicate with you through this alternative method or location.

Notification: You have the right to be notified if your child's PHI has been disclosed to or accessed by a person who was not authorized to receive the information. We will notify you of any breach of your child's PHI within 60 days of our becoming aware of the breach.

The right to receive additional copies of ALG's NOPP: You have the right to receive additional paper



copies of the Notice upon request even if you initially agreed to receive the Notice electronically.

Revisions to the NOPP: ALG reserves the right to change and /or revise this Notice and make a new revised version applicable to all PHI received prior to its effective date.

How to File a Complaint. If you believe your privacy rights have been violated, you may file a complaint with ALG and/or with the Office of Civil Rights (OCR). To file a complaint please contact:

**Privacy Officer
Alpine Learning Group
777 Paramus Road
Paramus, NJ 07652**

or

Department of Health and Human Services/Office of Civil Rights

www.hhs.gov/ocr/hipaa

Under no circumstances will you be penalized or subject to retaliation for filing a complaint.

If you have any questions about this NOPP or would like additional information, please contact our Privacy Officer at 201-612-7800.