

# Wyomissing Behavior Analysts, Ltd.

2032 Lincoln Court • Wyomissing, PA 19610 • 610-777-5459

## WBA PRIVACY NOTICE

(effective 04/13/03, revised 09/23/13)

THIS NOTICE DESCRIBES HOW PSYCHOLOGICAL AND MEDICAL INFORMATION MAY BE USED AND DISCLOSED AND HOW ACCESS TO THIS INFORMATION CAN BE OBTAINED. PLEASE REVIEW IT CAREFULLY.

### I. Uses and Disclosures for Treatment, Payment, and Health Care Operations

WBA may use or disclose protected health information (PHI), for treatment, payment, and health care operations purposes with consent. To help clarify these terms, here are some definitions:

- **Service Recipient:** actual person receiving the services.
- **Personal Representative:** person considered by WBA to be an appropriate substitute decision-maker for any service recipient perceived as lacking capacity to make decisions regarding these matters (e.g., court appointed guardian, power of attorney, next of kin, court appointed lawyer, referral agency, facility director, treatment team identified advocate).
- **Disclosure** applies to activities outside of WBA's office such as releasing, transferring, or providing access to information to other parties.
- **Use** applies only to activities within WBA's office such as sharing, employing, applying, utilizing, examining, and analyzing information that identifies the service recipient.
- **PHI** refers to information in the health record that could identify the service recipient.
- **Treatment** is when WBA provides, coordinates or manages health care and other services related to the service recipient's health care. Examples of **treatment disclosure** would be discussing or providing a copy of any written plans, consults, evaluations or summaries to the service recipient's primary physician, social worker, supports or care coordinator, treatment team, etc. for review, use in providing health care, and inclusion in the service recipient's records.
- **Payment** is obtaining reimbursement for healthcare. Examples include 1) listing the service recipient's name and service provided in any invoice for payment to a contracting provider agency or 2) disclosure of PHI to the service recipient's personal health insurer to obtain reimbursement for health care or to determine eligibility or coverage.
- **Health Care Operations** are activities that relate to the performance and operation of WBA. Examples include quality assessment and improvement activities, business-related matters such as audits and administrative services, and case management and care coordination.

### II. Uses and Disclosures Requiring Authorization

WBA may use or disclose PHI for purposes outside of treatment, payment, and health care operations when appropriate authorization is obtained. An **authorization** is written permission above and beyond the general consent that permits only specific disclosures. In those instances when WBA is asked for information for purposes outside of treatment, payment and health care operations, we will obtain an authorization from you before releasing this information. Note: **Psychotherapy notes** are given a greater degree of protection than PHI. WBA does not keep separate psychotherapy notes.

You may revoke all authorizations of PHI at any time, provided each revocation is in writing. You may not revoke an authorization to the extent that (1) WBA has relied on that authorization; or (2) if the authorization was obtained as a condition of obtaining insurance coverage, and the law provides the insurer the right to contest the claim under the policy.

WBA will obtain an authorization from you before using or disclosing: (added 09/23/13)

- PHI in a way not described in this Notice.
- Psychotherapy notes.
- PHI for marketing purposes.
- PHI in a way that is considered a sale of PHI.

### III. Uses and Disclosures with Neither Consent nor Authorization

WBA may use or disclose PHI without your consent or authorization in the following circumstances:

- **Adult and Domestic Abuse:** If we have reasonable cause to believe that an older adult is in need of protective services (regarding abuse, neglect, exploitation or abandonment), we may report such to the local Area Agency on Aging.
- **Child Abuse:** If we have reasonable cause, on the basis of our professional judgment, to suspect abuse of children with whom we come into contact in our professional capacity, we are required by law to report this to the Pennsylvania Department of Public Welfare.
- **Driving Impairment:** If evaluation reveals significant deficits in functioning and judgment that provide reasonable cause to believe that driving abilities would be significantly impaired, WBA is required by law to make report to the Driver Licensing Bureau.
- **Judicial or Administrative Proceedings:** If the service recipient is involved in a court proceeding and a request is made about the professional services we provided or the records thereof, such information is privileged under state law, and we will not release the information without your written consent or a court order. The privilege does not apply when the service recipient is being evaluated for a third party or if the evaluation is court ordered. You will be informed in advance if this is the case.

- **Serious Threat to Health or Safety:** If the service recipient expresses a serious threat, or intent to kill or seriously injure an identified or readily identifiable person or group of people, and we determine that s/he is likely to carry out the threat, we must take reasonable measures to prevent harm. Reasonable measures may include directly advising the potential victim of the threat or intent.
- **Worker's Compensation:** If the service recipient files a worker's compensation claim, we will be required to file periodic reports with his/her employer which shall include, where pertinent, history, diagnosis, treatment, and prognosis.
- **Other Disclosure:** When the use and disclosure without your consent or authorization is allowed under other sections of Section 164.512 of the Privacy Rule and the state's confidentiality law. This includes certain narrowly-defined disclosures to law enforcement agencies, to a health oversight agency (such as HHS or a state department of health), to a coroner or medical examiner, for public health purposes relating to disease or FDA-regulated products, or for specialized government functions such as fitness for military duties, eligibility for VA benefits, and national security and intelligence.  
(added 09/23/13)

#### IV. Service Recipient's Rights and WBA's Duties

##### Service Recipient's Rights (and/or Personal Representative's Rights on behalf of Service Recipient):

- **Right to Request Restrictions:** You have the right to request restrictions on certain uses and disclosures of protected health information. WBA is not required, however, to agree to a restriction you request.
- **Right to Receive Confidential Communications by Alternative Means and at Alternative Locations:** You have the right to request and receive confidential communications of PHI by alternative means and at alternative locations. (For example, you may not want a family member to know about the service. Upon request, WBA will send bills to another address.)
- **Right to Inspect and Copy:** You have the right to inspect or obtain a copy (or both) of PHI in WBA's records used to make decisions for as long as the PHI is maintained in the record. WBA may deny access to PHI under certain circumstances, but in some cases, you may have this decision reviewed. On your request, we will discuss with you the details of the request and denial process.
- **Right to Amend:** You have the right to request an amendment of PHI for as long as the PHI is maintained in the record. WBA may deny your request (e.g., if the original PHI is correct). On your request, we will discuss with you the details of the amendment process.
- **Right to an Accounting:** You generally have the right to receive an accounting of disclosures of PHI for which you have neither provided consent nor authorization (as described in Section III of this Notice). On your request, WBA will discuss with you the details of the accounting process.
- **Right to a Paper Copy:** You have the right to obtain a paper copy of this **WBA Privacy Notice** from WBA upon request.
- **Right to Restrict Disclosures When You Have Paid for Your Care Out-of-Pocket:** You have the right to restrict certain disclosures of PHI to a health plan when you pay out-of-pocket in full for services. . (added 09/23/13)
- **Right to Be Notified if There is a Breach of Your Unsecured PHI:** You have a right to be notified if: (a) there is a breach (a use or disclosure of your PHI in violation of the HIPAA Privacy Rule) involving your PHI; (b) that PHI has not been encrypted to government standards; and (c) WBA risk assessment fails to determine that there is a low probability that your PHI has been compromised. . (added 09/23/13)
- **Right to Opt out of Fundraising Communications:** You have a right to decide that you would not like to be included in fundraising communications that I may send out. (added 09/23/13)

##### WBA's Duties:

- WBA is required by law to maintain the privacy of PHI and to provide you with a notice of our legal duties and privacy practices with respect to PHI.
- WBA reserves the right to change the privacy policies and practices described in this notice. Unless you are notified of such changes, however, we are required to abide by the terms currently in effect.
- If WBA revises policies and procedures, we will notify you and seek updated consent at our next contact. A copy of the current WBA Privacy Notice will always be available at our **web site** ([www.wba2032.com](http://www.wba2032.com)).
- A larger print copy of this WBA Privacy Notice is available on request.

#### V. Questions and Complaints

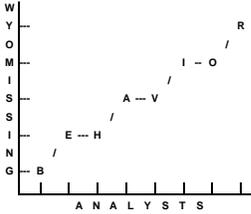
- If you have questions about this notice, disagree with a decision WBA makes about access to your records, or have other concerns about your privacy rights, you may contact WBA's privacy officer (Gail Champlin) by phone (610-777-5459), e-mail ([Gail2032@comcast.net](mailto:Gail2032@comcast.net)), or by postal mail (2032 Lincoln Court, Wyomissing, PA 19610).
- If you believe that your privacy rights have been violated and wish to file a complaint with WBA, you may send your written complaint to WBA's privacy officer (Gail Champlin).
- You may also send a written complaint to the Secretary of the U.S. Department of Health and Human Services. WBA's privacy officer can provide you with the appropriate address upon request.
- You have specific rights under the Privacy Rule. WBA will not retaliate against you for exercising your right to file a complaint.

\_\_\_\_\_

date

\_\_\_\_\_

Gail Champlin, MS Ed  
WBA Privacy Officer



# Wyomissing Behavior Analysts, Ltd.

2032 Lincoln Court • Wyomissing, PA 19610 • 610-777-5459

## WBA PRIVACY NOTICE

(effective 04/13/03, revised 09/23/13)

THIS NOTICE DESCRIBES HOW PSYCHOLOGICAL AND MEDICAL INFORMATION MAY BE USED AND DISCLOSED AND HOW ACCESS TO THIS INFORMATION CAN BE OBTAINED. PLEASE REVIEW IT CAREFULLY.

### I. Uses and Disclosures for Treatment, Payment, and Health Care Operations

WBA may use or disclose protected health information (PHI), for treatment, payment, and health care operations purposes with consent. To help clarify these terms, here are some definitions:

- **Service Recipient:** person actually receiving the services.
- **Personal Representative:** person considered by WBA to be an appropriate substitute decision-maker for any service recipient perceived as lacking capacity to make decisions regarding these matters (e.g., court appointed guardian, power of attorney, next of kin, court appointed lawyer, referral agency, facility director, treatment team identified advocate).
- **Disclosure** applies to activities outside of WBA's office such as releasing, transferring, or providing access to information to other parties.
- **Use** applies only to activities within WBA's office such as sharing, employing, applying, utilizing, examining, and analyzing information that identifies the service recipient.
- **PHI** refers to information in the health record that could identify the service recipient.
- **Treatment** is when WBA provides, coordinates or manages health care and other services related to the service recipient's health care. Examples of **treatment disclosure** would be discussing or providing a copy of any written plans, consults, evaluations or summaries to the service recipient's primary physician, social worker, supports or care coordinator, treatment team, etc. for review, use in providing health care, and inclusion in the service recipient's records.
- **Payment** is obtaining reimbursement for healthcare. Examples include 1) listing the service recipient's name and service provided in any invoice for payment to a contracting provider agency or 2) disclosure of PHI to the service recipient's personal health insurer to obtain reimbursement for health care or to determine eligibility or coverage.
- **Health Care Operations** are activities that relate to the performance and operation of WBA. Examples include quality assessment and improvement activities, business-related matters such as audits and administrative services, and case management and care coordination.

## II. Uses and Disclosures Requiring Authorization

WBA may use or disclose PHI for purposes outside of treatment, payment, and health care operations when appropriate authorization is obtained. An **authorization** is written permission above and beyond the general consent that permits only specific disclosures. In those instances when WBA is asked for information for purposes outside of treatment, payment and health care operations, we will obtain an authorization from you before releasing this information. Note: **Psychotherapy notes** are given a greater degree of protection than PHI. WBA does not keep separate psychotherapy notes.

You may revoke all authorizations of PHI at any time, provided each revocation is in writing. You may not revoke an authorization to the extent that (1) WBA has relied on that authorization; or (2) if the authorization was obtained as a condition of obtaining insurance coverage, and the law provides the insurer the right to contest the claim under the policy.

WBA will obtain an authorization from you before using or disclosing: (added 09/23/13)

- PHI in a way not described in this Notice.
- Psychotherapy notes.
- PHI for marketing purposes.
- PHI in a way that is considered a sale of PHI.
- 

## III. Uses and Disclosures with Neither Consent nor Authorization

WBA may use or disclose PHI without your consent or authorization in the following circumstances:

- **Adult and Domestic Abuse:** If we have reasonable cause to believe that an older adult is in need of protective services (regarding abuse, neglect, exploitation or abandonment), we may report such to the local Area Agency on Aging.
- **Child Abuse:** If we have reasonable cause, on the basis of our professional judgment, to suspect abuse of children with whom we come into contact in our professional capacity, we are required by law to report this to the Pennsylvania Department of Public Welfare.
- **Driving Impairment:** If evaluation reveals significant deficits in functioning and judgment that provide reasonable cause to believe that driving abilities would be significantly impaired, we are required by law to make report to the Driver Licensing Bureau.
- **Judicial or Administrative Proceedings:** If the service recipient is involved in a court proceeding and a request is made about the professional services we provided or the records thereof, such information is privileged under state law, and we will not release the information without your written consent or a court order. The privilege does not apply when the service recipient isn't being evaluated for a third party or where the evaluation is court ordered. You will be informed in advance if this is the case.
- **Serious Threat to Health or Safety:** If the service recipient expresses a serious threat, or intent to kill or seriously injure an identified or readily identifiable person or group of people, and we determine that s/he is likely to carry out the threat, we must take reasonable measures to prevent harm. Reasonable measures may include directly advising the potential victim of the threat or intent.

- **Worker's Compensation:** If the service recipient files a worker's compensation claim, we will be required to file periodic reports with his/her employer which shall include, where pertinent, history, diagnosis, treatment, and prognosis.
- **Other Disclosure:** When the use and disclosure without your consent or authorization is allowed under other sections of Section 164.512 of the Privacy Rule and the state's confidentiality law. This includes certain narrowly-defined disclosures to law enforcement agencies, to a health oversight agency (such as HHS or a state department of health), to a coroner or medical examiner, for public health purposes relating to disease or FDA-regulated products, or for specialized government functions such as fitness for military duties, eligibility for VA benefits, and national security and intelligence. (added 09/23/13)

#### **IV. Service Recipient's Rights and WBA's Duties**

##### **Service Recipient's Rights (and/or Personal Representative's Rights on behalf of Service Recipient):**

- **Right to Request Restrictions:** You have the right to request restrictions on certain uses and disclosures of protected health information. WBA is not required, however, to agree to a restriction you request.
- **Right to Receive Confidential Communications by Alternative Means and at Alternative Locations:** You have the right to request and receive confidential communications of PHI by alternative means and at alternative locations. (For example, you may not want a family member to know about the service. Upon your request, WBA will send bills to another address.)
- **Right to Inspect and Copy:** You have the right to inspect or obtain a copy (or both) of PHI in WBA's records used to make decisions for as long as the PHI is maintained in the record. WBA may deny your access to PHI under certain circumstances, but in some cases, you may have this decision reviewed. On your request, we will discuss with you the details of the request and denial process.
- **Right to Amend:** You have the right to request an amendment of PHI for as long as the PHI is maintained in the record. WBA may deny your request (e.g., if the original PHI is correct). On your request, we will discuss with you the details of the amendment process.
- **Right to an Accounting:** You generally have the right to receive an accounting of disclosures of PHI for which you have neither provided consent nor authorization (as described in Section III of this Notice). On your request, WBA will discuss with you the details of the accounting process.
- **Right to a Paper Copy:** You have the right to obtain a paper copy of this **WBA Privacy Notice** from WBA upon request.
- **Right to Restrict Disclosures When You Have Paid for Your Care Out-of-Pocket:** You have the right to restrict certain disclosures of PHI to a health plan when you pay out-of-pocket in full for services. . (added 09/23/13)
- **Right to Opt out of Fundraising Communications:** You have a right to decide that you would not like to be included in fundraising communications that I may send out. (added 09/23/13)

- **Right to Be Notified if There is a Breach of Your Unsecured PHI:** You have a right to be notified if: (a) there is a breach (a use or disclosure of your PHI in violation of the HIPAA Privacy Rule) involving your PHI; (b) that PHI has not been encrypted to government standards; and (c) WBA risk assessment fails to determine that there is a low probability that your PHI has been compromised. . (added 09/23/13)

**WBA's Duties:**

- WBA is required by law to maintain the privacy of PHI and to provide you with a notice of our legal duties and privacy practices with respect to PHI.
- WBA reserves the right to change the privacy policies and practices described in this notice. Unless you are notified of such changes, however, we are required to abide by the terms currently in effect.
- If WBA revises policies and procedures, we will notify you and seek updated consent at our next contact. A copy of the current WBA Privacy Notice will always be available at our **web site** ([www.wba2032.com](http://www.wba2032.com)).
- A larger print copy of this WBA Privacy Notice is available on request.

**V. Questions and Complaints**

- If you have questions about this notice, disagree with a decision WBA makes about access to your records, or have other concerns about your privacy rights, you may contact WBA's privacy officer (Gail Champlin) by phone (610-777-5459), e-mail ([Gail2032@comcast.net](mailto:Gail2032@comcast.net)), or by postal mail (2032 Lincoln Court, Wyomissing, PA 19610).
- If you believe that your privacy rights have been violated and wish to file a complaint with WBA, you may send your written complaint to WBA's privacy officer (Gail Champlin).
- You may also send a written complaint to the Secretary of the U.S. Department of Health and Human Services. WBA's privacy officer can provide you with the appropriate address upon request.
- You have specific rights under the Privacy Rule. WBA will not retaliate against you for exercising your right to file a complaint.

---

date

---

Gail Champlin, MS Ed,  
WBA Privacy Officer