

# Notice of Privacy Practices

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CHILD AUTISM AND NEURODEVELOPMENTAL EVALUATION LLP

91-1121 KEAUNUI DR, STE 108, PMB 240, EWA BEACH HI 9670

EFFECTIVE DATE OF THIS NOTICE This notice went into effect on April 1, 2025.

## NOTICE OF PRIVACY PRACTICES

THIS NOTICE DESCRIBES HOW YOUR CHILD'S PROTECTED HEALTH INFORMATION (PHI) MAY BE USED AND DISCLOSED AND HOW YOU CAN GET ACCESS TO THIS INFORMATION. PLEASE REVIEW IT CAREFULLY.

**I. OUR COMMITMENT TO YOUR PRIVACY:** We are required by law to maintain the privacy and security of your child's health information. This notice explains your rights and our legal responsibilities regarding PHI under the Health Insurance Portability and Accountability Act (HIPAA).

**II. HOW WE MAY USE AND DISCLOSE YOUR CHILD'S PHI:** We may use and share PHI without additional written permission for the following purposes. In all circumstances we will make reasonable efforts to notify you of such disclosures when permitted by law.

1. Communications for treatment payment, or healthcare operations - including but not limited to the coordination and management of health care providers with a third party, submitting claims to insurance providers, verifying insurance coverage, consultations between health care providers and referrals of a patient for health care from one health care provider to another.
2. Internal operations, such as quality improvement, clinician training, and ensuring compliance with legal and ethical standards.
3. When disclosure is required by state or federal law, and the use or disclosure complies with and is limited to the relevant requirements of such law.
4. Public health activities, including reporting suspected child, elder, or dependent adult abuse, or preventing or reducing a serious threat to anyone's health or safety.
5. Health oversight activities including audits and investigations.
6. Judicial and administrative proceedings, including responding to a court or administrative order.
7. Retroactive consent may be obtained due to unusual and extenuating circumstances such as natural disasters or other event that necessitates immediate action. PHI may be shared with health authorities or other entities involved in emergency response; or situations involving imminent risk and mandated reporting laws; and unforeseen operational disruptions impacting ability to provide services securely.

**III. OUR RESPONSIBILITIES:** We are required by law to protect PHI and notify you in case of a breach affecting your child's information. We will follow privacy practices outlined in this notice unless you receive an updated version.

**IV. CHANGES TO THIS NOTICE:** We may update this Notice of Privacy Practices at any time. The updated notice will be available on our website and upon request.

## V. YOUR RIGHTS REGARDING YOUR CHILD'S PHI:

1. **RIGHT TO ACCESS:** You may request copies of your child's PHI and it will be provided within 10 business days of receipt. Fees may apply for requests for written documents or summaries.
2. **RIGHT TO AMEND:** If you believe information in your child's PHI is incorrect or incomplete, you may request an amendment. We will provide a written explanation for any request that is denied.
3. **RIGHT TO REQUEST RESTRICTIONS:** You may request limits on how we use or share your child's PHI. All requests will be honored within the extent of the law.
4. **RIGHT TO CONFIDENTIAL COMMUNICATIONS:** You may request to receive communications by alternative means (e.g. a different mailing address or email).
5. **RIGHT TO AN ACCOUNTING OF DISCLOSURES:** You may request a list of certain PHI disclosures made outside of treatment, payment or healthcare operations.
6. **RIGHT TO REVOKE AUTHORIZATION.** If you give written authorization for specific disclosures, you may revoke it at any time, except for actions already taken.

7. RIGHT TO RECEIVE A PAPER OR ELECTRONIC COPY OF THIS NOTICE: Please submit request in writing via secure client portal.

VI. COMPLAINTS & QUESTIONS: If you have concerns about your privacy rights or believe they have been violated, you may file a written complaint directly to Child Autism and NeuroDevelopmental Evaluations LLP 91-1121 Keaunui Dr. Ste 108 PMB 240; Ewa Beach, HI 96706. You may also file a complaint with the U.S. Department of Health & Human services at [www.hhs.gov/ocr/privacy/hipaa/complaints](http://www.hhs.gov/ocr/privacy/hipaa/complaints). We will not retaliate against you for filing a complaint.

#### Acknowledgement of Receipt of Privacy Notice

Under the Health Insurance Portability and Accountability Act of 1996 (HIPAA), you have certain rights regarding the use and disclosure of your protected health information. By checking the box below, you are acknowledging that you have received a copy of HIPAA Notice of Privacy Practices.

BY SIGNING BELOW I AM AGREEING THAT I HAVE READ, UNDERSTOOD AND AGREE TO THE ITEMS CONTAINED IN THIS DOCUMENT.