



**BEAUTIFUL GATE CENTER™**  
A Center for Children with Autism & Developmental Disorders

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# 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.*

**Beautiful Gate Center** will be referred to in this Notice of Privacy Practices (“Notice”) as “the Center.” This Notice is given to you by the Center to describe the ways in which the Center may use and disclose your child’s medical information (called “protected health information” or “PHI”) and to notify you of your rights with respect to PHI in the possession of the Center.

## **I. Privacy commitment from the Center**

The Center understands that information about you and your family is personal. We are committed to protecting you and/or your child’s health information, which also is protected from disclosure by state and federal law. The Center is required by law to maintain the privacy of your PHI, to provide individuals with notice of their legal duties and privacy practices with respect to PHI, and to abide by the terms described in this Notice. In certain circumstances, pursuant to this Notice and in accordance with Federal law, your authorization or applicable laws and regulations, PHI can be used by the Center or disclosed to other parties. This notice tells you how we use and disclose information about you. It also tells you your rights and our requirements about the use and disclosure of your health information. The Center will notify you promptly if a breach of PHI occurs that may have compromised the privacy and security of your information. The Center will not use or disclose information other than as described in this notice unless you tell the Center to, in writing. If you tell the Center that it can share PHI, you may change your mind at any time. Notify the Center in writing if you change your mind.

## **II. Use and Disclosure for Treatment, Payment and Health Care Operations.**

The Center may use, or disclose, your PHI described in more detail below, without obtaining written authorization from you, except when required by law. Below are categories describing these uses, and disclosures, to help you better understand each category

**A. For Treatment.** The Center may use and disclose PHI in the course of providing, coordinating, managing your care plan or other related services, including the disclosure of PHI for treatment

activities at another healthcare facility. These types of uses and disclosures may take place between physicians, therapists, therapy assistants, nurses, technicians, student interns, clinical fellows, and other health care professionals who provide health care services or are otherwise involved in your care. The Center may also share your PHI with others that assist in your care, such as your spouse, children, legal guardians, or parents.

**B. For Payment.** The Center may use and disclose PHI to obtain payment or pursue collection for our services from you, an insurance company or a third party.

**C. For HealthCare Operations.** The Center may use and disclose PHI for internal treatment at the Center, hospital services, clinical and/or clinical training. For example, we may use the PHI to review our treatment and services and to evaluate the performance of our staff in caring for you.

**D. For Sharing PHI Among the Center and Professional Staff.** The Center works together with physicians and other care providers on their professional staff to provide care and treatment services to you when you are a participant at the Center. The Center and members of their respective professional staff will share PHI with each other as needed to perform their treatment, payment, and health care operations activities.

**E. For Scheduling Appointments, Appointment Reminders, and health-related benefits.** The Center may contact you to schedule, remind you of an appointment time or scheduled event, or conference matter.

**F. For Release of Information to Family and Friends.** The Center may release your PHI to family members, or friends, that are involved in your care, or who assists in taking care of you. For example, your parent or guardian may ask that a babysitter or nanny bring you to the Center for treatment or pick you up from treatment. In a case such as this, the babysitter or nanny may have access to your PHI.

**G. As Required by Law, Law Enforcement or National Security Purposes.** The Center will use and disclose your PHI when we are required to do so by federal, state and local law.

**H. Judicial and Administrative Proceedings.** Your PHI may be released in response to a subpoena or administrative or court order.

**I. To Avoid a Serious Threat to Health or Safety.** The Center may use and disclose PHI to law enforcement personnel or other appropriate persons, to prevent or lessen a serious threat to the health or safety of a person or the public.

**J. To Report Abuse, Neglect, or Domestic Violence.** The Center will report, as required by law, to the South Carolina Dept. of Social Services when cases of neglect, abuse and domestic violence are suspected.

**K. For Health Oversight Activities.** The Center will release information for federal or state audits, civil, administrative or criminal investigations, inspections, licensure, or disciplinary actions, as required by law.

**L. For Public Health Activities and Public Health Risks.** The Center reports to public health authorities, as required by law, information regarding births, deaths, various diseases, reactions to medications, and medical products.

**M. Research.** The Center may use and disclose your PHI for a research project if the Center's Board of Directors reviews, approves, and establishes rules and safeguards to ensure privacy of PHI.

**N. Workers' Compensation.** The Center may disclose PHI to comply with workers' compensation law or similar laws.

**O. Marketing Activities and Fundraising.** The Center may use and disclose PHI to inform you of treatment alternatives or other health-related benefits and services affecting your health. This may also include informing you about fundraising to support the Center, its workshops, or special programs.

**P. Disaster Relief:** The Center may disclose PHI about you to an entity assisting in a disaster relief effort so that your family can be notified about your condition, status, and location.

### III. Your Rights.

You have the following rights regarding the health information we have about you:

**A. Confidential Communications.** You have the right to request that the Center communicate with you about PHI in a certain way or at a certain location. For example, sending information to your work address rather than your home address. You must make your request in writing and specify how and where you wish to be contacted.

**B. Right to an Accounting of Disclosures.** You have the right to request a list of the disclosures that the Center has made concerning your health information in the six years prior to the date of your request, and not before January 2017. The Center does not have to account for disclosures that you authorized or that were made for treatment, payment, or our operations. In addition, we do not have to account for disclosures made for national security purposes, to law enforcement officials, or to correctional institutions, pursuant to 45 CFR 164.528(a)(1). To request an accounting of disclosures, write to the contract address at the bottom of this page. The Center will provide one accounting a year for free, but will charge a reasonable, cost-based fee if you ask for another one within twelve (12) months.

**C. Requesting Restrictions.** You may request the Center restrict the use and disclosure of your PHI. You can ask the Center not to use or share certain health information for treatment, payment, or Center operations. The Center is not legally required to agree to any restrictions you request and may say no if it would affect your care. If the Center does agree, it will be bound by the restrictions to which it agrees except in emergency situations. If you pay for a service out of pocket in full, you can ask the Center not to share that information for the purpose of payment

or Center operations with your health insurer. The Center will agree not to share that information unless a law requires the Center to share that information.

**D. Inspection and Copies.** You have the right to inspect and obtain an electronic or paper copy of your medical record and other PHI that the Center has about you. Your request must be in writing and hand delivered or mailed to the address below. In limited situations, we may deny your request. In limited situations, we may also deny access to psychotherapy notes and related therapy treatment information. The Center may charge a fee for the costs of copying, mailing, labor and supplies associated with your request. If you are denied access to PHI, you may request that the denial be reviewed.

**E. Amendment.** If you believe that your PHI maintained by the Center contains an error, something is missing or needs to be updated, you have the right to request that the Center amend the existing information or add the missing information. You must provide the request and your reason for the request in writing. The Center may say “no” to your request, but it will tell you why in writing within sixty (60) days.

**F. Right to a Paper or Electronic Copy of This Notice.** You have the right to receive a paper or electronic copy of this Notice upon request. To obtain a copy of this Notice, please contact the Center at the address and telephone below.

**G. Confidentiality.** You have the right to receive notice in the event of a breach of confidentiality.

**H. Right to Revoke an Authorization.** If you choose to sign an Authorization to release your PHI, you can later revoke that authorization in writing. This revocation will stop any future release of your PHI except as allowed or required by law. All Authorizations revoked will be made part of PHI and retained as part of your records.

**I. Right to file a complaint.** If you believe your privacy rights, with respect to your PHI have been violated and would like to file a complaint please submit your written complaint to the Contact Address below. The Center will not penalize or retaliate against you for filing a complaint regarding its privacy practices.

- U.S. Department of Health and Human Services Office for Civil Rights; 200 Independence Avenue, S.W., Washington, D.C. 20201
- Calling 1-877-696-6775
- Visiting [www.hhs.gov/ocr/privacy/hipaa/complaints/](http://www.hhs.gov/ocr/privacy/hipaa/complaints/)

**J. Right to Choose Someone to Act for You.** If you have given someone medical power of attorney or if someone is your legal guardian, that person can exercise your rights and make decisions about your health information. The Center will ensure that the person has this authority and can act for you before the Center takes any action.

#### **IV. Your Choices.**

For certain health information, you can tell the Center your choices about what the Center shares. If you have a clear preference for how the Center shares your information in the situations described below, talk with the Center. Tell the Center what you want it to do, and the Center will follow your instructions.

**A.** In these cases, you have both the right and choice to tell us to:

- Share information with your family, close friends, or others involved in your care
- Share information in a disaster relief situation
- Contact you for fundraising efforts

**B.** In these cases, the Center will never share your information unless you give the Center written permission.

- Marketing purposes
- Sale of your information
- Most sharing of psychotherapy notes

**C.** In the case of fundraising: The Center may contact you for fundraising efforts, but you can tell us not to contact you again.

#### **V. Changes to this Notice.**

The Center reserves the right to change the terms of this Notice and of its privacy policies, and to make the new terms applicable to the PHI it maintains at any time. We also reserve the right to make the revised or changed notice effective for existing as well as future PHI. This notice will always contain the effective date on the second page, in the bottom left-hand corner and copies are always available on-site in the Center's front office.

#### **VI. CONTACT ADDRESS TO SEND WRITTEN NOTICES.**

Ms. Angela Muirhead  
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