

## Notice of Privacy Practices

This notice describes how medical information about your child may be used and disclosed by Behavioral Innovations and how you can get access to this information. **Please review it carefully.**

### Your Rights

**You have the right to:**

- Get a copy of your child's medical record electronically or on paper
- Correct your child's medical record
- Request confidential communication
- Ask us to limit the information we share
- Get a list of those with whom we've shared your child's information
- Get a copy of this privacy notice
- Choose someone to act for you
- File a complaint if you believe your child's privacy rights have been violated

### Your Choices

**You have some choices in the way that we use and share information as we:**

- Tell your family and friends about your child's condition
- Provide disaster relief
- Provide mental and behavioral health care
- Market our services

### Our Uses and Disclosures

**We may use and share your child's information as we:**

- Assess and treat your child
- Run our organization
- Bill for services provided to your child
- Assist with public health and safety issues
- Do research
- Comply with the law
- Work with a medical examiner or funeral director
- Address workers' compensation, law enforcement, and other government requests
- Respond to lawsuits and legal actions

## Your Rights

**When it comes to your child's health information, you have certain rights.** This section explains your rights and some of our responsibilities to help you.

### **Get an electronic or paper copy of your child's medical record**

- You can ask to see or get an electronic or paper copy of your child's medical record and other health information we have about your child. Ask us how to do this.
- We will provide a copy or a summary of your child's health information, usually within 30 days of your request. We may charge a reasonable, cost-based fee.

### **Ask us to correct your child's medical record**

- You can ask us to correct health information about your child that you think is incorrect or incomplete. Ask us how to do this.
- We may say "no" to your request, but we'll tell you why in writing within 60 days.

### **Request confidential communications**

- You can ask us to contact you in a specific way (for example, home or office phone), or to send mail to a different address.
- We will say "yes" to all reasonable requests.

### **Ask us to limit what we use or share**

- You can ask us not to use or share certain health information for assessment, treatment, payment, or our operations. We are not required to agree to your request, and we may say "no" if it would affect our ability to provide care to your child.
- If you pay for a service or health care item out-of-pocket in full, you can ask us not to share that information for the purpose of payment or our operations with your child's health insurer. We will say "yes" unless a law requires us to share that information.

### **Get a list of those with whom we've shared information**

- You can ask for a list (accounting) of the times we've shared your child's health information for six years prior to the date you ask, who we shared it with, and why.
- We will include all the disclosures except for those about assessments, treatments, payments, and health care operations, and certain other disclosures (such as any you asked us to make). We'll provide one accounting a year for free but will charge a reasonable, cost-based fee if you ask for another one within 12 months.

### **Get a copy of this privacy notice**

- You can ask for a paper copy of this notice at any time, even if you have agreed to receive the notice electronically. We will provide you with a paper copy promptly. A summary of this notice is posted in the lobby of our locations, and can be downloaded and printed from our website.

### **Choose someone to act for you**

- If you have given someone medical power of attorney for your child, or if someone else is your child's legal guardian, that person can exercise your rights and make choices about your child's health information.
- We will make sure the person has this authority and can act for you, before we take any action.

### **File a complaint if you feel your rights are violated**

- You can complain if you feel we have violated your child's rights by contacting us using the information on page 5 of this Notice.
- You can file a complaint with the U.S. Department of Health and Human Services Office for Civil Rights by sending a letter to 200 Independence Avenue, S.W., Washington, D.C. 20201, calling 1-877-696-6775, or visiting [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.

### **Your Choices**

**For certain health information, you can tell us your choices about what we share.** If you have a clear preference for how we share your child's information in the situations described below, talk to us. Tell us what you want us to do, and we will follow your instructions.

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 child's care
- Share information in a disaster relief situation
- Share information for the purposes of marketing our services (for example, if you provide a testimonial).

*If you are not able to tell us your preference, for example if you are unreachable, we may go ahead and share your child's information if we believe it is in your child's best interest. We may also share your child's information when needed to lessen a serious and imminent threat to health or safety.*

### **Our Uses and Disclosures**

#### **How do we typically use or share your child's health information?**

We typically use or share your child's health information in the following ways:

##### **To assess and treat your child**

We can use your child's health information and share it with other professionals who are assessing or treating your child.

*Example: The Behavioral Innovations provider who is assessing your child's condition or treating your child may share information with another provider who has examined or treated your child; or they may ask another provider about your child's medical conditions or behavioral concerns.*

##### **To run our organization**

We can use and share your child's health information to run our practice, improve your child's care, and contact you when necessary.

*Examples:*

- *We may use health information about your child to manage your child's treatments and services.*
- *We may take identifiable photographs or videos of your child in order to positively identify your child; to train our staff in implementation of behavioral programs; to diagnose, assess, or document their condition; or to document your child's progress.*
- *We may use your phone number, email address, or mailing address to contact you.*

**To bill you for services we provide your child**

We can use and share your child's health information to bill and get payment from health plans or other entities.

*Example: We share information about your child with your health insurance plan so it will pay for services your child receives.*

**How else can we use or share your child's health information?**

We are allowed or required to share your child's information in other ways – usually in ways that contribute to the public good, such as public health and research. We have to meet many conditions in the law before we can share your information for these purposes. For more information see:

[www.hhs.gov/ocr/privacy/hipaa/understanding/consumers/index.html](http://www.hhs.gov/ocr/privacy/hipaa/understanding/consumers/index.html).

**To help with public health and safety issues**

We can share health information about your child for certain situations such as:

- Preventing disease
- Helping with product recalls
- Reporting adverse reactions to medications
- Reporting suspected abuse, neglect, or domestic violence
- Preventing or reducing a serious threat to anyone's health or safety

**To do research**

We can use or share your child's de-identified information for health research. However, we will specifically ask for your written permission before we share any identifiable information.

**To comply with the law**

We will share information about your child if state or federal laws require it, including with the Department of Health and Human Services, or state agencies, if they want to see that we're complying with the federal or state privacy laws.

**To work with a medical examiner or funeral director**

We can share health information with a coroner, medical examiner, or funeral director when an individual dies.

**To address workers' compensation, law enforcement, and other government requests**

We can use or share health information about your child:

- For workers' compensation claims
- For law enforcement purposes or with a law enforcement official
- With health oversight agencies for activities authorized by law
- For special government functions such as military, national security, and presidential protective services

**To respond to lawsuits and legal actions**

We can share health information about your child in response to a court or administrative order, or in response to a subpoena.

## Our Responsibilities

- We are required by law to maintain the privacy and security of your child's protected health information.
- We will let you know promptly if a breach occurs that may have compromised the privacy or security of your child's information.
- We must follow the duties and privacy practices described in this notice and give you a copy of it.
- We will not use or share your child's information other than as described here, unless you tell us we can in writing. If you tell us we can, you may change your mind at any time. Let us know in writing if you change your mind. For more information see:  
[www.hhs.gov/ocr/privacy/hipaa/understanding/consumers/noticepp.html](http://www.hhs.gov/ocr/privacy/hipaa/understanding/consumers/noticepp.html).

## Changes to the Terms of this Notice

We can change the terms of this notice, and the changes will apply to all information we have about your child. The new notice will be available upon request, in our office, and on our web site.

## Other Information

- This notice is effective as of **November 4, 2025**.
- If you have a question, concern, or complaint regarding how your health information is protected, used, and/or disclosed, you may contact Behavioral Innovations' Compliance Department:

Email:

[compliance@bi-aba.com](mailto:compliance@bi-aba.com)

Mail:

Privacy Officer  
c/o BI Compliance Department  
15851 Dallas Pkwy, Ste. 1150  
Addison, TX 75001

- BI will never sell nor market your child's personal information.
- As a parent or guardian, you will have direct access to your child's health records, assessments, treatment records, and other health information via our electronic health record system, CentralReach. Information that you access via this system, and which you release, use, or disclose, either intentionally or unintentionally, is not covered under this notice.

Records retention statement: Behavioral Innovations retains records in accordance with the laws of the state in which the client resided at the time of their last encounter with us. Retention timeframes vary from state to state. For Virginia residents only: Behavioral Innovations retains medical records for clients for six years after the last encounter, or until the client reaches 18 years of age or becomes emancipated - whichever is longer.