



NOTICE OF PRIVACY – Practice & Confidentiality

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

Collaborative Care Behavioral Therapy LLC's client/family's confidential information will be upheld to the fullest extent possible. Collaborative Care Behavioral Therapy LLC will follow HIPAA rules. For more information on HIPAA rules and your rights, visit the US Department of Health and Human Services website, www.hhs.gov/ocr/hipaa/, or call Health and Human Services toll-free, 866-627-7748.

Authorization for Treatment/Consent to Health Care Services: I am requesting and agreeing to permit health care and or educational services to be provided to my minor child at Collaborative Care Behavioral Therapy (CCBT). I voluntarily consent to all medical treatment and healthcare-related services that the caregivers at CCBT consider to be necessary for the client named below. These services may include diagnostic and or therapeutic services. I am aware that the practice of healthcare-related services is not an exact science; no guarantees have been made to me about the results of treatments or examinations. I recognize and understand that CCBT hires independent contractors, including but not limited to therapists, pathologists, and consultants, and they are not employees or agents of CCBT. CCBT is not responsible for the acts or omissions of the contractors who are not directly controlled by CCBT. I understand that CCBT may provide certain services by remote telehealth technology. Such telehealth services involve a health provider who is at a site remote from my location at the time of the services, and, as such, telehealth often involves the transmission of video, audio, images, and other types of data. The remote health provider will determine whether the condition being diagnosed or treated is appropriate for telehealth, and I understand that I may have to travel to see a health provider in-person for certain diagnoses and treatment matters.

Authorization to Release Information: I permit CCBT, its affiliated health care providers, and/or their authorized personnel to access and or release all or any part of the client information, including by not limited to, the appropriate health care insurer(s), third-party payor(s), students receiving education or training in health care, and or CCBT's agent(s), attorney(s), and or consultant(s) for purposes including

treatment of the patient, billing (or collecting payment) for services and health care services including improving patient care, training, marketing, or educating students, performance improvement initiatives, discharge planning, risk management, personal health record or other system-wide program(s) designed to foster interaction with patients via electronic means, and or as required by law. I understand and consent to disclosure of confidential medical and or educational information to a State or Federal Health Oversight Agency; an appropriate Public Health Authority; for purposes required by State and or Federal law; in cooperation with a Law Enforcement Investigation; in cooperation with a domestic or child abuse investigation; and for any other permissible purpose as outlined in Notice of Privacy Practices. CCBT is permitted or required, under specific circumstances, to use or disclose protected health information without the client's written authorization.

Record Retention Policy: CCBT retains client medical and education records in accordance with applicable law and pursuant to its record retention policies.

Computer Data: I understand that the client's medical and or education records will be accessible to authorized CCBT personnel through computers and that CCBT will comply with certain safeguards established by federal state and local law as well as CCBT Policy.

Certification: I certify that to the best of my knowledge and belief, the information provided is complete and correct. I understand that this consent is subject to revocation by me at any time in writing, except if the person or entity authorized to make a disclosure has already acted in reliance on this form.

Otherwise, subject to applicable law, this consent will expire at the same time CCBT's record retention period for this document expires.

Additional Permitted Uses and Disclosures of Confidential Medical Information: I consent to receive, on the cellular phone and or other telephone number(s) that are provided to CCBT or updated at a later time, text messages and or telephone calls or other communications using live, artificial or prerecorded voices, automatic telephone dialing systems, or any other computer-aided technologies from CCBT or other third parties who may act on their behalf. Such text messages and or telephone calls may be related to any purpose, including those related to my account and or the care rendered. I understand this consent to communications is not required to receive services from CCBT or any of the other authorized callers and that data usage and other charges may apply. I may revoke this consent to these communications in writing at any time.

Collaborative Care Behavioral Therapy LLC is required by law to maintain the privacy of protected health information and to provide individuals with notice of its legal duties and privacy practices with respect to protected health information.

Collaborative Care Behavioral Therapy LLC is required to abide by the terms of the Notice currently in effect.

Collaborative Care Behavioral Therapy LLC reserves the right to change the terms of this Notice. The new Notice provisions will be effective for all protected health information that it maintains.

Collaborative Care Behavioral Therapy LLC will provide individuals or patients with a revised Notice by emailing a notice.

Individuals may complain to Collaborative Care Behavioral Therapy LLC and to the Secretary of the Department of Health and Human Services, without fear of retaliation by the organization, if they believe their privacy rights have been violated. A brief description of how the individual may file a complaint follows:

COMPLAINTS: Collaborative Care Behavioral Therapy LLC clients and/or their guardian have the right to voice their complaints. Complaints should be made in writing to Brittany McDonald at Collaborative Care Behavioral Therapy LLC, 12535 Hardin Pike Road, Wapakoneta, Ohio, 45895 (telephone: 937-441-1782). Upon receipt of a complaint, an action plan to resolve the problem will be implemented. Collaborative Care Behavioral Therapy LLC will in no way retaliate because of a complaint.

Collaborative Care Behavioral Therapy LLC contact person for matters relating to complaints is:

Brittany McDonald, BCBA

P.O. Box 241

Wapakoneta, OH 45895

(937) 441-1782

bmcDonald@ccbtservices

This Notice is first in effect on January 1, 2021.