



Aligned Clinical & Educational Services (ACES), PLC
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ACES NOTICE OF PRIVACY PRACTICES FOR PROTECTED HEALTH INFORMATION

This notice describes how medical information about you may be used and disclosed and how you may get access to this information. **Please review it carefully.** Aligned Clinical & Educational Services, PLC, its employees, Medical Staff, and other healthcare professionals (collectively “the practice”) are committed to protecting your medical information. We are required by law to maintain the privacy of protected health information and to provide you with this Notice of our general duties and privacy practices with respect to protected health information. This Notice applies to all records of your care generated by the practice. In addition, any business associates or partners with whom we share protected health information are contractually obligated to follow the terms and conditions of this Notice. We are required by law to abide by the terms of this Notice, and we reserve the right to change the terms of this Notice, making any revision applicable to all the protected health information we maintain. If we revise the terms of this Notice, we will post a revised notice at the practice and will make paper copies of this Notice of Privacy Practices for Protected Health Information available at the practice.

How Your Medical Information Will be Used and Disclosed:

- **For Treatment.** We may use medical information about you to provide you with medical treatment or services (psychological assessment, speech language assessment or therapy, behavior support, and/or counseling). We may disclose medical and health information about you to psychologists, speech language pathologists, behavior analysts, counselors, doctors, nurses, technicians, medical students, clinical students, or other practice personnel who are involved in your care at the practice. In addition, we may share medical information about you with your other treating providers upon their request or by permitting them access to our shared practice management computer system or similar computer systems. We may also disclose medical information about you to people who may be involved in your medical care such as family members, clergy or others who provide services that are part of your care.
- **For Payment.** We may use and disclose medical information about you so that the treatment and services you receive at the practice may be billed, and payment may be collected from you, an insurance company or a third party. For example, we may tell your health plan about a treatment you are going to receive in order to obtain prior approval or to determine whether your plan will cover the treatment. Finally, we may disclose information about you to your treating providers for their payment purposes. This may also include sharing information with them through our shared practice management computer system or similar computer systems.
- **For Health Care Operations.** We may use and disclose medical information about you for the practice’s operational reasons such as quality improvement, utilization review, or legal review. These uses and disclosures are necessary to run the practice and make sure that all of our patients receive quality care. For example, we may use and disclose medical information to review our treatment and services and to evaluate the performance of our staff in caring for you, or to accrediting agencies that evaluate our performance. We may also combine medical information about many patients in the practice to evaluate current services, decide what additional services the practice should offer, and whether certain new treatments are effective. We may also disclose information to doctors, nurses, technicians, medical students, clinical students and other practice personnel for review and learning purposes. We may also combine the medical information we have with medical information from other health care providers to compare how we are doing and see where we can make improvements in the care and services we offer. We may remove information that identifies you from this set of medical information so others

can use it to study health care and health care delivery without learning who the specific patients are. In addition, we may also call you by name in the registration area when your clinician is ready to see you.

- **Appointment Reminders.** We may use your medical information in order to contact you and provide a reminder that you have an appointment for treatment or medical care. For example, a postcard or telephone may provide these reminders, or a message left on your answering machine.
- **Treatment Alternatives.** We may use and disclose medical information to tell you about or recommend possible treatment options or alternatives that may be of interest to you.
- **Health-Related Benefits and Services.** We may use and disclose medical information to tell you about health-related benefits or services that may be of interest to you.
- **Individuals Involved in Your Care and Payment for Your Care.** We may release medical information about you to friends or family members who are involved in your medical care. We may also give information to someone who helps pay for your medical care. If possible, we will ask your permission prior to discussing your care with others. In addition, we may disclose medical information about you to an entity assisting in a disaster relief effort so that your family can be notified about your condition, status and location.
- **Other Uses and Disclosures.** In addition to the uses and disclosures mentioned previously, we may also use and/or disclose your information in accordance with federal and state laws for the following purposes:
 - We may disclose medical information when required by the United States Department of Health and Human Services as part of an investigation or determination of the practice's compliance with relevant laws.
 - We may use or disclose your medical information for public health activities, including: the reporting of disease, injury, or disability, the reporting of domestic violence or child abuse or neglect, and the conduct of public health surveillance, investigation and/or intervention.
 - We may disclose your medical information to a health care oversight agency for oversight activities authorized by law, including audits, investigations, inspections, licensure or disciplinary actions, administrative and/or legal proceedings.
 - We may disclose your medical information in the course of certain judicial or administrative proceedings.
 - We may disclose your medical information for law enforcement purposes such as complying with a court order, subpoena or warrant, and other law enforcement purposes. We may disclose your medical information to a coroner, medical examiner or a funeral director. We may use or disclose your medical information to researchers conducting research that has been approved by an Institutional Review Board. We may use or disclose your medical information to appropriate persons to prevent or lessen a serious threat to the health or safety of another person or the public.
 - We may use or disclose your medical information for military, national security, prisoner, and government benefits purposes. Note that disclosures for government benefits are limited to health plans only.
 - We may disclose your medical information as authorized by laws relating to workers compensation or similar programs.
 - We may use and/or disclose your medical information as may otherwise be required under federal or state law, including but not limited to disclosures under the Virginia Health Records Privacy act.

When We May Not Use Your Medical Information:

Except as described in this Notice, we will not use or disclose your medical information for any other purpose without your written authorization. If you do provide us with an authorization, you may revoke your authorization in writing at any time. You have the following rights with regard to your medical information:

- You have the right to request restrictions on certain uses and disclosures of your medical information. However, we are not required to agree with your requested restriction.
- You have the right to receive communications in a confidential manner.
- You have the right to inspect and copy your medical information. This right is subject to certain exceptions, and you may be charged a reasonable fee for any copies of your records.
- You have the right to request an amendment of your medical information. We may deny your request for certain specific reasons, and, if denied, we will provide you with a written explanation for denial and information regarding further rights you would have at that point.
- You have the right to receive an accounting of the disclosures of your medical information made by us in the six years prior to your request, except for disclosures of treatment, payment or operational purposes, and for certain other specific disclosure types.
- You have the right to request a paper copy of this Notice of Privacy Practices for Protected Health Information.
- You have the right to complain to the practice and /or the United States Department of Health and Human Services if you believe that the practice has violated your privacy rights. To complain to the practice, please contact the Privacy Officer at Aligned Clinical & Educational Services, PLC. If you choose to file a complaint, you will not be retaliated against in any way. If you would like further information regarding your rights or regarding the uses and disclosures of your medical information, you may contact the practice's Privacy Officer at 434-466-1588. You may also contact us by writing to: Aligned Clinical & Educational Services, P.O. Box 28, Crozet, VA 22932.

Acknowledgment & Consent

I acknowledge that I have received the Notice of Privacy Practices for Aligned Clinical & Educational Services, PLC and that I have access to it on the ACES website. Aligned Clinical & Educational Services is authorized to use and disclose health information for treatment, payment, and other healthcare purposes consistent with its Notice of Privacy Practices.

Client Printed Name

Date of Birth

Signature of Client or Legal Representative

Date

If signed by a legal representative, please indicate your relationship to the client:

Parent Legal Guardian Other: _____