

Effective Date: Immediately

At A2Z Therapy, we prioritize your privacy and are committed to protecting your personal information in accordance with applicable laws, including the Health Insurance Portability and Accountability Act (HIPAA).

1. INFORMATION WE COLLECT

We collect the following types of information to provide high-quality services:

- **Personal Information:** Name, address, phone number, email, and date of birth.
- **Health Information:** Medical history, diagnoses, treatment plans, and progress notes as required for therapy services.
- **Payment Information:** Billing details, insurance information, and payment history.
- **Technology Information:** IP addresses and website usage data if you interact with us online.

2. HOW WE USE YOUR INFORMATION

We use your information to:

- Provide ABA therapy services tailored to your needs.
- Coordinate with healthcare providers and insurers.
- Comply with legal and regulatory obligations.
- Communicate updates, appointment reminders, or changes to services.

3. HIPAA COMPLIANCE

We are a covered entity under HIPAA and adhere to its regulations to ensure the confidentiality and security of your protected health information (PHI). **Your Rights Under HIPAA:**

- **Right to Access:** You can request copies of your PHI.
- **Right to Amend:** You may request corrections to your PHI if you believe it's inaccurate.
- **Right to Restrict Use:** You can request limits on how your information is used or disclosed.
- **Right to Confidential Communications:** You can specify how and where we contact you.
- **Right to File a Complaint:** If you believe your rights have been violated, you may file a complaint with us or the U.S. Department of Health and Human Services.

How We Protect Your PHI:

We use encryption, secure servers, and other safeguards to protect your information from unauthorized access, use, or disclosure.

4. DISCLOSURE OF INFORMATION

We will only share your information in the following circumstances:

- **With Your Consent:** For purposes of care coordination or additional services.
- **For Treatment:** Sharing information with healthcare providers as needed.
- **For Payment:** Disclosing necessary information to insurers or billing entities.
- **As Required by Law:** Complying with subpoenas, investigations, or other legal requirements.

5. RETENTION AND DISPOSAL OF INFORMATION

We retain your records for the period required by law. Once no longer needed, we securely dispose of your information through shredding, de-identification, or other compliant methods.



6. YOUR RESPONSIBILITIES

To help us maintain privacy and security, please:

- Notify us immediately of unauthorized access or use of your personal information.
- Update your contact information to ensure effective communication.

7. UPDATES TO THIS POLICY

We may update this policy as needed to reflect changes in regulations or business practices. Updates will be posted on our website or communicated directly to you.

8. CONTACT US

If you have any questions, concerns, or would like to exercise your rights under this policy, please contact us:

Phone: 910-803-3633

