



Notice of Privacy Practices

Effective Date: 1/01/2023

Practice Name: True Colors Autism Treatment Center

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.

Our Commitment to Your Privacy

At True Colors Autism Treatment Center, we understand that your health information is personal. We are committed to protecting your Protected Health Information (PHI) in accordance with the Health Insurance Portability and Accountability Act (HIPAA).

This notice explains how we use and disclose your information, your rights, and our responsibilities.

How We May Use and Disclose Your Information

We may use and share your PHI in the following ways:

1. Treatment

We use your information to provide, coordinate, and manage ABA services.

Example: Sharing information between your BCBA and RBT to ensure effective treatment.

2. Payment

We use your information to bill and receive payment from insurance providers.
Example: Submitting session notes to your insurance company for reimbursement.

3. Healthcare Operations

We use your information to improve our services and run our organization.
Example: Quality assurance reviews, staff supervision, and training. We may contact your child's healthcare provider outside of our organization to coordinate care to best treat your child.

Other Permitted Uses and Disclosures

We may also share your information without your written authorization when required or permitted by law:

- To comply with legal obligations
 - For public health and safety concerns
 - To report abuse, neglect, or domestic violence
 - For health oversight activities
 - In response to court orders or legal proceedings
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Uses and Disclosures Requiring Your Authorization

We will obtain your written permission before:

- Sharing psychotherapy notes (if applicable)
- Using your information for marketing purposes
- Selling your information (we do not do this)

You may revoke authorization at any time in writing.

Your Rights Regarding Your Health Information

You have the right to:

Access Your Records

Request a copy of your medical and billing records.

Request Corrections

Ask us to correct inaccurate or incomplete information.

Request Confidential Communications

Ask us to contact you in a specific way (e.g., only by email or phone).

Request Restrictions

Ask us not to use or share certain information (we may not always be able to agree).

Receive an Accounting of Disclosures

Request a list of certain disclosures we've made.

Receive a Copy of This Notice

You may request a paper or electronic copy at any time.

Our Responsibilities

We are required to:

- Maintain the privacy and security of your PHI
 - Provide you with this notice
 - Follow the terms of this notice
 - Notify you promptly if a breach occurs that may compromise your information
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Changes to This Notice

We reserve the right to change this notice at any time. Updated versions will be posted on our website with a revised effective date.

Complaints

If you believe your privacy rights have been violated, you may file a complaint with us or with the U.S. Department of Health and Human Services.

We will not retaliate against you for filing a complaint.

Contact Information

Privacy Officer: John Biffle

Phone: 901-290-3916

Email: Operations@truecolorsatc.com

Address: 8440 HWY 51 Suite A Brighton TN 38011

Acknowledgment of Receipt

We may ask you to sign a form acknowledging that you have received this Notice of Privacy Practices.