



Whenever. Whatever. Wherever it takes.



Revised Jan 2022

Client Handbook

“At BCPS, we work with each child to discover, over time and with artful patience, their uniqueness, and enhance their abilities, not making them conform to a standard. For over a decade, we’ve made ABA work because we work alongside a child and their families, wherever they want, whatever they need, whenever they need it, as if they are part of our family.”

Purpose of the Client Handbook

This Client handbook is created to provide you with the information you need to ensure you understand what to expect when you receive services from Behavior Consultation & Psychological Services (BCPS), your rights and responsibilities as a client of BCPS, and other information you may need during the course of receiving services from BCPS. A copy of this handbook and any updates are available on our website www.bcps-autism.com at all times; printed copies are available in the reception area of our clinic spaces.

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Locations

Greenville: 3851 Dunhagan Rd. Ste 102 Greenville NC 27858 *mailing address

Wilmington: 3171 Wrightsville Avenue Wilmington, NC 28403

Clemmons: 3950 Clemmons Rd. Clemmons, NC 27012

Greensboro: 1118 Grecade St. Greensboro, NC 27408

Boone/Ashe :207 Winkler's Creek, Ste. 1 Boone, NC 28607

Section One : Introduction to BCPS

How to Contact Us

Phone Number: 252-751-0518 Fax Number: 252-565-4505 General Email: admin@bcps-autism.com

Administrative Mailing Address: 3951 Dunhagan Rd. Ste 102 Greenville NC 27858

Office Hours: Our providers are available to make appointments weekdays from 8:00 am- 5:00 pm. You may schedule appointments through our office by calling 252-751-0518.

After Hours Emergencies: **IF YOU ARE HAVING A LIFE THREATENING EMERGENCY, DIAL 9-1-1.** Our agency keeps an on-call provider available 24 hours/7 days per week to respond to after hours emergency calls from our established clients. This may include coordinating care with family, staff, hospital or alternative placement personnel. To reach our on-call staff, please dial 252-751-0518 ext. 8. *All calls will be returned within 24 hours.*

Our Mission

Behavior Consultation and Psychological Services, PLLC (BCPS) is committed to providing individuals with autism spectrum disorders, behavior disorders, and other developmental disabilities evidence-based, individualized services based in Applied Behavior Analysis that focus on developing communication and social skills, increasing positive behaviors and enhancing the lives of our clients and their families.

Our Vision

BCPS works to create an individualized care plan for each client in order to identify the unique needs and motivation for each child and to provide research-based approaches that will be most effective.

BCPS strives to train parents, teachers, and support staff using the evidence-based verbal behavior approach to applied behavior analysis in order to provide clients with fulfilling engagement in social relationships and social learning experiences throughout his/her day.

BCPS works to be a valued part of the community of support for families with children with autism in order to provide resources, support and information that would promote healthy, fulfilling family relationships.

BCPS is dedicated to continually evolving our practice and educating our staff so that we can be respectful of the vital pieces of each client's identity (culture, background, religion, language, and other key components) and provide services that promote the most inclusive and individualized care possible.

Our Values

Respect: We respect and value the uniqueness of all individuals within the autism spectrum; when provided the opportunity, each person can make a unique contribution to his/her family, community and to society.

Empowerment and Support: We empower and support individuals on the autism spectrum to achieve greater independence and integration into school, family life, and community life through the development of verbal, social and positive-behavior skills.

Individuality: We demonstrate through our individualized services a respect for individual dignity, personal preferences, cultural differences, as well as the unique strengths, resources, priorities, concerns and abilities of individuals and their families.

Integrity and Accountability: We act with honesty, integrity and openness in all dealings; adhere to high ethical and performance standards and manage resources in a responsible manner.

Collaboration: We encourage collaboration among families, schools, and other professionals involved in the lives of our clients in order to provide the best care possible. We value relationships founded on honesty, integrity and mutual respect.

Section Two: What Services Are Available?

ABA Therapy

BCPS utilizes the principles of Applied Behavior Analysis and develops individualized programs or treatment plans that target cognitive, speech, languages, school readiness, behavior management, play and social skills. The individualized therapy program is based on your child's unique strengths and needs.

Applied Behavior Analysis is the study of the functional relationship between one's behaviors and their environment. Data is collected and analyzed and a treatment plan or an individualized ABA program is developed and implemented. As the child's treatment progresses, data is collected and analyzed again to determine treatment effectiveness. The goal of a behavior analyst is to help your child learn essential functional skills to reach his/her developmental goals.

While BCPS excels in its basic ABA program, it also offers numerous specialty programs that add to our success:

- Direct/Discrete Trial Teaching
- Verbal Behavior Training
- Natural Environment Teaching
- Therapeutic Recreation

School Based Services

BCPS provides school-based services to give school systems access to a number of specialized, professional services to enhance their abilities to serve their students. These services include, but are not limited to, special education consultation, adapted physical education consultation, IEP support for students with special needs, professional development training, psychological and behavior-based consultation and more.

Psychological Assessment & Autism Testing

Our psychological assessment team provides comprehensive diagnostic and autism assessments to children and adolescents. All assessments are conducted by our licensed psychologists and psychological associates. Our staff specialize in providing assessments for Autism, ADHD, learning difficulties and related concerns. Additional services include Functional Behavior Assessments, Behavior Support Plans and Individual Education Evaluations.

Specialized Consultative Services- Innovations Waiver

Innovations Waiver recipients may be referred by their care coordinator to BCPS for *Specialized Consultative Services* for the purpose of creating, implementing and monitoring behavior support plans. SCS may also be used for professional consultation, training and support services for caregivers and natural supports in areas that fall within the provider's scope of practice (most commonly, behavior strategies and implementing evidence-based practices to support the client's growth and goal achievement).

Section Three: How Do I Access Care?

Eligibility

To receive services from Behavior Consultation and Psychological Services, PLLC, clients must receive services in North Carolina. BCPS serves individuals that are on the autism spectrum, have developmental disabilities or who have been referred for psychological assessment. To be eligible for receiving services, an individual's needs must fall within the scope of the knowledge, expertise, training, and credentials of the Behavior Consultation and Psychological Services, PLLC staff. BCPS will not arbitrarily refuse or deny services to potential individuals. Desired outcomes, along with screening, are considered by Behavior Consultation and Psychological Services, PLLC prior to service. Participation is voluntary; an individual is free to withdraw from BCPS services at any time. In making choices in participation, for minors and adults with a legal guardian, the legally responsible person has the final authority in the decision. It is, nonetheless, BCPS's preference to honor and advocate for the wishes of all individuals.

What to Expect (ABA Therapy)



Intake Process & Screening

Behavior Consultation and Psychological Services, PLLC accepts referrals from physicians, other clinicians, service providers, as well as self-referral from a client or client's parent/guardian. BCPS professionals collaborate with family, the individual, and other important people in his/her life (not limited to teachers, doctors, LME staff) to determine whether or not our services are appropriate for that person.

Screening to determine eligibility and need for services is provided by a licensed provider. It is the responsibility of the LPA/Psychologist to make service decisions, make referrals and recommendations, and inform all relevant parties of decisions. After eligibility is determined, the LPA will schedule a time to begin services or make a referral if the individual's needs cannot be met by Behavior Consultation and Psychological Services, PLLC. Screening involves interviewing the individual and/or family, and may involve requests for information from other appropriate agencies or clinicians. Information gathered may include, but is not limited to:

- Diagnosis(es)
- Reason for request of services
- Strengths and needs of the individual
- Strengths and needs of his/her family
- Current and historical health status and other medical information
- Social and family history
- Psychological and other relevant evaluations done previously
- Assessment of skills in activities
- Behavioral information and intervention programs
- Desired personal outcomes
- Natural support networks

For some services, individuals may need a diagnosis within the autism spectrum. For others this may not be applicable. Our intake team will verify that your child is eligible for services and would benefit from the services we offer. Once your family has started the intake process with our practice, our team will communicate with you regarding anticipated timelines for services to begin based on the services being provided and other factors such as preauthorization from your insurance.

Continued Service Criteria/Discharge

The criteria for continued service include:

- The desired outcome or level of functioning has not been improved or sustained over the timeframe outlined in the individual's treatment plan
- The individual continues to be at risk for relapse based on current clinical assessment and history
- Tenuous nature of the functional gains
- The individual has achieved current treatment plan goals, and additional goals are indicated as evidenced by documented symptoms
- The individual is making satisfactory progress toward meeting goals and there is documentation that supports that continuation of this service is expected to be effective in addressing the goals outlined in the treatment plan.

Behavior Consultation and Psychological Services, PLLC may discharge a client for the following reasons:

- The client has demonstrated a mastery of previous areas of deficit and ABA therapy is no longer necessary.
- Recipient is not making progress or is regressing and all realistic treatment options have been exhausted
- The individual and/or his/her legally responsible person refuses services or is not able to engage in the therapy program at the necessary level to make progress.

Clients may leave BCPS services at any time as they choose. Involvement, input, and collaboration with the individual's legally responsible person are maintained to assure that every effort is tried to prevent discharge from the service. In the event of discharge, consultation will occur with the individual and/or his/her family to find appropriate services and assistance, including a referral to a professional with the appropriate credentials to meet the service needs of the individual.

Section Four: How Do I Participate in Treatment?

Individual Involvement in Treatment

Individuals or their guardians are asked to sign consent for treatment each year. At any time a client/legal guardian can refuse treatment for any reason. One of the fundamental goals of our services is to give our clients the skills needed to live their most independent, successful lives. As much as is appropriate, individuals will be included in treatment choices, planning and treatment team meetings.

Family/Natural Supports Involvement

It is the philosophy and practice of Behavior Consultation and Psychological Services, PLLC to involve and include the family of the individual as much as possible in the development of treatment plans, the implementation of services, and evaluation of treatment and individual goals. BCPS acknowledges the value and importance of natural support networks and relationships in everyone's lives. Except when individual confidentiality precludes, information regarding an individual is disclosed to his/her family. Communication shall occur frequently and consistently.

CentralReach

Our practice utilizes a secure, HIPAA-Compliant practice management system called CentralReach which features a Parent Portal that all ABA and SCS clients have access to. Through this portal you can access your child's therapy schedule, copies of your child's treatment plan, notes from therapy sessions, and resources that your child's case manager shares with you. We highly recommend that you log into this system regularly and use it as a resource to participate in your child's therapy program.

Communication

Parental involvement is vital in all of the services that we provide. We encourage you to reach out to your case manager or provider by phone or email whenever you have a question, concern, or update. The more we know about your child and your family; the better we can meet your needs. In addition to communicating with your clinical team we also ask that you reach out to our office about any changes to your insurance or your schedule.

Prioritize Therapy

Work with the team to **create and implement a consistent therapy schedule**. Let us know about vacations, sick days, or conflicts at least two weeks prior so that we can reschedule your session. Try to give 24-48 hour notice for cancellations or last minute schedule changes. As much as possible we request that you minimize disruptions to the therapy schedule because consistent therapy can make a big impact on outcomes. Another way to increase positive growth is to **participate in parent training**. We love training our parents so that they can implement evidence-based strategies across their entire day. We ask that each parent is open to changing how they are interacting with their child as treatment plans are established.

Section Five: How Do I Pay for Services?

Our practice provides the highest quality of care to each client and their family regardless of insurance coverage or method of payment. We strive to enter into network agreements with all major funders so that we can keep costs manageable for all clients.

Service Fees

Our fees have been determined with considerable care and reflect the cost of therapy services and are aligned with the rates that Medicaid and most major insurers have determined are reasonable and appropriate for our area. These rates are applied uniformly. In accordance with insurance regulations, we do not provide discounts, free services, and all amounts that your insurance identifies as “patient responsibility” must be paid in full. Rates are subject to change annually or with 30 days prior notice.

How We Bill for Services

Our providers use an electronic scheduling system to schedule services and communicate that schedule with parents. Once services are provided, therapy providers “render” the appointment and it is sent to our billing company who then submits claims to insurance. Electronic data/notes are collected at each session and stored to be used in treatment assessment and planning.

Client Payments & Payment Portal

Once we receive payments from insurance, we send an electronic invoice to parents for any amounts assigned as “patient responsibility” (coinsurance, copays, deductibles, etc.) by your insurance company. Using our client payment portal, parents can access any open invoices, paid invoices, and create statements to show transactions. Invoices can be paid online through the portal or in our office via check, credit or debit card. If you need assistance accessing the portal, please contact our office!

Commitment to Best Practices, Behavior

Consultation & Psychological Services adheres to best practices for all parts of the billing process. Across all areas of benefit verification, pre-authorization, billing and collection we utilize systems and have multi-level oversight to minimize billing errors or denials that impact the families we serve. If you ever have questions about a bill or an explanation of benefits, we encourage you to notify us immediately so that we can research and correct any issues as needed.

Delinquent Payments.

We ask that all invoices are paid within 15 days. If a payment has not been received, clients will be sent a reminder notice. Invoices that have not been paid in 60 days from the invoice date are considered delinquent and are subject to a rebilling fee.

We understand that sometimes, life happens. If you are unable to pay the full balance due on an invoice within the 30 day window, we ask that you reach out to our office to set up a payment plan. Payment plans are structured in the following manner: 50% of the invoice must be paid within the billing window. The other 50% can be broken into smaller payments over a maximum of 6 months. These payments can be set up to automatically draft from your account on an established date each month or can be paid via check or card. Failing to pay a payment plan payment will result in the full remaining amount of the invoice being due.

Consistent failure to pay balances due will result in a team meeting to discuss options to ensure that the client continues to receive the appropriate support and clinical services in a way that is affordable for the client and fair to the provider. This may include a referral to an alternative provider. If a balance remains unpaid and there is no returned communication regarding payment, plans for payment, or reasonable attempt to satisfy the balance, BCPS reserves the right to use a collections agency to recoup the outstanding balance. While our practice sees this as a final measure to be used only with the careful consideration and approval of all managing partners and staff, we also recognize that it is an important tool to ensure that our staff are fairly compensated for their time and hard work and to keep the cost of therapy for all of our clients reasonable and fair.

Section Six: What are the Client's Rights & Responsibilities?

Nondiscrimination Policy

Behavior Consultation and Psychological Services, PLLC does not discriminate in regard to age, gender, race, color, ethnicity, nationality, sexual orientation, marital status, religious affiliation, or degree of disability. BCPS complies with Section 504 of the Rehabilitation Act of 1973 which states that "no otherwise qualified handicapped individual in the United States shall, solely by reason of his handicap, be excluded from the participation in, be denied the benefits of, or be subjected to discrimination under any program or activity receiving federal financial assistance." BCPS also complies with title III of the American's with Disabilities Act prohibiting discrimination against any "individual with a disability" including; Individuals who have a physical or mental impairment that substantially limits one or more life activities; Individuals who have a record of physical or mental impairment that substantially limited one or more of the individual's major life activities; and Individuals who are regarded as having such an impairment, whether they have the impairment or not.

Protection & Storage of Records

BCPS follows all guidelines set forth by HIPAA, NC Psychology Board and any other applicable governing agencies in the protection and storage of records. All electronic notes and records are stored on a HIPAA-compliant, secure server which is limited to only those providing services. Paper records are kept in a secure, locked location and only authorized staff have access. All business associates, employees and other relevant parties have signed confidentiality notices. Our employees participate in regular training to ensure the best-practices with regards to privacy are in place. If you have any questions regarding the safety and security of your health records, please contact our privacy officer or owners to get more information.

Understanding Your Rights

Our staff are committed to ensuring that the dignity and rights of our clients are respected at all times and throughout all aspects of services. It is important that every client be informed of his/her rights and responsibilities and have the ability to ask questions, receive accommodations for language or other barriers to understanding these rights; every client will receive fair and equitable treatment; all clients should receive sufficient information to help them make an informed choice about receiving services from BCPS and its providers. Below you will find a list of your rights as our client:

- The right to receive information about BCPS, our services, our providers, and your rights and responsibilities presented in a manner you can understand.
- The right to privacy in accordance with the Health Information (see detailed privacy policy for more information)
- The right to be treated with respect and recognition of your dignity.
- The right to fair and equitable treatment, including the right to receive services in a non-discriminatory manner, the consistent enforcement of program expectations and rules, the right to receive services that are respectful of, and responsive to, cultural and linguistic differences.
- The right to participate with providers in making decisions regarding care.
- The right to a candid discussion regarding appropriate treatment options regardless of cost or coverage. You may need to decide among relevant treatment options, the risks, benefits and consequences, including your right to refuse treatment and to express your preferences about future treatment decisions regardless of cost.
- The right to voice complaints or grievances about the organization or the care it provides.
- The right to appeal decisions with which you disagree.
- The right to make recommendations regarding our rights and responsibilities policy.
- The right to be free from any form of restraint or seclusion used as a means of coercion, discipline, convenience or retaliation.
- The right to consent or refuse treatment decisions, sharing information, restrictive interventions and changes to programming.
- The right to refuse treatment.

- The right to receive treatment regardless of age or degree of disability.
- The right to request and receive a copy of your medical record, subject to therapeutic privilege, and to request that the medical record be amended or corrected. If the doctor or therapist determines that this would be detrimental to your physical or mental well-being, you can request that the information be sent to a physician or professional of your choice.
- The right to write a statement to be placed in your file if you disagree with what is written in your medical records. However, the original notes will also stay in the record until the statute of limitations ends according to the MH/DD/SA retention schedule (11 years for adults; 12 years after a minor reaches the age of 18; 15 years for DUI records).
- The right to a treatment plan to be implemented within 30 days after services start.
- The right to a second opinion.
- The right to take part in the development and periodic review of your treatment plan and to consent to treatment goals in it.
- The right to freedom of speech and freedom of religious expression.
- The right to equal employment and educational opportunities.
- The right to treatment in the most natural, age-appropriate and least restrictive environment possible.
- The right to ask questions when you do not understand your care or what you are expected to do.
- The right to reasonable accommodation for written/oral communication barriers.
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Understanding Your Responsibilities

- Supplying information (to the extent possible) that BCPS and its providers need in order to provide care for you.
- Following the treatment plan and instructions for treatment that you have agreed to with your providers.
- Understanding your needs and participating in developing mutually agreed-upon treatment goals, to the degree possible; to tell your provider about any changes in your health; and to ask questions when you do not understand your care or what you are expected to do.
- Respecting the rights and property of other clients and staff.
- Respecting other clients' needs for privacy.
- Working on the goals of your treatment plan and strategies/interventions outlined in behavior plans (if applicable).
- Keeping all the scheduled appointments that you can and maintaining a clinically appropriate therapy schedule.
- If unable to keep an appointment, cancel it at least 24 hours in advance.
- Meeting financial obligations according to your established agreement.
- Informing staff of any medical condition that is contagious; adhering to the clinic's sick policy.
- Telling your therapist if you do not agree with their recommendations and when/if you want to end treatment.
- Cooperating with those trying to care for you.
- Being considerate of other clients and family members.

Notice of Privacy Practices

We are required by law to protect the privacy of health information about you and information that identifies you. This protected health information may be information about healthcare we provide to you or payment for healthcare provided to you. It may also be information about your past, present, or future health condition. We are also required by law to provide you with this Notice of Privacy Practices explaining our legal duties and privacy practices with respect to protected health information.

Our practice complies with all records security and privacy regulations set forth by federal law, state law and our licensing boards. You have the right to privacy and the protection of your health and personal information. North Carolina law mandates that providers may use and disclose protected health information about you in some circumstances (see NC General Statute Chapter 122C, Article 3, Section 52-56).

Disclosure of Information

This section of our Notice explains in some detail how we may use and disclose protected health information about you in order to provide healthcare, obtain payment for that healthcare, and operate our business efficiently. This section then briefly mentions several other circumstances in which we may use or disclose protected health information about you.

1. Treatment

We may use and disclose protected health information about you to provide healthcare treatment to you. In other words, we may use and disclose health information about you to provide, coordinate or manage your healthcare and related services. This may include communicating with other healthcare providers regarding your treatment and coordinating and managing your healthcare with others.

2. Payment

We may use and disclose protected health information about you to obtain payment for healthcare services that you received. This means that we may *use* protected health information about you to arrange for payment (such as preparing bills and managing accounts). We also may *disclose* protected health information about you to others (such as insurers, LME-MCOs, and other payers). In some instances, we may disclose protected health information about you to an insurance plan *before* you receive certain healthcare services because, for example, we may need to know whether the insurance plan will pay for a particular service. **Example:** Jane receives services through BCPS. During the normal course of service delivery, Jane's staff completes documentation of time spent providing a particular service. The Billing Coordinator will *use* protected health information about Jane when she prepares a bill for the services provided. Protected health information about Jane will be *disclosed* to her insurance when the Billing Coordinator sends in the bill.

3. Healthcare Operations

We may use and disclose protected health information about you in performing a variety of internal business activities that we call "business operations." These "business operations" activities allow us to, for example, improve the quality of care we provide and reduce healthcare costs. For example, we may use or disclose protected health information about you in performing the following activities:

- Reviewing and evaluating the skills, qualifications, and performance of healthcare providers taking care of you.
- Providing training programs for staff to help them practice or improve their skills.
- Cooperating with outside organizations that evaluate, certify or license healthcare providers, staff or facilities in a particular field or specialty.
- Reviewing and improving the quality, efficiency and cost of care that we provide to you and our other patients. Planning for our organization's future operations.
- Cooperating with outside organizations that assess the quality of the care others and we provide, including government agencies and private organizations.
- Resolving grievances within our organization.
- Reviewing our activities and using or disclosing protected health information in the event that control of our organization significantly changes.
- Working with others (such as lawyers, accountants and other providers) who assist us to comply with this Notice and other applicable laws.

Example: Jane complained that she did not receive appropriate services that were focused on her goals. BCPS reviewed Jane's record as part of the process of evaluating the quality of the care provided to Jane. BCPS also discussed Jane's care with her direct care staff.

4. Persons Involved in Your Care

We may disclose protected health information about you to a relative, close personal friend or any other person **you identify** if that person is involved in your care and the information is relevant to your care. If you are a minor or adjudicated incompetent, we may disclose protected health information about you to a parent,

guardian or other person responsible for you except in limited circumstances. We may also use or disclose protected health information about you to a relative, another person involved in your care or possibly a disaster relief organization (such as the Red Cross) if we need to notify someone about your location or condition. *You may ask us at any time not to disclose protected health information about you to persons involved in your care. We will agree to your request and not disclose the information except in certain limited circumstances (such as emergencies) or if the patient is a minor. If the patient is a minor, we may or may not be able to agree to your request.*

5. Required by Law

We will use and disclose protected health information about you whenever we are required by law to do so. There are many state and federal laws that require us to use and disclose protected health information. For example, state law requires us to report known or suspected child abuse or neglect to the Department of Social Services. We will comply with those state laws and with all other applicable laws.

6. National Priority Uses and Disclosures

When permitted by law, we may use or disclose protected health information about you without your permission for various activities that are recognized as “national priorities.” In other words, the government has determined that under certain circumstances (described below), it is so important to disclose protected health information that it is acceptable to disclose protected health information without the individual’s permission. We will only disclose protected health information about you in the following circumstances when we are permitted to do so by law. Below are brief descriptions of the “national priority” activities recognized by law.

- **Threat to health or safety:** We may use or disclose protected health information about you if we believe it is necessary to prevent or lessen a serious threat to health or safety.
- **Public health activities:** We may use or disclose protected health information about you for public health activities. Public health activities require the use of protected health information for various activities, including, but not limited to, activities related to investigating diseases, reporting child abuse and neglect, monitoring drugs or devices regulated by the Food and Drug Administration, and monitoring work-related illnesses or injuries. For example, if you have been exposed to a communicable disease, we may report it to the State and take other actions to prevent the spread of the disease.
- **Abuse, neglect or domestic violence:** We may disclose protected health information about you to a government authority (such as the Department of Social Services) if you are an adult and we reasonably believe that you may be a victim of abuse, neglect or domestic violence.
- **Health oversight activities:** We may disclose protected health information about you to a health oversight agency – which is basically an agency responsible for overseeing the health care system or certain government programs. For example, a government agency may request information from us while they are investigating possible insurance fraud.
- **Court proceedings:** We may disclose protected health information about you to a court or an officer of the court (such as an attorney). For example, we would disclose protected health information about you to a court if a judge orders us to do so.
- **Law enforcement:** We may disclose protected health information about you to a law enforcement official for specific law enforcement purposes. For example, we may disclose limited protected health information about you to a police officer if the officer needs the information to help find or identify a missing person.
- **Coroners and others:** We may disclose protected health information about you to a coroner, protected health examiner, or funeral director or to organizations that help with organ, eye and tissue transplants.
- **Workers’ compensation:** We may disclose protected health information about you in order to comply with workers’ compensation laws.

- **Research organizations:** We may use or disclose protected health information about you to research organizations if the organization has satisfied certain conditions about protecting the privacy of protected health information.
- **Certain government functions:** We may use or disclose protected health information about you for certain government functions, including but not limited to military and veterans' activities and national security and intelligence activities. We may also use or disclose protected health information about you to a correctional institution in some circumstances.

7. Authorizations

Other than the uses and disclosures described above (#1-6), we will not use or disclose protected health information about you without the "authorization" – or signed permission – of you or your personal representative. In some instances, we may wish to use or disclose protected health information about you and we may contact you to ask you to sign an authorization form. In other instances, you may contact us to ask us to disclose protected health information and we will ask you to sign an authorization form. It is important that you understand this form, what is being authorized, and what information will be shared; your provider will discuss this with you prior to requesting authorization. If you sign a written authorization allowing us to disclose protected health information about you, you may later revoke (or cancel) your authorization in writing (except in very limited circumstances related to obtaining insurance coverage). If you would like to revoke your authorization, you may write us a letter revoking your authorization. If you revoke your authorization, we will follow your instructions except to the extent that we have already relied upon your authorization and taken some action.

Additional Information Regarding Disclosure:

I understand that my information may not be protected from re-disclosure by the requester of the information; however, if this information is protected by the Federal Substance Abuse Confidentiality Regulations, the recipient may not re-disclose such information without my further written authorization unless otherwise provided for by state or federal law. I understand that if my record contains information relating to HIV infection, AIDS or AIDS-related conditions, alcohol abuse, drug abuse, psychological or psychiatric conditions, or genetic testing this disclosure will include that information. I also understand that I may refuse to sign this authorization and that my refusal to sign will not affect my ability to obtain treatment, payment for services, or my eligibility for benefits; however, if a service is requested by a non-treatment provider (e.g., insurance company) for the sole purpose of creating health information (e.g., physical exam), service may be denied if authorization is not given. If treatment is research-related, treatment may be denied if authorization is not given.

Your Right to Access

You have several rights with respect to protected health information about you. This section of the Notice will briefly mention each of these rights. A more detailed overview of these rights can be found at <https://www.hhs.gov/hipaa>.

1. Right to a Copy of This Notice

You have a right to have a paper copy of our Notice of Privacy Practices at any time. In addition, a copy of this Notice will always be posted in our clinic locations and on our website. If you would like to have a copy of our Notice, ask the receptionist for a copy.

2. Right of Access to Inspect and Copy

You have the right to inspect (which means see or review) and receive a copy of protected health information about you that we maintain in certain groups of records. If we maintain your protected health records in an Electronic Health Record (EHR) system, you may obtain an electronic copy of your protected health records. You may also instruct us in writing to send an electronic copy of your protected health records to a third party. If you would like to inspect or receive a copy of protected health information about you, you must provide us with a request in writing. You may write us a letter requesting access. We may deny your request in certain circumstances. If we deny your request, we will explain our reason for doing so in writing. We will also inform you in writing if you have the right to have our decision reviewed by another person.

3. Right to Have Protected Health Information Amended

You have the right to have us amend (which means correct or supplement) protected health information about you that we maintain in certain groups of records. If you believe that we have information that is either inaccurate or incomplete, we may amend the information to indicate the problem and notify others who have copies of the inaccurate or incomplete information. If you would like us to amend information, you must provide us with a request in writing and explain why you would like us to amend the information. You may write us a letter requesting an amendment.

We may deny your request in certain circumstances. If we deny your request, we will explain our reason for doing so in writing. You will have the opportunity to send us a statement explaining why you disagree with our decision to deny your amendment request and we will share your statement whenever we disclose the information in the future.

4. Right to an Accounting of Disclosures We Have Made

You have the right to receive an accounting (which means a detailed listing) of disclosures that we have made for the previous six (6) years. If you would like to receive an accounting, you may send us a letter requesting an accounting or contact our Privacy Officer. The accounting will not include several types of disclosures, including disclosures for treatment, payment or healthcare operations. If we maintain your protected health records in an Electronic Health Record (EHR) system, you may request that we include disclosures for treatment, payment or healthcare operations. If you request an accounting more than once every twelve (12) months, we may charge you a fee to cover the costs of preparing the accounting.

5. Right to Request Restrictions on Uses and Disclosures

You have the right to request that we limit the use and disclosure of protected health information about you for treatment, payment and healthcare operations. Under federal law, we must agree to your request and comply with your requested restriction(s) if:

1. Except as otherwise required by law, the disclosure is to a health plan for purpose of carrying out payment of healthcare operations (and is not for purposes of carrying out treatment); and,
2. The protected health information pertains solely to a healthcare item or service for which the healthcare provider involved has been paid out-of-pocket in full.

Once we agree to your request, we must follow your restrictions (except if the information is necessary for emergency treatment). You may cancel the restrictions at any time. In addition, we may cancel a restriction at any time as long as we notify you of the cancellation and continue to apply the restriction to information collected before the cancellation.

You also have the right to request that we restrict disclosures of your protected health information and healthcare treatment(s) to a health plan (health insurer) or other party, when that information relates solely to a healthcare item or service for which you, or another person on your behalf (other than a health plan), has paid us for in full. Once you have requested such restriction(s), and your payment in full has been received, we must follow your restriction(s).

6. Right to Request an Alternative Method of Contact

You have the right to request to be contacted at a different location or by a different method. For example, you may prefer to have all written information mailed to your work address rather than to your home address. We will agree to any reasonable request for alternative methods of contact. If you would like to request an alternative method of contact, you must provide us with a request in writing.

7. Right to Notification if a Breach of Your Protected health Information Occurs

You also have the right to be notified in the event of a breach of protected health information about you. If a breach of your protected health information occurs, and if that information is unsecured (not encrypted), we will notify you promptly with the following information:

- A brief description of what happened;

- A description of the health information that was involved;
- Recommended steps you can take to protect yourself from harm;
- What steps we are taking in response to the breach; and,
- Contact procedures so you can obtain further information.

Section Seven: How to Give Feedback, File a Grievance or Complaint

Contact Information		
Who to contact if you believe that your privacy rights have been violated or if you are dissatisfied with our privacy policies or procedure.	BCPS Privacy Officer	Anonymous complaints/concerns can be reported on our website in the “report a concern” section at http://www.bcps-autism.com/contact-us.html By email: admin@bcps-autism.com In writing: BEHAVIOR CONSULTATION & PSYCHOLOGICAL SERVICES ATTN: PRIVACY OFFICER 3851 DUNHAGAN RD. SUITE 102, GREENVILLE NC 27858
	BCPS Client Rights Committee	By email: clientrights@bcps-autism.com By mail: BEHAVIOR CONSULTATION & PSYCHOLOGICAL SERVICES ATTN: CLIENT RIGHTS COMMITTEE 3851 DUNHAGAN RD. SUITE 102, GREENVILLE NC 27858
	Federal Complaint	Office for Civil Rights U.S. Department of Health and Human Services 200 Independence Avenue, S.W. Room 509F, HHH Building Washington, D.C. 20201 Toll-Free Phone: 1-(877) 696-6775 Website: http://www.hhs.gov/ocr/privacy/hipaa/complaints/index.html Email: OCRComplaint@hhs.gov
Who to contact if you believe that your rights have been violated:	BCPS Clinical Director	Anonymous complaints/concerns can be reported on our website in the “report a concern” section at http://www.bcps-autism.com/contact-us.html By email: clinicaldirector@bcps-autism.com In writing: BEHAVIOR CONSULTATION & PSYCHOLOGICAL SERVICES ATTN: PRIVACY OFFICER 3851 DUNHAGAN RD. SUITE 102, GREENVILLE NC 27858
	Disability Rights NC	Toll-Free: 877-235-4210
	DHHS:	1-800-737-3028
	DHHS Customer Service Center	1-800-662-7030
	Customer Services and Community Rights	Toll Free: 1-855-262-1946 <i>Spanish: 1-800-662-7030</i>
NC Psychology Board	828-262-2258	

Section Eight: Frequently Asked Questions

Can staff administer medication?

BCPS staff do not administer medication of any kind. For clients with medication needs, our staff work carefully with caregivers to develop a therapy schedule and make therapy decisions that ensure that every child is safe and healthy. If your child has medical needs that include medication administration, reach out to your case manager to develop a care plan that fits your child.

Can staff transport clients?

BCPS staff cannot transport clients. This is a firm, company-wide policy for the safety of our clients and staff. Some of our clinics work with local school districts to serve as a “drop off” location for school-aged clients receiving therapy after school hours. If transportation to therapy may be a barrier to treatment for your child, there are some local resources we can provide further information about. Reach out to your case manager with any transportation concerns you may have.

What is your sick policy?

We ask that your family cancel therapy if your child has a fever over 100, has vomited, or has been diagnosed with a contagious illness (strep throat, etc.). Please keep your child out of therapy until he/she is symptom-free for 24 hours without the use of medication such as a fever-reducer. Our staff follow the same guidelines to ensure that your child is safe and healthy. *Please refer to communication from our clinic director regarding COVID-19 policies and procedures.

Do you have a cancellation policy?

We understand that sometimes life happens. We ask parents to provide as much notice as possible when canceling a session. If chronic cancellation occurs without proper notice, this issue will be addressed by the treatment team.

Can staff babysit (or provide services outside of therapy)?

The services we provide are professional, therapeutic services. Ethical guidelines and company policy firmly state that staff cannot perform any duties outside of providing ABA therapy– including babysitting. Staff are not obligated to work with siblings. If staff feels a sibling can be a clinically-appropriate participant in a session, it is at their discretion.

How can I reach an on call provider in the event of an after-hours emergency?

Your case manager will provide you with his/her direct phone number so that you can reach them at any time. In the event of an emergency that falls outside of our operating hours, you can call our main number 252-751-0518 and dial extension 8. This will connect you to our on-call provider.