



## **Spectrum of Smiles HIPAA Privacy Statement**

At Spectrum of Smiles, we are committed to protecting the privacy and confidentiality of your health information. As a provider of Applied Behavior Analysis (ABA) services, we adhere to the regulations outlined in the Health Insurance Portability and Accountability Act (HIPAA) to ensure the security of your protected health information (PHI).

### **Confidentiality of PHI:**

We understand the sensitive nature of the information shared during the course of ABA therapy. All PHI collected, stored, or transmitted by our organization is treated with the utmost confidentiality and is accessed only by authorized personnel for purposes directly related to your treatment or as required by law.

### **Information Safeguards:**

We have implemented comprehensive security measures to safeguard your PHI against unauthorized access, disclosure, alteration, or destruction. These measures include encryption, restricted access controls, and regular audits to ensure compliance with HIPAA standards.

### **Purpose of Information Use:**

Your PHI is used solely for the purpose of providing you with high-quality ABA services and for related administrative functions, such as billing and insurance claims processing. We do not use or disclose your PHI for marketing or any other purposes without your explicit consent.

### **Patient Rights:**

As a patient receiving ABA services, you have certain rights regarding your PHI, including the right to access, amend, and request restrictions on the use or disclosure of your information. Our organization is committed to honoring these rights and will provide you with the necessary forms and guidance to exercise them.

### **Disclosure Exceptions:**



While we make every effort to protect your PHI, there are circumstances where disclosure may be required by law or deemed necessary for your safety or the safety of others. In such cases, we will only disclose the minimum necessary information and will notify you as permitted by law.

**Questions and Concerns:**

If you have any questions or concerns regarding the privacy of your PHI or our HIPAA compliance practices, please do not hesitate to contact our Privacy Officer at Dr. Jasmine Bankhead via email at [jcbankhead@spectrumofsmiles.com](mailto:jcbankhead@spectrumofsmiles.com) or telephone at 833-717-4244.

**Changes to Privacy Policy:**

We reserve the right to update or modify this HIPAA Privacy Statement as necessary to reflect changes in our practices or regulatory requirements. Any updates will be communicated to you through our website or other appropriate channels.

Thank you for entrusting Spectrum of Smiles with your ABA therapy needs. We are committed to maintaining the confidentiality and security of your health information in accordance with HIPAA regulations.

**Acknowledgment of HIPAA Privacy Statement**

I acknowledge that I have received and read the HIPAA Privacy Statement provided by Spectrum of Smiles. I understand the contents of the statement and agree to abide by the policies and procedures outlined therein.

Signature: \_\_\_\_\_

Print Name: \_\_\_\_\_

Date: \_\_\_\_\_