

EDGEMONT SCHOOL DISTRICT 23-1
Policies and Practices to Protect the Privacy of Your Health and Special Education Information

THIS NOTICE DESCRIBES HOW PSYCHOSOCIAL AND MEDICAL INFORMATION ABOUT YOU MAY BE USED AND DISCLOSED AND HOW YOU CAN GET ACCESS TO THIS INFORMATION. THE HEALTH INSURANCE PORTABILITY AND ACCOUNTABILITY ACT REQUIRES THAT YOU READ THIS FORM AND SIGN ACKNOWLEDGEMENT THAT YOU HAVE RECEIVED THE INFORMATION. PLEASE SIGN ON THE DESIGNATED LINE AT THE BOTTOM OF THIS PAGE.

I. Uses and Disclosures for Treatment, Payment, and Health Care Operations

The district may use or disclose your protected health information (PHI) for treatment, payment and health care operations purposes. To help clarify these terms, here are some definitions:

“*PHI*” refers to information in your health record that could identify you.

-*Treatment* is when the district provides, coordinates or manages your child’s educational program and or related services. An example of treatment would be when a district consults with health care providers such as family physicians or psychologist.

-*Payment* is when the district obtains reimbursement from Title XIX.

-*Health Care Operations* are activities that relate to the performance and operation of school district practices that pertain to student health. Examples of health care operations are quality assessment and improvement activities, business-related matters such as audits and administrative services, and case management and care coordination.

“*Use*” applies only to activities within the district, such as sharing, applying, utilizing, examining, and analyzing information that identifies your child.

“*Disclosure*” applies to activities outside of the district, such as releasing, transferring, or providing access to information about your child to other parties.

II. Uses and Disclosures Requiring Authorization

The district may use or disclose PHI for purposes outside of treatment, payment, and health care operations when your appropriate authorization is obtained. An “authorization” is written permission above and beyond the general consent that permits specific disclosures. You may revoke all such authorizations of PHI at any time, provided each revocation is in writing. You may not revoke an authorization to the extent that (1) the district has relied on that authorization; or (2) if the authorization was obtained as a condition of obtaining Title XIX coverage.

III. Uses and Disclosures with Neither Consent nor Authorization

The district may use or disclose PHI without your consent or authorization in the following circumstances:

Child Abuse: If the district has reasonable cause to suspect that a child under the age of eighteen has been abused or neglected, we are required by law to report that information to the state’s attorney, the Department of Social Services or law enforcement personnel.

Judicial or Administrative Proceedings: If you are involved in a court proceeding and request is made for information about your child’s diagnosis and treatment and the records thereof, such information is privileged under state law and the district may not release information without your written authorization or a court order. The privilege does not apply when you are being evaluated for a third party or where the evaluation is court-ordered. You will be informed in advance, if this is the case.

Serious Threat to Health or Safety: When the district judges that a disclosure of confidential information is necessary to protect against a clear and substantial risk of imminent harm being inflicted by your child to him/herself or another person. Edgemont School District may disclose such information to those persons who would address such a problem (for example, the police or the potential victim).

IV. Patient’s Rights and Psychologist’s Duties

Right to Request Restrictions – You have the right to request restrictions on certain uses and disclosures of protected health information about your child. However, the district is not required to agree to a restriction you request.

Edgemont School District Duties:

Edgemont School District is required by law to maintain the privacy of PHI and special education records and to provide you with a notice of the district’s legal duties and privacy practices with respect to PHI. Edgemont School District reserves the right to change the privacy policies and practices described in this notice. Unless we notify you of such changes, however we are required to abide by the terms currently in effect.

V. Complaints

If you believe your privacy rights have been violated, you may file a complaint with the school or with the Secretary of the Department of Health and Human Services (DHHS). Complaints to the Secretary of DHHS must be submitted in writing.

YOUR SIGNATURE ON THE LINE BELOW INDICATES YOUR ACKNOWLEDGEMENT THAT YOU HAVE RECEIVED AND READ THE ABOVE INFORMATION.

NAME: _____ DATE: _____