

Full Service Community Schools Health Center

HIPAA: Health Insurance Portability and Accountability Act

Full Service Community Schools Health Center Notice of Privacy Practices As required by the Privacy Regulations Created as a Result of the Health Insurance Portability and Accountability Act of 1996 (HIPAA) THIS NOTICE DESCRIBES HOW HEALTH INFORMATION ABOUT YOU (AS A PATIENT OF THE FULL SERVICE COMMUNITY SCHOOLS HEALTH CENTER) MAY BE USED AND DISCLOSED, AND HOW YOU CAN GET ACCESS TO YOUR INDIVIDUALLY IDENTIFIABLE HEALTH INFORMATION. PLEASE REVIEW THIS NOTICE CAREFULLY.

A. OUR COMMITMENT TO YOUR PRIVACY Our health center is dedicated to maintaining the privacy of your protected health information (PHI). "Protected health information" is information about you, including demographic information, that may identify you and that relates to your past, present or future physical or mental health or condition and related health care services. In conducting our business, we will create records regarding you and the treatment and services we provide to you. We are required by law to maintain the confidentiality of health information that identifies you. We also are required by law to provide you with this notice of our legal duties and the privacy practices that we maintain in our practice concerning your PHI. By federal and state law, we must follow the terms of the notice of privacy practices that we have in effect at the time. We realize that these laws are complicated, but we must provide you with the following important information: • How we may use and disclose your PHI • Your privacy rights in regard to your PHI • Our obligations concerning the use and disclosure of your PHI The terms of this notice apply to all records containing your PHI that are created or retained by our practice. We reserve the right to revise or amend this Notice of Privacy Practices. Any revision or amendment to this notice will be effective for all of your records that our practice has created or maintained in the past, and for any of your records that we may create or maintain in the future. you may request a copy of our most current Notice at any time. WE MAY USE AND DISCLOSE YOUR PROTECTED HEALTH INFORMATION (PHI) IN THE FOLLOWING WAYS The following categories describe the different ways in which we may use and disclose your PHI. 1. Treatment. Our health center will use and disclose your PHI to provide, coordinate, or manage your health care and related services. This includes the coordination or management of your health care with a third party that already obtained your permission to have access to your PHI. For example, we would disclose your PHI, as necessary, to our team Health Care Provider . We will also disclose PHI to other physicians who may be treating you when we have the necessary permission from you to disclose your PHI. For example, your PHI may be provided to a physician/clinician to whom you have been referred to ensure that the physician/clinician has the necessary information to diagnose or treat you. In addition, we may disclose

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your PHI from time-to-time to another physician or health care provider (such as a specialist or laboratory) who, at the request of your physician, becomes involved in your care by providing assistance with your health care diagnosis or treatment to your physician. In addition, it may become necessary to discuss your health information with the school nurse, principal and school staff if it is necessary for your treatment and care.

2. Payment. Our Health Center and/ or our Provider Team will use and disclose your PHI to obtain payment for your health care services. For example, we may contact your health insurer to certify that you are eligible for benefits (and for what range of benefits), and we may provide your insurer with details regarding your treatment to determine if your insurer will cover, or pay for, your treatment. We also may use and disclose your PHI to obtain payment from third parties that may be responsible for such costs. Also, we may use your PHI to bill you directly for services and items.

3. Health Care Operations. Our health center may use and disclose your PHI to operate our business. These activities include, but are not limited to, quality assessments, training of medical students/interns, licensing, marketing and fundraising activities. For example, we will call you by name in the reception area when the physician is ready to see you. Our practice may use and disclose your PHI to contact you and remind you of an appointment. Additionally, any pictures sent to the office during the year may be posted on the picture board. We will share your PHI with third party “business associates” that perform various activities for the practice. Whenever an arrangement between our office and a business associate involves the use or disclosure of your PHI, we will have a written contract that will protect the privacy of your PHI.

4. Authorized Release of Information. Our health center will obtain your written authorization for uses and disclosures that are not identified by this notice or permitted by applicable law. Any authorization you provide to us regarding the use and disclosure of your PHI may be revoked at any time in writing. After you revoke your authorization, we will no longer use or disclose your PHI for the reasons described in the authorization. Please note we are required to retain records of your care.

5. Treatment Options/Health-Related Benefits and Services. Our health center may use and disclose your PHI to inform you of potential treatment options or alternatives. We may also use and disclose your PHI for other marketing activities. For example, your name and address may be used to send you a newsletter about our practice and the services we offer. You may contact our health center to request that these materials not be sent to you.

6. Release of Information to Family/Friends. If a parent or guardian is unable to accompany their child(ren) to a scheduled appointment and choose to send a personal representative (a member of your family, a relative, a close friend or any other person you identify) we may share PHI that is directly related to the visit and that member’s involvement in your child(ren)’s care. For example, a parent or guardian may ask that a babysitter take their child(ren) to the Health Center for treatment. In cases where there is a request for medical information from a non-

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custodial parent, the custodial parent shall be notified provided documentation supporting sole custody of the child(ren) is on file with our office. 7. Disclosures Required By Law. Our Health Center will use and disclose your PHI when we are required to do so by federal, state or local law. You will be notified, as required by law, of any such uses or disclosure. D. USE AND DISCLOSURE OF YOUR PHI IN CERTAIN SPECIAL CIRCUMSTANCES The following categories describe unique scenarios in which we may use or disclose your PHI: 1. Public Health Risks. Our health center may disclose your PHI to public health authorities that are authorized by law to collect information for the purpose of: • maintaining vital records, such as births and deaths • reporting child abuse or neglect • preventing or controlling disease, injury or disability • notifying a person regarding potential exposure to a communicable disease • notifying a person regarding a potential risk for spreading or contracting a disease or condition • reporting reactions to drugs or problems with products or devices • notifying individuals if a product or device they may be using has been recalled • notifying appropriate government agency(ies) and authority(ies) regarding the potential abuse or neglect of an adult patient (including domestic violence); however, we will only disclose this information if the patient agrees or we are required or authorized by law to disclose this information • notifying your employer under limited circumstances related primarily to workplace injury or illness or medical surveillance. 2. Health Oversight Activities. Our health center may disclose your PHI to a health oversight agency for activities authorized by law. Oversight activities can include, for example, investigations, inspections, audits, surveys, licensure and disciplinary actions; civil, administrative, and criminal procedures or actions; or other activities necessary for the government to monitor government programs, compliance with civil rights laws and the health care system in general. 3. Lawsuits and Similar Proceedings. Our health center may use and disclose your PHI in response to a court or administrative order, if you are involved in a lawsuit or similar proceeding 4. Law Enforcement. We may release PHI if requested to do so by law enforcement official: • Concerning a death we believe has resulted from criminal conduct • Regarding criminal conduct at our offices • In response to a warrant, summons, court order, subpoena or similar legal process • To identify/locate a suspect, material witness, fugitive or missing person • In an emergency, to report a crime (including the location or victim(s) of the crime, or the description, identity or location of the perpetrator) 5. Coroners, Funeral Directors, and Organ Donation. Our health center may release PHI to a medical examiner or coroner to identify a deceased individual or to identify the cause of death. If necessary, we also may release information in order for funeral directors to perform their jobs. Our practice may release your PHI to organizations that handle organ, eye or tissue procurement or transplantation, including organ donation banks, as necessary to facilitate organ or tissue donation and transplantation if you are an organ donor. 6. Research. Our health center may disclose your PHI to researchers when their research has been approved by an institutional review board that has reviewed the research proposal and established protocols to ensure the privacy of your PHI. 7. Serious Threats to Health or Safety. Our

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health center may use and disclose your PHI when necessary to reduce or prevent a serious threat to your health and safety or the health and safety of another individual or the public. Under these circumstances, we will only make disclosures to a person or organization able to help prevent the threat.

8. Military and National Security. Our health center may disclose your PHI if you are a member of U.S. or foreign military forces (including veterans) and if required by the appropriate authorities. Our practice may disclose your PHI to federal officials for intelligence and national security activities authorized by law. We also may disclose your PHI to federal officials in order to protect the President, other officials or foreign heads of state, or to conduct investigations. 9. Inmates. Our health center may disclose your PHI to correctional institutions or law enforcement officials if you are an inmate or under the custody of a law enforcement official. Disclosure for these purposes would be necessary: (a) for the institution to provide health care services to you, (b) for the safety and security of the institution, and/or (c) to protect your health and safety or the health and safety of other individuals. 10. Workers' Compensation. Our health center may disclose your PHI for workers' compensation and similar programs as required to comply with workers' compensation laws.

E. YOUR RIGHTS REGARDING YOUR PHI You have the following rights regarding the PHI that we maintain about you:

1. Confidential Communications. You have the right to request that our health center communicate with you about your health and related issues in a particular manner or at a certain location. For instance, you may ask that we contact you at home, rather than work. In order to request a type of confidential communication, you must make a written request to our health center specifying the requested method of contact, or the location where you wish to be contacted. 2. You have the right to request that we restrict our disclosure of your PHI to only certain individuals involved in your care or the payment for your care, such as family members and friends. We are not required to agree to your request; however, if we do agree, we are bound by our agreement except when otherwise required by law, in emergencies, or when the information is necessary to treat you. In order to request a restriction in our use or disclosure of your PHI, you must make your request in writing to our Health Center. Your request must describe in a clear and concise fashion: (a) the information you wish restricted; (b) whether you are requesting to limit our practice's use, disclosure or both; and (c) to whom you want the limits to apply. 3. Inspection and Copies. You have the right to inspect and obtain a copy of the PHI that may be used to make decisions about you, including patient medical records and billing records, but not including psychotherapy notes, information compiled in reasonable anticipation of, or use in, a civil, criminal, or administrative action or proceeding. You must submit your request in writing to our Health Center in order to inspect and/or obtain a copy of your PHI. Our health center may charge a fee for the costs of copying, mailing, labor and supplies associated with your request. Our health center may deny your request to inspect and/or copy in certain limited circumstances; however, you may request a review of our denial. Another licensed health care professional chosen by us will conduct reviews. 4. Amendment. You may ask us to

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amend your health information if you believe it is incorrect or incomplete, and you may request an amendment for as long as the information is kept by or for our practice. To request an amendment, your request must be made in writing and submitted to our Health Center. You must provide us with a reason that supports your request for amendment. Our health center will deny your request if you fail to submit your request (and the reason supporting your request) in writing. Also, we may deny your request if you ask us to amend information that is in our opinion: (a) accurate and complete; (b) not part of the PHI kept by or for the practice; (c) not part of the PHI which you would be permitted to inspect and copy; or (d) not created by our practice, unless the individual or entity that created the information is not available to amend the information. 5. Accounting of Disclosures. All of our patients have the right to request an "accounting of disclosures." An "accounting of disclosures" is a list of certain non-routine disclosures our practice has made of your PHI for non-treatment or operations purposes. Use of your PHI as part of the routine patient care in our practice is not required to be documented. For example, the doctor sharing information with the nurse; or the billing department using your information to file your insurance claim. In order to obtain an accounting of disclosures, you must submit your request in writing to our Health Center specifying dates. 6. Right to a Paper Copy of This Notice. You are entitled to receive a paper copy of our notice of privacy practices. 7. Right to File a Complaint. If you believe your privacy rights have been violated, you may file a complaint with our Health Center or with the Secretary of the Department of Health and Human Services. All complaints must be submitted in writing. You will not be penalized for filing a complaint.

Again, if you have any questions regarding this notice or our health information privacy policies, please contact:

Denise Hajjar, Director, Full Service Community Schools Health Center:
denisehealthnwellness@gmail.com 862-801-5039

For more information about HIPAA or to file a complaint:

The U.S. Department of Health & Human Services Office of Civil Rights

200 Independence Avenue, S.W. Washington, D.C. 20201

(202) 619-0257 Toll Free: (877) 696-6775