

## ALTA PUBLIC SCHOOLS

### **STUDENT HEALTH AND HUMAN SERVICES NOTICE OF PRIVACY PRACTICES**

**This notice describes how medical information about you or your child may be used and released and how you can get access to this information. Please review this document carefully.**

Alta Public Schools (APS) and its contract agencies/schools are required by federal law, the Health Insurance Portability and Accountability Act (HIPAA), to make sure that your Protected Health Information (PHI) is kept private. PHI includes information that we have created or received about you or your child's past, present, or future health/medical conditions that could be used to identify you or your child. Unless you give us written authorization, we will only release your health/medical information for treatment, payment, or health care operations or when we are otherwise required or permitted by law to do so. Not every use is listed, but the ways we can use, and release information fall within one of the descriptions below.

- 1. Appointment reminders and health-related benefits or services:** We may use PHI to send you appointment reminders. We may also use PHI to give you information about other health care related treatment and services.
- 2. Treatment:** We may use and release your PHI to those who provide you with health care services or who are involved with you or your child's care such as doctors, nurses and other health care professionals. PHI may also be used for referrals to hospitals, specialists, or for other treatment alternatives. For example, we may share the PHI with relevant school staff for Individualized Educational Program (IEP) purposes to recommend appropriate Special Education related services to address your child's health needs while at school.
- 3. To receive payment for the treatment that was provided to you or your child:** We may use and release your PHI in order to bill and receive payment for treatment and services you or your child received in the school or community setting. For example, APS bills Medicaid for services that are provided to Medi-Cal eligible students.
- 4. Health Care Operations:** We may use and release your PHI in order to administer our school-based health centers. For example, members of our quality improvement team may use information in you or your child's health record to review the care and outcomes for quality improvement purposes.
- 5. To meet legal requirements:** We may use and release PHI to government officials or law enforcement agencies when federal, state, or local laws require us to do so. We also share PHI when we are required to do so in a court or other legal proceedings. For example, if a law says we must report private information about students, who have been abused, we will provide such information.
- 6. To report Public Health activities:** We may use and release PHI to government officials in charge of collecting certain public health information. For example, we share general information about immunizations, deaths, and some statistical information about diseases such as pertussis or chickenpox.
- 7. For Research purposes:** We do not release PHI for purposes of medical research. We do, however, use PHI to create a collection of information that cannot be traced back to you or your child.
- 8. To avoid harm:** In order to avoid a serious threat to the health and safety of a person or the public, we may provide PHI to law enforcement, emergency personnel, or others who may be able to stop or lessen the harm.
- 9. Fundraising:** We may use and release the PHI toward applying for grants and/or funding agencies to obtain funds for the enhancement and expansion of our services. (Although allowable by law, it is not APS practice to use or release your PHI in a manner that can be traced back to you or your child.)

#### Your Rights

- See or obtain a copy of information that we have about you or your child or correct you or your child's personal information that you believe is missing or incorrect. If someone else (such as your doctor) gave us the information, we will tell you who, so that you can ask them to correct it.
- Ask us not to use your health information for payment or health care operations activities. (We are not required to agree to these requests.)
- Ask us to communicate with you about health matters using reasonable alternative means or at a different address, if communications to your home address could endanger you.
- You have a right to withdraw or revoke your consent in writing at any time. However, we may refuse to continue to treat a child if the parent revokes his or her consent.
- Receive a list of disclosures of your health information that we make on or after September 1, 2009, except when:

- You have authorized the disclosure;
- The disclosure is made for treatment, payment or health care operations; or
- The law otherwise restricts the accounting.

If you have any questions, please call XXXXX XXXXXXX at (323) XXX-XXXX.

**Complaint Process**

If you believe that we may have violated your Privacy rights, you may send your written complaint to: Alta Public Schools, Office of the Founder and CEO, 2410 Broadway, Walnut Park, 90255 Attn: Xavier Reyes

Alternative method of processing a complaint:

Privacy Complaints

U.S. Department of Health and Human Services Centers for Medicare and Medicaid Services 7500 Security Boulevard, Baltimore, Maryland

1-800-633-4227