

POTTSTOWN SCHOOL DISTRICT

**HIPAA NOTICE OF
PRIVACY PRACTICES**

Effective Date: February 2, 2006

FOR EMPLOYEES AND STUDENTS

**THIS NOTICE DESCRIBES HOW
MEDICAL INFORMATION ABOUT YOU
MAY BE USED AND DISCLOSED AND
HOW YOU CAN GET ACCESS TO THIS INFORMATION.
PLEASE REVIEW IT CAREFULLY.**

This Notice is provided to you pursuant to the Health Insurance Portability and Accountability Act of 1996 and its implementing regulations ("HIPAA"). It is designed to tell you how we may, under federal law, use or disclose your "Protected Health Information."

"Protected Health Information" means individually identifiable health information that is: (1) transmitted by electronic media; (2) maintained in any medium described in HIPAA's definition of electronic media; or (3) transmitted or maintained in any other form or medium. Protected Health Information **does not include education records** covered by the Family Educational Rights and Privacy Act, 20 U.S.C. 1232g.

I. We May Use or Disclose Your Protected Health Information for Purposes of Treatment, Payment or Healthcare Operations without Obtaining Your Prior Authorization and Here is One Example of Each:

We may provide your Protected Health Information to other health care professionals – including doctors, nurses and technicians – for purposes of providing you with care.

Our billing department may access your information – and send relevant parts – to the Pennsylvania School Based ACCESS program to allow us to be paid for the services we render to you.

We may access or send your information to our attorneys or accountants in the event we need the information in order to address one of our own professional functions.

II. We May Also Use or Disclose Your Protected Health Information Under the Following Circumstances without Obtaining Your Prior Authorization:

To Notify and/or Communicate with your Family. Unless you tell us you object, we may use or disclose your Protected Health Information in order to notify your family or assist in notifying your family, your personal representative or another person responsible for your care about your location, your general condition or in the event of your death. If you are unable or unavailable to agree or object, our health professionals will use their best judgment in any communications with your family and others.

As Required by Law.

For Public Health Purposes. We may use or disclose your Protected Health Information to provide information to state or federal public health authorities, as required by law to prevent or control disease, injury or disability; to report child abuse or neglect; report domestic violence; report to the Food and Drug Administration problems with products and reactions to medications; and report disease or infection exposure.

For Health Oversight Activities. We may use or disclose your Protected Health Information to health oversight agencies during the course of audits, investigations, certification and other proceedings.

In Response to Civil Subpoenas or for Judicial and Administrative Proceedings. We may use or disclose your Protected Health Information, as directed, in the course of any civil administrative or judicial proceeding. However, in general, we will attempt to ensure that you have been made aware of the use or disclosure of your Protected Health Information prior to providing it to another person.

To Law Enforcement Personnel. We may use or disclose your Protected Health Information to a law enforcement official to identify or locate a suspect, fugitive, material witness or missing person, comply with a court order or grand jury subpoena and other law enforcement purposes.

To Coroners or Funeral Directors. We may use or disclose your Protected Health Information for purposes of communicating with coroners, medical examiners and funeral directors.

For Purposes of Organ Donation. We may use or disclose your Protected Health Information for purposes of communicating to organizations involved in procuring, banking or transplanting organs and tissues.

For Public Safety. We may use or disclose your Protected Health Information in order to prevent or lessen a serious and imminent threat to the health or safety of a particular person or the general public.

To Aid Specialized Government Functions. If necessary, we may use or disclose your Protected Health Information for military or national security purposes.

For Worker's Compensation. We may use or disclose your Protected Health Information as necessary to comply with worker's compensation laws.

To Correctional Institutions or Law Enforcement Officials, if You are an Inmate.

III. For All Other Circumstances, We May Only Use or Disclose Your Protected Health Information After You Have Signed an Authorization. If you authorize us to use or disclose your Protected Health Information for another purpose, you may revoke your authorization in writing at any time.

IV. You Should Be Advised that We May Also Use or Disclose Your Protected Health Information for the Following Purposes:

Appointment Reminders. We may use your Protected Health Information in order to contact you to provide appointment reminders or to give information about other treatments or health-related benefits and services that may be of interest to you.

V. State Law Impact. To the extent that state law is more restrictive with respect to our ability to use or disclose your Health Information, or to the extent that it affords you greater rights with respect to the control of your Health Information, we will follow state law. This may arise if your Health Information contains information relating to HIV/AIDS, mental health, alcohol, and/or substance abuse, among others.

VI. Your Rights.

1. You have the right to request restrictions on the uses and disclosures of your Protected Health Information. However, we are not required to comply with your request.
2. You have the right to receive your Protected Health Information through confidential means through a reasonable alternative means or at an alternative location.

3. You have the right to inspect and copy your Protected Health Information. We may charge you a reasonable cost-based fee to cover copying, postage and/or preparation of a summary.
4. You have a right to request that we amend your Protected Health Information that is incorrect or incomplete. We are not required to change your Protected Health Information and will provide you with information about our denial and how you can disagree with the denial.
5. You have a right to receive an accounting of disclosures of your Protected Health Information made by us, except that we do not have to account for disclosures: authorized by you; made for treatment, payment, health care operations; provided to you; provided in response to an Authorization; made in order to notify and communicate with family; and/or for certain government functions, to name a few.
6. You have a right to a paper copy of this Notice of Privacy Practices. If you would like to have a more detailed explanation of these rights or if you would like to exercise one or more of these rights, contact us using the information provided below.

VII. Our Duties.

We are required by law to maintain the privacy of your Protected Health Information and to provide you with a copy of this Notice.

We are also required to abide by the terms of this Notice.

We reserve the right to amend this Notice at any time in the future and to make the new Notice Provisions applicable to all your Protected Health Information – even if it was created prior to the change in the Notice. If such amendment is made, we will immediately display the revised Notice at our office. We will provide you with another copy, of this Notice at any time, upon request.

VIII. Complaints to the Government.

You may make complaints to the Secretary of the Department of Health and Human Services ("DHHS") if you believe your rights have been violated.

We promise not to retaliate against you for any complaint you make to the government about our privacy practices.

IX. Contact Information.

You may contact us about our privacy practices by writing or calling the Privacy Officer at:

Director of Education and Human Resources
Pottstown School District
230 Beech Street
Pottstown PA 19464
Phone 610-970-6602
Fax 610-326-5460

You may contact the DHHS at:

200 Independence Avenue, S.W.
Washington, D.C. 20201
Telephone: 202-619-0257
Toll Free: 1-877-696-6775

X. Electronic Notice

This Notice of Privacy Practices is also available on our web page at www.pottstownschoools.com.