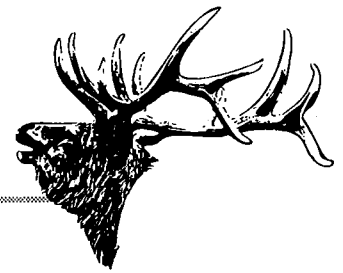


Ridgway Area School District

OFFICE OF STUDENT SERVICES



P.O. Box 447 • 62 School Drive • Ridgway, PA 15853
814-776-4255 • FAX 814-776-4298

Date: _____

Dear Parent or Guardian:

The enclosed **Notice of Privacy Practices** describes how medical information, referred to as Protected Health Information (PHI), about your son/daughter may be used and disclosed by the Ridgway Area School District and how you may get access to this information. Please review the enclosed Notice carefully. **You are requested to acknowledge receipt of this Notice by completing and returning the attached "Notice of Privacy Practices Receipt," which is printed on goldenrod colored paper.** Return this form to my attention via U.S. mail, using the address below.

Mrs. Heather McMahon-Vargas
Privacy Official
Ridgway Area School District
P. O. Box 447
Ridgway, PA 15853

You also may choose to return the form to the school via your son or daughter. It is recommended that the form be placed in a sealed envelope and addressed to my attention.

You are encouraged to contact me if you have any questions regarding this letter and the enclosed information.

Sincerely,

Mrs. Heather McMahon-Vargas
Ridgway Area School District Superintendent

Attachments (2): *Notice of Privacy Practices; Notice of Privacy Practices Receipt*

"Where students will discover their purpose for today and their passion for tomorrow."

Ridgway Area School District is an Equal Rights and Opportunities District and does not discriminate on the basis of race, color, national origin, sex and handicap in its activities, programs or employment practices as required by Title VI, Title IX and section 504.
For information regarding civil rights or grievance procedures contact the EOE/ADA Director of the Ridgway Area School District.

NOTICE OF PRIVACY PRACTICE FOR THE RIDGWAY AREA SCHOOL DISTRICT OFFICE OF STUDENT SERVICES

**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.**

**Original Effective Date: April 14, 2003
Last Revised: April 14, 2003**

I. OUR COMMITMENT TO PROTECTING HEALTH INFORMATION ABOUT YOU

In this Notice, we describe the ways we may use and disclose health information about a student (hereinafter referred to as the "Student" or "you" or "your") who is provided services through the Ridgway Area School District Office of Student Services (the "OSS"). Ridgway Area School District is a 'hybrid entity' for purposes of the Health Insurance Portability and Accountability Act ("HIPAA") Privacy Rule. A hybrid entity is a covered entity whose activities include both covered and non-covered functions under HIPAA. Because the OSS provides certain health care services (including physical, occupational, and speech therapy), it is considered a function of the Ridgway Area School District covered by the HIPAA Privacy Rule.

The attached Notice applies only to the OSS covered function. As permitted by the HIPAA Privacy Rule, we reserve the right to make changes to this Notice and to make such changes effective for all protected health information ("PHI") we may already have about you. If and when this Notice is changed, we will post a copy in our office in a prominent location. We will also provide you with a copy of the revised Notice upon your written request made to our Privacy Official.

The HIPAA Privacy Rule requires that we protect the privacy of health information that identifies a Student, or where there is a reasonable basis to believe the information can be used to identify a Student. This information is called "protected health information" or "PHI." This Notice describes your rights as our Student and our obligations regarding the use and disclosure of PHI. We are required by law to:

- Maintain the privacy of PHI about you;
- Give you this Notice of our legal duties and privacy practices with respect to PHI; and
- Comply with the terms of our Notice of Privacy Practices currently in effect.

You will be asked to sign a form to show that you received this Notice. Even if you do not sign this form, we will still provide you with treatment.

II. HOW WE MAY USE AND DISCLOSE PROTECTED HEALTH INFORMATION ABOUT YOU

A. USES AND DISCLOSURES FOR TREATMENT, PAYMENT, AND HEALTH CARE OPERATIONS

The following categories describe the different ways we may use and disclose PHI for treatment, payment, or health care operations without your consent or authorization. The examples included in each category do not list every type of use or disclosure that may fall within that category.

- 1. Treatment:** We may use and disclose PHI about you to provide, coordinate, or manage your health care and related services. We may consult with other health care providers regarding your treatment and coordinate and manage your health care with others. For example, we may use and disclose PHI when we need a prescription or for other health care services. In addition, we may use and disclose PHI about you when referring you to another health care provider. In emergencies, we may use and disclose PHI to provide the treatment you need.

We may also disclose PHI about you for the treatment activities of another health care provider. For example, we may send a report about you to a physician that we refer you to so that the other physician may treat you.

- 2. Payment:** We may use and disclose PHI so that we can bill and collect payment for the treatment and services provided to you. For example, before providing treatment or services, we may share details regarding your eligibility for treatment with a third party payor. We may also use and disclose PHI for billing and claims management.
- 3. Health Care Operations:** We may use and disclose PHI in performing business activities that are called health care operations. Health care operations include doing things that allow us to improve the quality of care we provide and to determine appropriate health care costs. We may use and disclose PHI about you in the following health care operations:
 - a. Providing training programs for student teachers, therapists, trainees, health care providers, or non-health care professionals (for example, billing personnel) to help them practice or improve their skills.
 - b. Cooperating with outside organizations that assess the quality of the care that we provide.
 - c. Cooperating with outside organizations that evaluate, certify, or license health care providers or staff in a particular field or specialty.
 - d. Resolving grievances within OSS.
 - e. Business planning and development, such as cost-management analyses.
 - f. Business management and general administrative activities of the OSS, including managing our activities related to complying with the HIPAA Privacy Rule and other legal requirements.

If another health care provider, company, or health plan that is required to comply with the HIPAA Privacy Rule also has or once had a relationship with you, we may disclose PHI about you for certain health care operations of that health care provider or company.

B. COMMUNICATIONS FROM OUR OFFICE: We may contact you to remind you of appointments and to provide you with information about treatment alternatives or other health-related benefits and services that may be of interest to you.

C. OTHER USES AND DISCLOSURES WE CAN MAKE WITHOUT YOUR WRITTEN AUTHORIZATION FOR WHICH YOU HAVE THE OPPORTUNITY TO AGREE OR OBJECT

- 1. Individuals Involved in Your Care or Payment for Your Care:** We may use and disclose PHI about you in some situations where you have the opportunity to agree or object to certain uses and disclosures of PHI about you. If you do not object, we may make these types of uses and disclosures of PHI.
 - a. We may disclose PHI about you to your family member, close friend, or any other person identified by you if that information is directly relevant to the person's involvement in your care or payment for your care.
 - b. If you are present and able to consent or object (or if you are available in advance), then we may only use or disclose PHI if you do not object after you have been informed of your opportunity to object.
 - c. If you are not present or you are unable to consent or object, we may exercise professional judgment in determining whether the use or disclosure of PHI is in your best interests.
 - d. We may also use and disclose PHI to notify such persons of your location, general condition, or death. We also may coordinate with disaster relief agencies to make this type of notification.
 - e. We may also use professional judgment and our experience with common practice to make reasonable decisions about your best interests in allowing a person to act on your behalf to pick up filled prescriptions, medical supplies, or other things that contain PHI about you.

D. OTHER USES AND DISCLOSURES WE CAN MAKE WITHOUT YOUR WRITTEN AUTHORIZATION OR OPPORTUNITY TO AGREE OR OBJECT

We may use and disclose PHI about you in the following circumstances without your authorization or opportunity to agree or object, provided that we comply with certain conditions that may apply.

- 1. Required By Law:** We may use and disclose PHI as required by federal, state, or local law to the extent that the use or disclosure complies with the law and is limited to the requirements of the law.
- 2. Public Health Activities:** We may use and disclose PHI to public health authorities or other authorized persons to carry out certain activities related to public health, including the following activities:
 - a. To prevent or control disease, injury, or disability;
 - b. To report disease, injury, birth, or death;
 - c. To report child abuse or neglect;
 - d. To report reactions to medications or problems with products or devices regulated by the federal Food and Drug Administration (FDA) or other activities related to quality, safety, or effectiveness of FDA-regulated products or activities;

- e. To locate and notify persons of recalls of products they may be using;
 - f. To notify a person who may have been exposed to a communicable disease in order to control who may be at risk of contracting or spreading the disease; or
 - g. To report to your employer, under limited circumstances, information related primarily to workplace injuries or illnesses, or workplace medical surveillance.
- 3. Abuse, Neglect, or Domestic Violence:** We may disclose PHI in certain cases to proper government authorities if we reasonably believe that a Student has been a victim of domestic violence, abuse, or neglect.
- 4. Health Oversight Activities:** We may disclose PHI to a health oversight agency for oversight activities including, for example, audits, investigations, inspections, licensure and disciplinary activities, and other activities conducted by health oversight agencies to monitor the health care system, government health care programs, and compliance with certain laws.
- 5. Lawsuits and Other Legal Proceedings:** We may use or disclose PHI when required by a court or administrative tribunal order. We may also disclose PHI in response to subpoenas, discovery requests, or other required legal process when efforts have been made to advise you of the request or to obtain an order protecting the information requested.
- 6. Law Enforcement:** Under certain conditions, we may disclose PHI to law enforcement officials for the following purposes where the disclosure is:
- a. About a suspected crime victim if, under certain limited circumstances, we are unable to obtain a person's agreement because of incapacity or emergency;
 - b. To alert law enforcement of a death that we suspect was the result of criminal conduct;
 - c. Required by law;
 - d. In response to a court order, warrant, subpoena, summons, administrative agency request, or other authorized process;
 - e. To identify or locate a suspect, fugitive, material witness, or missing person;
 - f. About a crime or suspected crime committed at our office; or
 - g. In response to a medical emergency not occurring at the office, if necessary to report a crime, including the nature of the crime, the location of the crime or the victim, and the identity of the person who committed the crime.
- 7. Coroners, Medical Examiners, and Funeral Directors:** We may disclose PHI to a coroner or medical examiner to identify a deceased person and determine the cause of death. In addition, we may disclose PHI to funeral directors, as authorized by law, so that they may carry out their jobs.
- 8. Organ and Tissue Donation:** If you are an organ donor, we may use or disclose PHI to organizations that help procure, locate, and transplant organs in order to facilitate an organ, eye, or tissue donation and transplantation.

- 9. Research:** We may use and disclose PHI about you for research purposes under certain limited circumstances. We must obtain a written authorization to use and disclose PHI about you for research purposes, except in situations where a research project meets specific, detailed criteria established by the HIPAA Privacy Rule to ensure the privacy of PHI.
- 10. To Avert a Serious Threat to Health or Safety:** We may use and disclose PHI about you in limited circumstances when necessary to prevent a threat to the health or safety of a person or to the public. This disclosure can only be made to a person who is able to help prevent the threat.
- 11. Specialized Government Functions:** Under certain conditions, we may disclose PHI:

 - a. For certain military and veteran activities, including determination of eligibility for veterans benefits and where deemed necessary by military command authorities;
 - b. For national security and intelligence activities;
 - c. To help provide protective services for the President of the United States and others;
 - d. For the health or safety of inmates and others at correctional institutions or other law enforcement custodial situations or for general safety and health related to correctional facilities.
- 12. Workers' Compensation:** We may disclose PHI as authorized by workers' compensation laws or other similar programs that provide benefits for work-related injuries or illness.
- 13. Disclosures Required by HIPAA Privacy Rule:** We are required to disclose PHI to the Secretary of the United States Department of Health and Human Services when requested by the Secretary to review our compliance with the HIPAA Privacy Rule. We are also required in certain cases to disclose PHI to you upon your request to access PHI or for an accounting of certain disclosures of PHI about you (these requests are described in Section III of this Notice).
- 14. Incidental Disclosures:** We may use or disclose PHI incident to a use or disclosure permitted by the HIPAA Privacy Rule so long as we have reasonably safeguarded against such incidental uses and disclosures and have limited them to the minimum necessary information.
- 15. Limited Data Set Disclosures:** We may use or disclose a limited data set (PHI that has certain identifying information removed) for the purposes of research, public health, or health care operations. This information may only be disclosed for research, public health, and health care operations purposes. The person receiving the information must sign an agreement to protect the information.
- 16. Other laws:** To the extent a use or disclosure is prohibited or materially limited by other applicable law, our use and/or disclosure will comply with the more stringent law. For example, the OSS may need to comply with the Pennsylvania Drug & Alcohol Abuse Control Act, the Mental Health Procedures Act, and the Confidentiality of HIV-Related Information Act, to the extent applicable.

E. OTHER USES AND DISCLOSURES OF PROTECTED HEALTH INFORMATION REQUIRE YOUR AUTHORIZATION

All other uses and disclosures of PHI about you will only be made with your written authorization. If you have authorized us to use or disclose PHI about you, you may later revoke your authorization at any time, except to the extent we have taken action based on the authorization.

III. YOUR RIGHTS REGARDING PROTECTED HEALTH INFORMATION ABOUT YOU

Under federal law, you have the following rights regarding PHI about you:

- A. Right to Request Restrictions:** You have the right to request additional restrictions on the PHI that we may use or disclose for treatment, payment, and health care operations. You may also request additional restrictions on our disclosure of PHI to certain individuals involved in your care that otherwise are permitted by the Privacy Rule. *We are not required to agree to your request.* If we do agree to your request, we are required to comply with our restriction agreement except in certain cases, including where the information is needed to treat you in the case of an emergency. To request restrictions, you must make your request in writing to our Privacy Official. In your request, please include (1) the information that you want to restrict; (2) how you want to restrict the information (for example, restricting use to this office, only restricting disclosure to persons outside this office, or restricting both); and (3) to whom you want those restrictions to apply.
- B. Right to Receive Confidential Communications:** You have the right to request that you receive communications regarding PHI in a certain manner or at a certain location. For example, you may request that we contact you at home, rather than at work. You must make your request in writing. You must specify how you would like to be contacted (for example, by regular mail to your post office box and not your home). We are required to accommodate only *reasonable* requests.
- C. Right to Inspect and Copy:** You have the right to request the opportunity to inspect and receive a copy of PHI about you in certain records that we maintain. This includes your medical and billing records but does not include psychotherapy notes or information gathered or prepared for a civil, criminal, or administrative proceeding. We may deny your request to inspect and copy PHI only in limited circumstances. To inspect and copy PHI, please contact our Privacy Official. If you request a copy of PHI about you, we may charge you a reasonable fee for the copying, postage, labor, and supplies used in meeting your request.
- D. Right to Amend:** You have the right to request that we amend PHI about you as long as such information is kept by or for our office. To make this type of request, you must submit your request in writing to our Privacy Official. You must also give us a reason for your request. We may deny your request in certain cases, including if it is not in writing or if you do not give us a reason for the request.
- E. Right to Receive an Accounting of Disclosures:** You have the right to request an "accounting" of certain disclosures that we have made of PHI about you. This is a list of disclosures made by us during a specified period of up to 6 years, *other than* disclosures made: for treatment, payment, and health care operations; for use in or related to a

facility directory; to family members or friends involved in your care; to you directly; pursuant to an authorization of you or your personal representative; for certain notification purposes (including national security, intelligence, correctional, and law enforcement purposes); as incidental disclosures that occur as a result of otherwise permitted disclosures; as part of a limited data set of information that does not directly identify you; and before April 14, 2003. If you wish to make such a request, please contact our Privacy Official identified on the last page of this Notice. The first list that you request in a 12-month period will be free, but we may charge you for our reasonable costs of providing additional lists in the same 12-month period. We will tell you about these costs, and you may choose to cancel your request at any time before costs are incurred.

F. Right to a Paper Copy of this Notice: You have a right to receive a paper copy of this Notice at any time. You are entitled to a paper copy of this Notice even if you have previously agreed to receive this Notice electronically. To obtain a paper copy of this Notice, please contact our Privacy Official listed in this Notice in writing. You may also download a copy of the Notice by accessing the district's website – www.ridgwayareaschooldistrict.com. From the district's home page, click on "Office of Student Services", then click on "Parent and Student Rights", and then open "Notice of Privacy Practices". The Notice of Privacy Practices Receipt is also available at the same location on the web.

IV. COMPLAINTS

If you believe your privacy rights have been violated, you may file a complaint with us or the Secretary of the United States Department of Health and Human Services. To file a complaint with our office, please contact our Privacy Official at the address and number listed below. We will not retaliate or take action against you for filing a complaint.

V. QUESTIONS

If you have any questions about this Notice, please contact our Privacy Official at the address and telephone number listed below.

VI. PRIVACY OFFICIAL CONTACT INFORMATION

You may contact our Privacy Official at the following address and phone number:

Privacy Official:	Ridgway Area School District Superintendent
Address:	Ridgway Area School District Office of Student Services P.O. Box 447 Ridgway, PA 15853
Telephone:	(814) 776-4255

This notice was published and first became effective on April 14, 2003.

Office of Student Services ("OSS")
Ridgway Area School District
P.O. Box 447
Ridgway, PA 15853
(814) 776-4255
Privacy Official: Ridgway Area School District Superintendent

Notice of Privacy Practices Receipt

I acknowledge that I was provided with the Notice of Privacy Practices of the Office of Student Services ("OSS") of the Ridgway Area School District.

Print Name of Student: _____
Signature of Parent: _____
Date: _____
Student's Date of Birth: _____

For Personal Representative of the Student (if applicable)

Print Name of Personal Representative: _____
Describe Personal Representative Relationship (e.g., guardian, etc): _____
Signature of Personal Representative: _____
Date: _____

For Use by OSS Only:

Signature of OSS Representative

Date Received or Date of Final Documentation

