

PLEASE REVIEW IT CAREFULLY

THE SCHOOL BOARD OF
BROWARD COUNTY'S NOTICE
OF PRIVACY PRACTICES
RELATED TO STUDENTS
& FAMILY MEDICAL/
MENTAL HEALTH RECORDS
PROTECTED BY HIPAA

*This notice describes how
protected health information
about you and/or your child
may be used and disclosed
and how you can get access to
this information.*

HIPAA NOTICE

Effective Date of Notice: June 15, 2010

The School Board of Broward County (SBBC) Duties Under HIPAA

All medical and health records are protected by Florida Statute, FERPA or HIPAA depending on who the health care provider is who created the records and the age of the student. Medical records of a student received from health care providers who are not acting on behalf of the School District are protected by the HIPAA. This HIPAA notice pertains only to the information that is protected by HIPAA.

HIPAA, a Federal law, requires entities covered by this law, including school districts in some limited situations, to maintain the privacy of all mental and physical health records. These records are referred to as "protected health information" (PHI).

HOW THE SCHOOL DISTRICT USES AND SHARES YOUR AND YOUR CHILD'S PROTECTED HEALTH INFORMATION

PHI includes demographic and medical information about the past, present, or future physical or mental health of an individual. Demographic information may include your and your child's name, address, telephone number, social security number, and any other means of identifying you and/or your child as a specific person.

PHI is information the school district has received from outside health care providers, such as a report from your child's doctor.

Your or your child's PHI may be used or shared by the school district for purposes of medical and/or mental health treatment and/or payment for services. Health care professionals may use this information in the clinics, schools, and/or hospitals to take care of you or your child.

It is important for you to be aware that this law allows the school district to share your and your child's PHI without your consent under the following circumstances:

- With another health care provider for purposes of your or your child's treatment;
- With insurance companies, Medicaid, or local, state, or federal agencies to pay for the services provided to you or your child;
- Reporting abuse of children, adults, or disabled persons;
- Investigations related to a missing child;
- Internal investigations and audits by the school district or any grant funding body;
- Investigations and audits by the State's Inspector General, Department of Education, and Auditor General;
- Public health purposes including vital statistics, disease reporting, and regulation of health professionals;
- Medical examiner investigations;
- Research approved by the school district;
- Court orders and/or subpoenas; and,
- Judicial and administrative proceedings.

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The school district may share your and/or your child's PHI at other times with your written authorization. This authorization will have an expiration date; additionally, you may revoke the authorization in writing at any time. Certain uses and sharing of psychotherapy (counseling) notes may also require your written authorization, except when required by a subpoena or court order.

INDIVIDUAL RIGHTS

- **You have the right to request the school district to restrict the use and with whom you and/or your child's PHI may be shared.** The school district will consider any of your requests but is not required to agree to them.
- **You have the right to request confidential communications.** The school district may mail or call you with appointment reminders or regarding your responsibility to pay for services. We will make contact with you in the manner and at the address or telephone number you select. You may provide an address other than your residence where you can receive mail and where you may be contacted. You will be asked to put your contact information in writing.
- **You have the right to review and receive a copy of your PHI.** Your review of the PHI will be supervised and will be at a time and place that is convenient to you and a representative of the school district. You may be denied access as specified by law. This might occur if your child consented to care and the parent's consent was not required by law or if your child is receiving care at the direction of a court or a person appointed by the court. If access is denied, you have the right to request a review by a licensed health care professional who is not involved in the decision to deny access. The licensed health care professional will be designated by the school district.
- **You have the right to correct your PHI.** Your request to correct your or your child's PHI must be in writing and provide a reason to support your requested correction. If your correction is accepted, the school district will make the correction and tell you and others who need to know about the correction. The school district may deny your request, in whole or part, if it finds the PHI:
 - Was not created by school district;
 - Does not qualify as PHI;
 - Is by law not available for your review; or,
 - Is accurate and complete.

If your request is denied, the school district will place your request for corrections with your PHI. You may also send a letter detailing the reason you disagree with the decision. The school district will respond to your letter in writing. You may also file a complaint, as described in the section entitled Complaints.

HIPAA NOTICE

- **You have the right to receive a list of the individuals and/or agencies with which the school district has shared your PHI within six years from the date of the request, except for those listed below.**
- Information shared with you;
- Information shared with individuals involved with your care;
- Information you authorized to be shared;
- Information shared to carry out treatment and/or payment;
- Information shared for public health purposes;
- Information shared for the purposes of research, other than those you authorized in writing;
- Information shared for health professional regulatory purposes;
- Information shared to report abuse of children, adults, or disabled persons;
- Information shared in response to court orders and/or subpoenas; and
- Information shared prior to April 14, 2004.

This notice tells you how your and your child's PHI may be used and how the school district keeps this information private and confidential. The school district has always kept this information confidential; this notice simply explains the school district's legal responsibilities, with regard to PHI.

The law requires the school district to give this Notice of Privacy Practices to you. The school district is required to do what this notice says it will do. If the school district changes how it handles your or your child's PHI records, you will be informed. The most current notice will be posted on the SBBC website, www.browardschools.com.

FOR FURTHER INFORMATION

Requests for further information about the matters covered in this notice may be directed to the SBBC Privacy Officer, Risk Management Department who can be reached at 754-321-1914.

COMPLAINTS

If you believe your HIPAA privacy rights have been violated, you may file a complaint with the SBBC Privacy Officer at 600 S.E. 3rd Avenue, 11th Floor, Fort Lauderdale, FL 33301/ Telephone (754) 321-1914 and/or Region IV, Office for Civil Rights, U.S. Department of Health and Human Services, Atlanta Federal Center, Suite 3B70 61 Forsyth Street, SW, Atlanta, GA 30303-8909/ HIPAA Privacy Hotline (404) 562-7886; Fax: (404) 562-7881; TDD: (404) 331-2867. Please be advised the SBBC will not retaliate against you or your child for filing a complaint.

EFFECTIVE DATE

This Notice of Privacy Practices was effective June 15, 2010, and shall be in effect until a new Notice is approved and posted.