



# **SPECIAL NEEDS SCHOOLS OF GWINNETT**

## **NOTICE OF PRIVACY PRACTICES FOR PROTECTED HEALTH INFORMATION**

This notice describes how medical information about your child may be used and disclosed, and how you can get access to this information. Please review it carefully.

If you consent, Special Needs Schools of Gwinnett, Inc. (SNS) is permitted by federal privacy laws to use and disclose your child's health information for purposes of treatment, payment, and health care operations. Protected health information is the information we create and obtain in providing our services to your child. Such information may include documenting your child's symptoms, test results, diagnoses, treatment plans, and applying for future care or treatment. It also includes billing documents for those services.

Examples of uses of your child's health information for treatment purposes are:

1. You may decide to obtain services for your child at another school. We will share your child's information with that school.
2. We may obtain educational and therapy information about your child from another school where your child attended.

Examples of use of your child's health information for payment purposes:

1. We submit requests for payment to a funding agency. That agency requests information from us regarding treatment given. We will provide information to them about your child and the treatment given.

Examples of use of your child's information for health care operations:

1. We are required to provide information to certain child health and welfare organizations such as immunization records to the county health department.

### **OTHER POSSIBLE USES & DISCLOSURES**

**INFORMATION** – We may contact you to provide you with appointment reminders, appointment cancellations, billing information, information about classroom activities, or with information about other services or programs available through SNS or through other agencies.

**FUNDRAISING** – We may contact you as part of fundraising efforts.

**PUBLIC HEALTH** - If you are seeking assistance through the Social Security Administration or other government or private organization, we may disclose your child's protected health information, if requested, to the extent necessary to assist you.

**ABUSE & NEGLECT** – We may disclose protected health information to public authorities as required by law to report abuse or neglect.

**JUDICIAL/ADMINISTRATIVE PROCEEDINGS** – We may disclose your child's protected health information in the course of any judicial or administrative proceedings as allowed or required by law, with your consent, or as a directed proper court order.

**OTHER USES** - Other uses and disclosures will be only as authorized by law or with written authorization and you may revoke the authorization as previously provided.

## **Your Health Information Rights**

The health and billing records we maintain are the physical property of SNS. The information in them, however, belongs to you. You have the right to:

1. Request a restriction on certain uses and disclosures of your child's health information by delivering the request in writing to our office. We are not required to honor the request but we will comply with any request made.
2. Obtain a paper copy of this Notification of Privacy Practices (notice) by making a request at our office.
3. Request that you be allowed to inspect and copy your child's health record and billing record. You may exercise this right by delivering the request in writing to our office,
4. Appeal a denial of access to your child's protected health information except in certain circumstances.
5. Request that your child's health care record be amended to correct incomplete or incorrect information by delivering a written request to our office. We are not required to make such amendments.
6. File a statement of disagreement if your amendment is denied, and require that the request for amendment and any denial be attached in all future disclosures of your child's protected health information.
7. Obtain an accounting of disclosures of your child's health information as required to be maintained by law by delivering a written request to our office. An accounting will not include internal uses of information for treatment, payment, or operations, disclosures made to you or made at your request in the course of providing care.
8. Request that communications of your child's health information be made by alternative means or at an alternative location by delivering the request in writing to our office.
9. Revoke authorizations that you made previously for the purpose of disclosing information, except to the extent information or action has already been taken, by delivering a written revocation to our office,.

If you want to exercise any of the above rights please contact Carol Donegan at (678) 442-6262 in person or in writing during normal business hours. She will provide you with assistance on the steps you will need to take to exercise your rights.

You have the right to review this notice before signing the consent authorizing use and disclosure of your child's protected health information for treatment, payment, and health care operations.

## **OUR RESPONSIBILITIES**

SNS is required to:

1. Maintain the privacy of your child's health information as required by law.
2. Provide you with a notice as to our duties and privacy practices as to the information we collect and maintain about your child.
3. Abide by the terms of this notice.
4. Notify you if we cannot accommodate a requested restriction or request.
5. Accommodate your reasonable requests regarding methods to communicate health information with you.
6. We reserve the right to amend, change, or eliminate provisions in our privacy and access practices and to enact new provisions regarding the protected health information we maintain. If our information practices change we will amend our notice. You are entitled to receive a revised copy of the notice by calling and requesting a copy of our notice by visiting our office and picking up a copy.

## TO REQUEST INFORMATION OR FILE A COMPLAINT

If you have questions, would like additional information, or want to report a problem regarding the handling of your information, you may contact Carol Donegan at (678) 442-6262.

Additionally, if you believe your privacy rights have been violated, you may file a written complaint at our office by delivering the written complaint to the above person. You may also file a

complaint by mailing it or e-mailing it to the Secretary of Health and Human Services.

We cannot, and will not, require that you waive the right to file a complaint with the Secretary of Health and Human Services as a condition of receiving services from this office.

We cannot, and will not, retaliate against you for filing a complaint.

I have read and understand my rights as stated in this document:

Parent signature \_\_\_\_\_ Date \_\_\_\_\_