



The Faison Center
1701 Byrd Avenue
Richmond, Virginia 23230
Phone (804) 612-1947 Fax (804) 612-1955

STUDENT/ CLIENT PRIVACY
POLICIES AND PROCEDURES

Effective Date: 10/1/2014

HISTORY:

The Health Insurance Portability and Accountability Act (HIPAA) was established by the Department of Health and Human Services. It addresses the use and disclosure of individuals' protected personal health information. The rule also establishes a national set of standards for the protection of health information and creates standards for individuals' rights to control how their health information is used.

The Family Educational Rights and Privacy Act (FERPA) is a Federal law that protects student education records.

GLOSSARY:

Business Associate- A person or organization, not an employee, that performs functions or activities on our behalf involving the use or disclosure of individually identifiable health information. An example of a Business Associate for Faison Centers of Excellence would be a contracted Occupational Therapist. This also includes individuals or organizations that might be involved in claims processing, data analysis, utilization review, legal, actuarial, accounting, consulting, data aggregation, management, administrative, accreditation, or financial services. A Business Associate must comply by the rules that have been set for The Faison Center in matters regarding protected health information.

Disclosure- the act of revealing, or something that has been revealed

Individually identifiable health information- includes demographic data, and relates to an individual's past, present or future physical or mental health or condition, the provision of health care to the

individual, and identifies the individual or can be used to identify the individual (ex. Name, address, birthdate, social security number)

Protected Health Information (PHI)- any information about health status, provision of health care, or payment for health care that can be linked to a specific individual, and contains any part of an individual's health record or payment history. This can be in any form or media, electronic, paper or oral.

Student Education Records- all records that are maintained about a student, including but not exclusive to demographic data, grades, test scores, courses taken, special education records, disciplinary records, and documentation of attendance.

POLICY:

It is the policy of The Faison Center to protect all client and/or student records from unlawful disclosure. The Faison Center will take all reasonable precautions to protect the privacy of our clients and/or students, with HIPAA and FERPA laws as our guide. In addition, The Faison Center will abide by these laws in regards to the rights of each client and/or student with their use and disclosure of their records.

The Faison Center will strive to limit any access to, and use reasonable safeguards for, a student or client's private health or educational information, whether it is written, electronic, or oral.

PROCEDURE:

Who we can release protected health information to without an authorization from the parent/legal guardian:

- To the parent/legal guardian
- For any treatment, payment or healthcare operations purposes. These disclosures are limited to the minimum amount of protected health information needed to accomplish the intended task.

Examples:

- Treatment: providing treatment notes to a client's Pediatrician
 - Payment: providing health records for a specific treatment to an insurance company for payment
 - Healthcare operations: for auditing performed by an insurance company
- For Public interest matters.

Examples:

- Public Health activities (CDC, FDA, or employers for OSHA Compliance)
- Victims of abuse, neglect or domestic violence

- Government audits or investigations
- Judicial proceedings (i.e. subpoena)
- Law enforcement purposes (to identify or locate a fugitive, suspect, witness or missing person)
- Funeral directors, coroners, medical examiners to identify or determine cause of death
- Organ, eye, or tissue donation
- For research (This must be a limited data set only, where all identifying information has been removed)
- Serious threat to public health or safety
- For essential Government functions (i.e. to the Department of Health and Human Services in the event of a complaint)
- Workers' compensation

Who we can release student education records to without an authorization from the parent/legal guardian:

- To the parents or eligible students (students over the age of 18)
- School officials with legitimate educational interest
- Appropriate parties in connection with financial aid to a student
- Accrediting organizations
- In an emergency situation, including natural or man-made disasters
- To law enforcement officials, public health officials or trained medical personnel in order to protect the health and/or safety of students or other individuals
- To another school or educational institution at which the student seeks or intends to enroll
- Judicial proceedings (i.e. subpoena)
- Any agency responsible for Child Protective Services

For all other releases of information, either protected health information or student education records, we must have a valid, active authorization from the parent/legal guardian. The Faison Center must keep a written accounting of all medical records that are released for all reasons, except when released to the parent/legal guardian directly, for treatment, payment or healthcare operations, to law enforcement, for national security, or the release of a limited data set that does not directly identify the child.

Individuals' rights regarding their protected health information and student education records:

- Health information:
 - Every parent/legal guardian has the right to review and obtain a copy of his/her child's protected health information. The parent/legal guardian can request electronic medical records be released electronically. This information can be denied if the release of it may be harmful to the child or another individual. A reasonable fee may be assessed for the administration required to duplicate the records.

- Every parent/legal guardian has the right to request that a health information record be altered. The Faison Centers of Excellent does not have to honor this request. If they do not, a submission must be made in the record stating that such a request was made, but refused.
 - Every parent/legal guardian has a right to an accounting of all disclosures of their child's protected health information made by The Faison Center. This accounting does not have to include any disclosures for treatment purposes, payment purposes, healthcare operation purposes, to the parent/legal guardian, to law enforcement, for national security, or the release of a limited data set that does not directly identify the individual.
 - Every parent/legal guardian has a right to request that we restrict use of their child's protected health information for treatment, payment or healthcare operations, or to any persons involved in the individual's care. If the individual does not want protected health information released for payment purposes, they must pay for their services in full. We do not have to honor this request, but must abide by it if we do agree to honor it.
 - Every parent/legal guardian has the right to request an alternative means or location to receive communication of protected health information. An example of this might be calling the parent/legal guardian on his/ her cell phone only, and never at home or at parent/legal guardian's work.
 - Every parent/legal guardian has the right to make a complaint if he or she believes their privacy rights have been violated. No retaliatory action will be taken against this individual or their related student/client.
- Student education records:
 - Every parent/legal guardian has a right to review his/her child's education records. The parent/legal guardian also has the right to designate another individual to have access.
 - Every parent/legal guardian has the right to request that we change a student's record that they believe to be inaccurate or misleading. If The Faison Center chooses not to alter the student record, then the parent/legal guardian has the right to a formal hearing. If, after the hearing, the schools still decides not to change the record, the parent/legal guardian may submit a statement for the record, declaring his or her view regarding the contested information.

Mitigation:

The Faison Center and its' employees will make every effort to enforce the right of privacy for our students and their families.



The Faison Center

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NOTICE OF PRIVACY PRACTICES

The Faison Center is required by law to maintain the privacy of your child's protected health information and educational records, provide you with a notice that explains our policy and privacy practices, and notify affected individuals following a breach of unsecured protected health information.

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

The Faison Center reserves the right to amend our Notice of Privacy Practices at any time in the future. You will be notified of any changes to our policy by receiving a new notice. You may be asked to sign an Acknowledgement of Receipt of our Notice of Privacy Practices.

If you have any questions regarding this notice, please contact our Privacy Officer at (804) 612-1947.

The Faison Center may use and disclose protected health information for treatment, payment, or healthcare operations. These situations include sending medical records to your Primary Care Provider, or submitting records to your health insurance company for authorization of services.

The Faison Center may also use or disclose protected health information in the following situations:

- To notify a family member or other person responsible for the student/client's care of his or her general condition.
- As required by law for public health requirements, court orders, to report abuse, neglect or domestic violence, for public safety, and health oversight activities.

The Faison Center may use or disclose educational records in the following situations:

- In case of emergency, including natural or man-made disasters
- To another school or educational institution at which the student intends or seeks to enroll
- To comply with a judicial order or lawfully submitted subpoena
- To State and local law enforcement
- To any agency responsible for Child Protective Services

Except as described above, the Faison Center will not use or disclose any health or educational information that identifies the student/client without written authorization from the parent and/or legal representative.

The parent and/or legal representative of every student has the following rights:

- You have the right to request that we do not use or disclose protected health information for any reason. If you request that we do not use or disclose protected health information for payment purposes, you agree to be financially responsible for all services. The Faison Center reserves the right to accept or reject the request.
- You have the right to inspect and obtain a copy of your child's health information or student educational records. A reasonable charge will be assessed for any copies made. You may request an amendment to the record. The Faison Center reserves the right to accept or reject the request.
- You have a right to an accounting of any disclosures made.
- You have the right to restrict who The Faison Center discloses information to, and to designate a means in which health information and student educational records are relayed to you.

Any person may file a complaint to The Faison Center and to the Secretary of Health and Human Services, if they believe their privacy rights have been violated. Complaints to the Center should be addressed to the Privacy Officer at (804) 612-1947, or by email to: snugent@thefaisonschool.org. The Faison Center will not perform any retaliatory action against any individual who submits or conveys a complaint of suspected non-compliance of the Privacy policy.



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ACKNOWLEDGEMENT OF PRIVACY PRACTICES
AND EMAIL CONSENT

STUDENT NAME: _____

I have received a copy of the Privacy Notice, which notifies me of the privacy practices used by The Faison Center for my child's protected health information and/or student educational records.

I understand that when I send an email, or receive an email, from The Faison Center, the information that is sent is not encrypted and therefore, not secure. This means that a third party may have the ability to access the information.

I have been made aware of the risks of unencrypted email, and choose to:

ALLOW UNENCRYPTED EMAIL

I understand the risks of unencrypted email and hereby give permission to The Faison Center to send me personal health and/or educational information via unencrypted email.

Signature

Date

Printed Name

Email address

DO NOT ALLOW UNENCRYPTED EMAIL

I do not wish to receive personal health information or educational records via email.

Signature

Date

Printed Name



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REQUEST FOR RESTRICTION/ CONFIDENTIAL

COMMUNICATIONS FORM

STUDENT NAME: _____

DATE OF BIRTH: _____

PARENT/ LEGAL GUARDIAN MAKING REQUEST: _____

DATE OF REQUEST: _____

I understand that The Faison Center will consider this request carefully. The Faison Center is not required to agree to this request, but will accommodate all reasonable requests whenever feasible.

I hereby request alternatives or limitations relating to:

Communications to me

Disclosure to others

For the following time period: From _____ To _____

I request that The Faison Center provide communication and/or restricts the use and disclosure of protected health information as explained below:

Signature of Parent/ Legal Guardian

Date

Printed Name

CONSENT TO RELEASE AND EXCHANGE INFORMATION

The Faison Center

1701 Byrd Avenue, Richmond, VA 23230
PH: (804) 612-1947; FAX: (804) 612-1955

AUTHORIZATION

I authorize the Faison Center to use and disclose the protected information described below to (the individual seeking the information):

Name: _____ **Phone #:** _____

EFFECTIVE PERIOD – please check the appropriate box

This authorization for release of information covers the period of care from:

- _____ to _____ (list beginning and end dates, as applicable).
- *OR*
- All past, present, and future periods.

EXTENT OF AUTHORIZATION – please check the appropriate box(es)

- I authorize the release of my complete record (including records relating to behavioral intervention and treatment, educational records and information, mental healthcare, communicable diseases, HIV or AIDS, and treatment of alcohol or drug abuse).
- *OR*
- I authorize the release of my complete record with the exception of the following information:
 - Behavioral intervention/treatment records
 - Educational records and information
 - Mental health records
 - Communicable diseases (including HIV and AIDS)
 - Alcohol/drug abuse treatment
 - Other (please specify): _____

This information may be used by the person I authorize to receive this information for treatment or consultation, billing or claims payment, or other purposes as I may direct. This authorization shall be in force and effect until _____ (date or event), at which time this authorization expires. I understand that I have the right to revoke this authorization, in writing, at any time. I understand that a revocation is not effective to the extent that any person or entity has already acted in reliance on my authorization or if my authorization was obtained as a condition of obtaining insurance coverage and the insurer has a legal right to contest a claim. I understand that my treatment, payment, enrollment, or eligibility for benefits will not be conditioned on whether I sign this authorization. I understand that information used or disclosed pursuant to this authorization may be disclosed by the recipient and may no longer be protected by federal or state law.

Individual Receiving Treatment Signature: _____ **Date:** _____

Printed Name: _____

OR
Parent/Guardian Signature: _____ **Date:** _____

Printed Name: _____ **Relationship to Individual Receiving Treatment:** _____

Address, Telephone Number(s) and E-Mail Where I Can Be Reached: _____

