

New Mexico School for the Blind and Visually Impaired

Notice of Privacy Practices

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.

If you have any questions about this Notice please contact: **Kelly McAlister, MSN, FNP-C, *Privacy Officer***

This Notice of Privacy Practices describes how we may use and disclose your child's protected health information to carry out treatment, payment or health care operations and for other purposes that are permitted or required by law. It also describes your rights to access and control your child's protected health information. "Protected health information" (PHI) is information about your child, including demographic information, that may identify your child and that relates to their past, present or future physical or mental health or condition and related health care services.

We are required to abide by the terms of this Notice of Privacy Practices. We may change the terms of our notice, at any time. The new notice will be effective for all protected health information that we maintain at that time. Upon your request, we will provide you with any revised Notice of Privacy Practices. You may call the school and request that a revised copy be sent to you in the mail or you may ask for one at the time of your next visit.

1. Uses and Disclosures of Protected Health Information

Your PHI may be used and disclosed by our physicians, our nursing staff, dietician, related therapies and others inside and outside of our school that are involved in your child's care and treatment for the purpose of providing health care services to them. Your child's PHI may also be used and disclosed to pay your child's health care bills and to support the operation of the school.

Following are examples of the types of uses and disclosures of your child's PHI that we are permitted to make. These examples are not meant to be exhaustive, but to describe the types of uses and disclosures that may be made by our office.

Treatment: We will use and disclose your child's PHI to provide, coordinate or manage their care and any related services. This includes the coordination or management of your child's health care with a third party that has already obtained your permission to have access to your PHI protected. For example, we would disclose your child's PHI, as necessary to other physicians who may be treating your child. Your child's PHI may be provided to a physician to whom they have been referred to ensure that the physician has the necessary information to diagnose or treat them.

In addition, we may disclose your child's PHI from time-to-time to another physician or health care provider (e.g., a specialist or laboratory) who, at the request of your child's physician or the school physicians involved in your child's care, to provide assistance with their health care diagnosis or treatment.

Payment: Your child's PHI will be used, as needed, to obtain payment for your child's health care services. This may include certain activities that their health insurance plan may undertake before it approves or pays for the health care services we recommend for your child such as; making a determination of eligibility or coverage for insurance benefits, reviewing services provided to your child for medical necessity, and undertaking utilization review activities.

Healthcare Operations: We may use or disclose, as-needed, your child's PHI in order to support the school's healthcare activities. These activities include, but are not limited to, quality assessment activities, employee review activities, training, licensing, and fundraising activities.

For example, we may disclose your child's PHI to nursing school students that see patients at our school. We may also call your child by name in the waiting area when the physician or nurse is ready to see them or another student may hear your child telling the staff health related information

We will share your child's PHI with third party business associates that perform various activities (e.g., dietary, contracted physicians, pharmacist, mental health therapists, and medical waste disposal services, and transcription services) for the school. Whenever an arrangement between our school and a business associate involves the use or disclosure of your child's PHI, we will have a written contract that contains terms that will protect the privacy of your child's PHI.

Uses and Disclosures of Protected Health Information Based upon Your Written Authorization

Other uses and disclosures of your child's PHI will be made only with your written authorization, unless otherwise permitted or required by law as described below. You may revoke this authorization, at any time, in writing, except to the extent that your child's physician or our health/finance staff has taken an action in reliance on the use or disclosure indicated in the authorization.

Other Permitted and Required Uses and Disclosures That May Be Made With Your Authorization or Opportunity to Object

We may use and disclose your child's PHI in the following instances. You have the opportunity to agree or object to the use or disclosure of all or part of your child's PHI. If you are not present or able to agree or object to the use or disclosure of your child's PHI, then our staff may, using professional judgment, determine whether the disclosure is in your child's best interest. In this case, only the PHI that is relevant to your child's health care will be disclosed.

Others Involved in Your Healthcare: Unless you object, we may disclose to a member of your family, a relative, a close friend or any other person you identify, your child's PHI that directly relates to that person's involvement in your child's health care. If you are unable to agree or object to such a disclosure, we may disclose such information as necessary if we determine that it is in your child's best interest based on our professional judgment. We may use or disclose PHI to notify or assist in notifying a family member, personal representative or any other person that is responsible for your child's care of your child's location, general condition or death. Finally, we may use or disclose your child's PHI to an authorized public or private entity to assist in disaster relief efforts and to coordinate uses and disclosures to family or other individuals involved in your child's health care.

Other Permitted and Required Uses and Disclosures That May Be Made Without Your Authorization or Opportunity to Object :

We may use or disclose your child's PHI in the following situations without your authorization. These situations include:

Required By Law: We may use or disclose your child's PHI to the extent that the use or disclosure is required by law. The use or disclosure will be made in compliance with the law and will be limited to the relevant requirements of the law. You will be notified, as required by law, of any such uses or disclosures.

Public Health: We may disclose your child's PHI for public health activities and purposes to a public health authority that is permitted by law to collect or receive the information. The disclosure will be made for the purpose of controlling disease, injury or disability. We may also disclose your child's PHI, if directed by the public health authority, to a foreign government agency that is collaborating with the public health authority.

Communicable Diseases: We may disclose your child's PHI, if authorized by law, to a person who may have been exposed to a communicable disease or may otherwise be at risk of contracting or spreading the disease or condition.

Health Oversight: We may disclose PHI to a health oversight agency for activities authorized by law, such as audits, investigations, and inspections. Oversight agencies seeking this information include government agencies that oversee the health care system, government benefit programs, other government regulatory programs and civil rights laws.

Abuse or Neglect: We may disclose your child's PHI to a public health authority that is authorized by law to receive reports of child abuse or neglect. In addition, we may disclose your child's PHI if we believe that they have been a victim of abuse, neglect or domestic violence to the governmental entity or agency authorized to receive such information. In this case, the disclosure will be made consistent with the requirements of applicable federal and state laws.

Food and Drug Administration: We may disclose your child's PHI to a person or company required by the FDA to report adverse events, product defects or problems, biologic product deviations, track products; to enable product recalls; to make repairs or replacements, or to conduct post marketing surveillance, as required.

Legal Proceedings: We may disclose PHI in the course of any judicial or administrative proceeding, in response to an order of a court or administrative tribunal (to the extent such disclosure is expressly authorized), in certain conditions in response to a subpoena, discovery request or other lawful process.

Law Enforcement: We may also disclose PHI, so long as applicable legal requirements are met, for law enforcement purposes. These law enforcement purposes include (1) legal processes and otherwise required by law, (2) limited information requests for identification and location purposes, (3) pertaining to victims of a crime, (4) suspicion that death has occurred as a result of criminal conduct, (5) in the event that a crime occurs on the premises of the school, and (6) medical emergency and it is likely that a crime has occurred.

Coroners, Funeral Directors, and Organ Donation: We may disclose PHI to a coroner or medical examiner for identification purposes, determining cause of death or for the coroner or medical examiner to perform other duties authorized by law. We may also disclose PHI to a funeral director, as authorized by law, in order to permit the funeral director to carry out their duties. We may disclose such information in reasonable anticipation of death. PHI may be used and disclosed for cadaveric organ, eye or tissue donation purposes.

Research: We may disclose your child's PHI to researchers when their research has been approved by an institutional review board that has reviewed the research proposal and established protocols to ensure the privacy of your child's PHI.

Criminal Activity: Consistent with applicable federal and state laws, we may disclose your child's PHI, if we believe that the use or disclosure is necessary to prevent or lessen a serious and imminent threat to the health or safety of a person or the public. We may also disclose PHI if it is necessary for law enforcement authorities to identify or apprehend an individual.

Required Uses and Disclosures: Under the law, we must make disclosures to you and when required by the Secretary of the Department of Health and Human Services to investigate or determine our compliance with the requirements of Section 164.500 et. seq.

2. Your Rights

Following is a statement of your rights with respect to your child's PHI and a brief description of how you may exercise these rights.

You have the right to inspect and copy your child's protected health information. You may inspect and obtain a copy of PHI about your child that is contained in a designated record set for as long as we maintain the PHI. A designated record set contains medical and billing records and any other records that our healthcare staff uses for making decisions about your child.

Under federal law, however, you may not inspect or copy the following records; psychotherapy notes; information compiled in reasonable anticipation of, or use in, a civil, criminal, or administrative action or proceeding, and PHI that is subject to law that prohibits access to PHI. Depending on the circumstances, a decision to deny access may be reviewable. In some circumstances, you may have a right to have this decision reviewed. Please contact our Privacy Contact if you have questions about access to your medical record.

You have the right to request a restriction of your child's protected health information. This means you may ask us not to use or disclose any part of your child's PHI for the purposes of treatment, payment or healthcare operations. You may also request that any part of your child's PHI not be disclosed to family members or friends who may be involved in your care or for notification purposes as described in this Notice of Privacy Practices. Your request must state the specific restriction requested and to whom you want the restriction to apply.

Our healthcare staff is not required to agree to a restriction that you may request. If the Privacy Contact believes it is in your child's best interest to permit use and disclosure of your child's PHI, your child's PHI will not be restricted. If we do agree to the requested restriction, we may not use or disclose your child's PHI in violation of that restriction unless it is needed to provide emergency treatment. With this in mind, please discuss any restriction you wish to request with the Privacy Contact. You may request a restriction by sending the request in writing to the Privacy Contact.

You have the right to request to receive confidential communications from us by alternative means or at an alternative location. We will accommodate reasonable requests. We may also condition this accommodation by asking you for specification of an alternative address or other method of contact. We will

not request an explanation from you as to the basis for the request. Please make this request in writing to our Privacy Contact.

You have the right to request amendments to your protected health information. You may request an amendment of PHI about your child in a designated record set for as long as we maintain this information. In certain cases, we may deny your request for an amendment. If we deny your request for amendment, you have the right to file a statement of disagreement with us and we may prepare a rebuttal to your statement and will provide you with a copy of any such rebuttal. Please contact our Privacy Contact to determine if you have questions about amending your child's medical record.

You have the right to receive an accounting of certain disclosures we have made of your child's protected health information. This right applies to disclosures for purposes other than treatment, payment or healthcare operations as described in this Notice of Privacy Practices. It excludes disclosures we may have made to you, to family members or friends involved in your care, or for notification purposes. Disclosures made pursuant to a signed authorization by you are also excluded from the accounting. You have the right to receive specific information regarding these disclosures that occurred after April 14, 2003. You may request a shorter timeframe. The right to receive this information is subject to certain exceptions, restrictions and limitations.

3. Complaints

You may complain to us or to the Secretary of Health and Human Services if you believe your child's privacy rights have been violated by us. You may file a complaint with us by notifying our privacy contact of your complaint. We will not retaliate against you for filing a complaint.

You may contact our Privacy Contact, Kelly McAlister at **(575) 437-3505, ext. 4480** for further information about the complaint process.

This notice was published and becomes effective on **April 11, 2003.**

ACKNOWLEDGEMENT OF RECEIPT

My signature below acknowledges that I have received a copy of the New Mexico School for the Blind and Visually Impaired's Notice of Privacy Practices.

Signature of Parent or Guardian

of

Name of Student

Date