

Notice of Privacy Practices

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.

This Notice of Privacy Practices is mandated by the Health Insurance Portability and Accountability Act of 1996 ("HIPAA"). It describes how we may use and disclose your child's protected health information (PHI) to carry out treatment, payment or healthcare 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" is information about your child, including demographic information, that may identify him or her and that relates to his or her past, present or future physical or mental health or condition and related healthcare 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 by calling us and requesting that a revised copy be sent to you in the mail or asking for one at the time of your next visit.

1. USES AND DISCLOSURES OF PROTECTED HEALTH INFORMATION

You and your child will receive a copy of this "Notice of Privacy Practices" and it will also be placed in the School Handbook. You and your child will be asked to acknowledge receipt of this document regarding use and disclosure of your child's protected health information for treatment, payment and healthcare operations. We request that you sign and return this acknowledgement, but it is not required. The Health Services of Northfield Mount Hermon will use or disclose your child's protected health information as described below.

Your child's protected health information may be used and disclosed by Health Services, the treating physician at the Health Center, our staff and others outside the Health Services that are involved in your child's care and treatment for the purpose of providing healthcare services to him or her. Your child's protected health information may also be used and disclosed to pay healthcare bills and to support the operation of the Health Services of Northfield Mount Hermon.

Set forth below are examples of the types of uses and disclosures of your child's protected healthcare information that the Health Services is permitted to make. These examples are not meant to be exhaustive, but to describe for you the types of uses and disclosures that may be made by Health Services.

TREATMENT: We may use and disclose your child's protected health information to provide, coordinate, or manage your child's healthcare and any related services. For example, we may disclose your child's protected health information to a physician or healthcare provider (e.g., a specialist or laboratory) who, at the request of your child's physician or the Health Services, becomes involved in your child's care. Also, since the Health Services of Northfield Mount Hermon also interacts with other adults in the NMH community who serve "in loco parentis", we may share on a limited, minimum necessary, "need to know" basis, certain information about your child in an effort to ensure their safety and that they receive proper healthcare. This limited information may be shared by personal conversation, phone or email and will be done only when judged to be essential by the Health Services.

PAYMENT: Your child's protected health information may be used, as needed, to obtain payment for your child's healthcare services. For example, obtaining approval for a hospital stay may require that your child's relevant protected health information be disclosed to a health plan to obtain approval for the hospital admission.

HEALTHCARE OPERATIONS: We may use or disclose, as needed, your child's protected health information in order to support the normal business activities or the Health Services of Northfield Mount Hermon. Examples of these activities include, but are not limited to, quality assessment activities, employee review activities, training, licensing, and conducting or arranging for other business activities.

We also may need to share your child's protected health information with certain of our "business associates", third-parties that perform various activities (e.g., billing, transcription) for the Health Services. Whenever an arrangement between the Health Services and a business associate involves the use or disclosure of your child's protected health information, we will have in place the legally required safeguards to protect the privacy of your child's health information.

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

Other uses and disclosures of your child's protected health information 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 the Health Services has taken an action in reliance on the use or disclosure indicated in the authorization.

Other Uses and Disclosures That May Be Made and to Which You May Agree or Object

In the circumstances listed below, you may agree or object to the use or disclosure of the protected health information in the manner described. In the absence of agreement or objection, the Health Services may, using professional judgment, determine whether the disclosure of health information is in your child's best interest. If such a determination is made, only the protected health information that is relevant to your child's healthcare will be disclosed.

FACILITY DIRECTORIES: Unless you object, we will use and disclose the location at which your child is receiving care, your child's condition (in general terms) to people that ask for your child by name.

OTHERS INVOLVED IN YOUR CHILD'S 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 protected health information that directly relates to that person's involvement in their healthcare. 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 interests, based on our professional judgment. We may use or disclose protected health information 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 protected health information to an authorized public or private entity to assist in disaster relief efforts and to coordinate use and disclosures to family or other individuals involved in your child's healthcare.

EMERGENCIES: In an emergency treatment situation, we may have to use or disclose your child's protected health information in a context in which authorization for the release of information has not already been given. If this happens, the Health Services will try to obtain your authorization to the release of information as soon as reasonably practicable after the delivery of the treatment. If the Health Services is required by law to treat your child and has attempted to obtain your authorization but is unable to obtain your authorization, it may still use or disclose your child's protected health information to treat him/her.

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

There are other circumstances in which we may have to use or disclose your child's protected health information, even without your authorization. These include:

Communication Barriers: If the Health Services attempts to obtain consent from you but is unable to do so due to substantial communication barriers and the Health Services determines, using professional judgment, that you would consent to the use or disclosure under the circumstances, we may use and disclose your child's protected health information.

Disclosures Required By Law: We may use or disclose your child's protected health information 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 protected health information for public health activities and purposes to a public health authority that is permitted by law to collect or receive the information. The purpose will be for controlling disease, injury or disability. We may also disclose your child's protected health information, 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 protected health information, 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 protected health information 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 healthcare system, government benefit programs, other regulatory programs and civil rights laws.

Abuse Or Neglect: We may disclose your child's protected health information to a government authority that is authorized by law to receive reports of child abuse or neglect. In addition, we may disclose your child's protected health information if we believe that your child has 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 protected health information to a person or company required by the Food and Drug Administration 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 or Administrative Proceedings or Investigations: We may disclose protected health information in the course of any judicial or administrative proceeding or investigation, 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 or request.

Law Enforcement: We may disclose protected health information, so long as applicable legal requirements are met, for law enforcement purposes. These law enforcement purposes include (1) legal processes or as 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 at the Health Services of Northfield Mount Hermon, and (6) medical emergency (not at the Health Services) and it is likely that a crime has occurred.

Coroners, Funeral Directors, and Organ Donation: We may disclose protected health information 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 protected health information 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. Protected health information may be used and disclosed for cadaveric organ, eye or tissue donation purposes.

Threat to Public Safety: Consistent with applicable federal and state laws, we may disclose your child's protected health information, 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 protected health information if it is necessary for law enforcement authorities to identify or apprehend an individual.

2. YOUR RIGHTS

Set forth below is a statement of your rights with respect to your child's protected health information 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. This means you may inspect and obtain a copy of protected health information about your child that is contained in a designated record set for as long as we maintain the protected health information. A "designated record set" contains medical and billing records and any other records that the Health Services of Northfield Mount Hermon 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 protected health information that is subject to law that prohibits access to protected health information. In some circumstances, you may have a right to have a decision to deny your access reviewed. Please contact our privacy contact if you have questions about access to your child's health information.

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 protected health information for the purpose of treatment, payment or healthcare operations. You may also request that any part of your child's protected health information not be disclosed to family members or friends who may be involved in your child's care or for notification purposes as described in the Notice of Privacy Practices. Your request must state the specific restriction requested and to whom you want the restriction to apply. The Health Services of Northfield Mound Hermon are not required to agree to a restriction that you may request. If the Health Services believes it is in your child's best interest to permit use and disclosure of your child's protected health information, your child's health information may not be restricted. If the Health Services does agree to the requested restriction, we may not use or disclose your child's protected health information in violation of that restriction unless it is needed to provide emergency treatment for your child. With this in mind, please discuss any restriction you wish to request in advance with the contact listed below for the Health Services.

You have the right to have the Health Services amend your child's protected health information. This means you may request an amendment of protected health information 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 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, if any, of your child's protected health information. This right does not apply to all disclosures; in particular, it does not apply 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, your child, for a facility directory, to family members or friends involved in your child's care, or for notification purposes. The right to receive this information is subject to additional 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.

Beth Buyea, PA-C
Director of Student Health Services

O'Connor Health Center
Northfield Mount Hermon
One Lamplighter Way
Mt Hermon, MA 01354

Phone: 413-498-3407
Fax: 413-498-3147

Email: bbuyea@nmhschool.org