GRAFTON
TAYLOR COUNTY
HEALTH
DEPARTMENT

718 West Main Street Grafton, WV 26354

304-265-1288

Dear Parent/Guardian:

Everyday life is very busy for most of us. Often it is difficult to fit everything in that needs to be done in a day. Sometimes it is difficult to seek the healthcare attention that your child needs. Yearly well child exams, needed immunizations, a child not feeling well, or follow-up after an illness all require that your child miss school and often interferes with your work schedule. Now your child can receive that needed healthcare at school.

The Grafton-Taylor County Health Department is now providing a School-Based Health Center in your child's school. We have worked with your local Board of Education, Principals, Teachers, School Nurses and community members to bring primary and preventative health care and education to the students in a setting which is comfortable and familiar to them, i.e. their school. The centers will be staffed by a multi-disciplinary team consisting of a Family Nurse Practitioner, a Licensed Clinical Social Worker, a nurse and a clerical staff person.

Enclosed in this packet are forms that need completed and a School-Based Health Center FAQ sheet. The FAQ sheet provides some frequently asked questions and answers about how School-Based Health Centers work and the services we can provide to your child.

Your child's visits to the School-Based Health Center will be covered by your health insurance. On the enclosed form, it is very important that you complete the insurance information and provide us with a copy of your child's current insurance card. If your child's insurance changes during the school year, make sure to update us with those changes. If you do not have health insurance, our staff will help you enroll in other optional programs such as WVCHIP or provide you with our Sliding Fee Payment plan.

Enclosed in this packet are several forms that must be completed and signed in order for your child to be seen in the School-Based Health Center. Once these forms are completed you may return them to your child's school, drop them off at the Health Department, enroll online(www.GTCHDWV.org), or mail them to the Grafton Taylor County Health Department, Attn: Diana Boyle CFNP, 718 West Main Street, Grafton, WV 26354.

If you would like more information or need assistance, please contact us at 304-265-1288.

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TAYLOR COUNTY
HEALTH
DEPARTMENT

718 West Main Street Grafton, WV 26354 304-265-1288

SCHOOL-BASED HEALTH CENTERS

Frequently Asked Questions (FAQs)

What are School-Based Health Centers?

School Based Health Centers are health clinics that bring immediate and preventative care, as well as counseling and health education, to students on their school campus. One of the best ways to keep students healthy, in class and learning is to bring quality services to them in the school. While School-Based Health Centers vary to meet the community's needs, there are several characteristics that all School-Based Health Centers have in common.

- School-Based Health Centers serve the students, faculty, and staff of the school.
- School-Based Health Centers are staffed with a multidisciplinary team comprised of a nurse practitioner, licensed clinical social worker, a registered nurse or medical assistant, and a clerical staff person.
- School-Based Health Centers work cooperatively with school nurses, coaches, counselors, teachers and principals to assure that the Center is an essential part of the life of the school. They do not take place of the child's primary care provider; instead the Centers assist them in caring for the healthcare needs of your child in the school setting.
- Written consents must be signed by parent/legal guardian and on file with the School-Based Health Center before the child can be seen.

What are the advantages of School-Based Health Center?

- Students served by a School-Based Health Center have direct access to health care providers in a convenient, comfortable, and confidential setting while they are at school.
- School-Based Health Centers serve all students, whether they have insurance or not.
- Students do not have to miss much class time to receive needed healthcare.
- Transportation problems in seeking healthcare are reduced.
- Prevention and early intervention are promoted.
- Students learn how to use medical services in a non-intimidating environment.
- Referrals are made to appropriate community providers.
- Parents time off from work is reduced.
- School employees may also receive services which helps them stay healthy and on the job.

- ❖ Students receive services from on-site providers who can follow up informally and who have a broader understanding of the student's functioning in his or her peer group and in school.
- ❖ Students can have the care they receive at school integrated with their primary care and/or mental health providers.
- ❖ Students have fewer ER visits, lower rates of absenteeism, and higher rates of graduation.

What types of services are provided by a School-Based Health Center?

Physical Health Services: Examples of these services include but are not limited to comprehensive well child exams, sport physicals, diagnosis and treatment of acute illness and injury, care for chronic illnesses such as diabetes, asthma, and obesity, Immunizations, acne treatment, vision and hearing testing, and medication follow-ups.

Behavioral Health Services: Examples of these services include, but are not limited to, screening for depression and anxiety, mental health awareness including suicide prevention, behavioral health care including assessment, treatment, referral and crisis intervention, individual, group and family therapy, substance abuse, medication and case management, and violence/bullying prevention counseling.

Health Promotion and Prevention Services: Examples include but are not limited to nutrition and exercise counseling, risk reduction programs, sleep health, and early identification, education and intervention for potential injury and disease.

How does the School-Based Health Center operate?

Hours and Coverage: Each School-Based Health Clinic will have a posted schedule for hours of operation during the school day. Students may walk in with acute illness or injury needs. The staff will work with parents and teachers to schedule appointments for well-child, chronic care, counseling and immunization visits during the school day. If a student doesn't have a regular primary health care provider, the School-Based Health Center can serve as their regular provider.

Staffing: The School-Based Health Center staff are qualified and experienced to provide health care to children and adolescents. The staff work with, but do not replace, your family doctor or the school nurse.

Billing and Costs: No student will be denied health care access due to inability to pay. Just like any health care center, the child's health insurance will be billed with the possibility that parents/guardians may have a co-pay or deductible to meet. Most insurances provide full

coverage for well-child exams and immunizations. Students who qualify for free or reduced cost lunch will most likely qualify for CHIPS or Medicaid. Families with private insurance may also qualify for some programs to assist with the cost of care. The School-Based Health Center staff will be glad to assist you with any of your insurance needs or questions.

The School-Based Health Center depends upon the ability to collect payment from your insurance carrier to maintain services at your child's school. If you have a co-pay or deductible, you will be billed after your child's healthcare visit. Your child will never have to pay for services at the time of the visit. Please provide accurate and up-to-date insurance information to avoid any unnecessary charges being billed to you. If your insurance changes during the school year, please provide the School-Based Health Center with the new information.

Parental Notification and Student Confidentiality: When your child visits the School-Based Health Center, details of the visit are communicated with the parent/guardian after the visit is complete (except when prohibited by law). Typically, this communication will be a Visit Summary form which will be sent home with the student. Depending on the complexity of the student's visit, sometimes the provider or the nurse will call the parent/guardian to discuss the visit and provide additional treatment instructions or recommendations.

Confidentiality between the student, parents and the staff is guaranteed. Since one purpose of the School-Based Health Center is to reduce high-risk behaviors, it is important for the students to feel they can have a confidential relationship with their health care provider. Staff from the School-Based Health Center seek to communicate with parents without compromising the confidential student-provider relationship that students desire and expect. While protecting the student's privacy, the staff strongly encourages family communication regarding their health care decision. However, by law (Federal Title 10, WV Code 60A-5-504e, WV Code 16-4-10, and WV Code 60-6-23) some information requires the student's signed consent prior to disclosure to anyone, including parents/guardians. Enclosed in this packet is our confidentially policy.

How can I enroll my child in the School-Based Health Center?

At the beginning of the school year, packets will be sent home containing Parental Consent forms. These forms provide information such as the student's health conditions, medications, allergies, contact information, insurance information, etc. Parents/Guardians should complete the form and return it to school or the Health Department. Your child has access to receive services once these forms are completed and signed. We plan to open the School-Based Health Center at or near the beginning of the school year.

Student Name_____ Grade Level_____

	YES	NO
I give permission for my child to be treated by the school-based health center staff.		
Services may include Medical Services.		
Services may include Behavioral Health Services.		
I certify that the information provided is accurate to the best of my knowledge. I understand that providing incorrect information can be dangerous to the Student's health. I will contact the school-based health staff if any of my child's medical history changes.		
I agree that messages can be left for me on the telephone number provided in the Student information section of this form.		
Release of information and Payment Authorization: I authorize the release of any medical or other information necessary to process my claim. I also authorize payment of medical benefits to Grafton Taylor County Health Department for services provided.		
Consent and Acknowledgement of Privacy Practices: I consent to the use and disclosure of my protected health information by Grafton Taylor County Health Department to any person or organization for carrying out treatment, obtaining payment or conducting certain healthcare operations. I understand that information regarding how Grafton Taylor County Health Department will use and disclose my information can be found in their "Notice of Privacy Practices". I understand that this consent is effective as long as GTCHD maintains my protected health information.		
Authorization for Exchange of Health and Education Information. I hereby authorize Grafton Taylor County Health Department to exchange health and education records with my child's school district for the purpose of providing care and treatment to my child, if applicable.		
Authorization for Pictures. I hereby authorize Grafton Taylor County Health Department to take pictures of me in connection with my diagnosis, care and treatment, or for Health Department operations such as quality assurance, patient safety and identification.		
Authorization for Exchange of Health Information: I hereby authorize Grafton Taylor County Health Department to exchange health records with my child's Primary Care Provider for continuity of care and treatment of my child. My child's Primary Care Provider and phone number is: _____		

This authorization is valid until I revoke it. I understand that I may revoke this authorization at any time by submitting written notice of the withdrawal of my consent. I recognize that health records if received by the school district may not be protected by the HIPAA Privacy Rules but will become education records protected by the Family Educational Rights and Privacy Act. I also understand that if I refuse to sign, such refusal will not interfere with me or my child's ability to obtain health care. I agree that a copy of this authorization is as valid as the original. By signing below, I understand and acknowledge that

1) I have read and understand the consent; and,
2) I have received a current Notice of Privacy Practices; and,
3) I accept responsibility for payment of charges incurred for any services rendered to me or my dependents

_____Date_____ _____Date_____ Parent or Legal Guardian Signature

Student Signature if over 18

The Grafton-Taylor County Health Department complies with applicable Federal civil rights laws and does not discriminate on the basis of race, color, national origin, age, disability, or sex. The Grafton-Taylor County Health Department does not exclude people or treat them differently because of race, color, national origin, age, disability, or sex.

GRAFTON TAYLOR COUNTY HEALTH DEPARTMENT

SCHOOL-BASED HEALTH SERVICES ENROLLMENT

Dear Parent and Guardians,

The Grafton Taylor County Health Department is pleased to offer school-based health services in your child's school during the school day. School-based health services work in conjunction with care provided by your child's regular primary care provider (PCP).

All children enrolled in the school-based health services program are eligible to receive services regardless of insurance status. We accept most insurance plans. Coverage and costs for these visits depends upon your insurance coverage. For children insured by WV CHIP or Medicaid, the services are covered 100%. If you have no insurance, please ask staff about enrolling your child in the WV CHIP program or our sliding fee program. Parents are welcome to accompany their student for scheduled appointments at the health center. For unscheduled acute care visits, we will attempt to notify the parents.

If the parent cannot be reached, the student will be given a note to take to the parents with the recommendations of the provider.

Parents are encouraged to actively participate in their child's health care. You are welcome to call or stop by the health center any time. We hope that we can help your child have a healthy and successful school year.

All parts of this registration/enrollment form must be completed, signed, and returned to your school before your child can receive services.

CONTACT INFORMATION:

Grafton Taylor County Health Department
718 West Main Street Grafton, WV 26354
Phone: 304-265-1288

Student/Patient Information

LAST NAME	FIRST NAME	M.I.

STREET ADDRESS	CITY	STATE	ZIP

PHONE NUMBER	OTHER PHONE NUMBER	EMAIL ADDRESS

SEX	DATE OF BIRTH	SOCIAL SECURITY NUMBER	ETHNICITY	RACE
			☐ HISPANIC ☐ NON-HISPANIC	☐ UNKNOWN ☐ AMERICAN INDIAN ☐ PACIFIC ISLAND ☐ ALASKAN INDIAN ☐ BLACK ☐ ASIAN ☐ WHITE

PARENT / GUARDIAN	RELATIONSHIP	DATE OF BIRTH	PHONE

STREET ADDRESS	CITY	STATE	ZIP

NAME OF EMERGENCY CONTACT	RELATIONSHIP	PHONE

***** PLEASE SUPPLY A COPY OF INSURANCE CARDS (FRONT AND BACK) *****

Student/Patient Information

PRIMARY INSURANCE	INS. MEDICAID ID NUMBER	GROUP NUMBER

INSURANCE PHONE NUMBER	POLICY HOLDER NAME

POLICY HOLDER SOCIAL SECURITY NUMBER	POLICY HOLDER DATE OF BIRTH	POLICY HOLDER EMPLOYER

SECONDARY INSURANCE	INS. MEDICAID ID NUMBER	GROUP NUMBER

INSURANCE PHONE NUMBER	POLICY HOLDER NAME

POLICY HOLDER SOCIAL SECURITY NUMBER	POLICY HOLDER DATE OF BIRTH	POLICY HOLDER EMPLOYER

DENTAL INSURANCE	INS. MEDICAID ID NUMBER	GROUP NUMBER

INSURANCE PHONE NUMBER	POLICY HOLDER NAME

POLICY HOLDER SOCIAL SECURITY NUMBER	POLICY HOLDER DATE OF BIRTH	POLICY HOLDER EMPLOYER

BEHAVIORAL HEALTH INSURANCE	INS. MEDICAID ID NUMBER	GROUP NUMBER

INSURANCE PHONE NUMBER	POLICY HOLDER NAME

POLICY HOLDER SOCIAL SECURITY NUMBER	POLICY HOLDER DATE OF BIRTH	POLICY HOLDER EMPLOYER

☐ I DO NOT HAVE INSURANCE ANNUAL FAMILY INCOME $_____ NUMBER IN HOUSEHOLD _____

EPSDT/HealthCheck Health History Form

7-20 Years

Patient Name: _____ **Date of Birth:** _____ **Age:** _____

Your Name: _____ **Relationship to child:** _____

Childhood

Has your child ever been treated for or diagnosed with:

- ☐ Asthma or wheezing _____
- ☐ Pneumonia _____
- ☐ Lung problems _____
- ☐ Heart murmur _____
- ☐ Anemia _____
- ☐ Recurrent ear infections _____
- ☐ Hearing problems _____
- ☐ Vision or eye problems _____
- ☐ Urinary tract infections _____
- ☐ Stomach or digestive problems _____
- ☐ Seasonal allergies or eczema _____
- ☐ Seizures _____
- ☐ Broken bone(s) _____
- ☐ Learning disability _____

_____

- ☐ Other chronic medical problems _____

_____

Has your child ever been hospitalized?

☐ No ☐ Yes Why? _____

Previous surgeries: _____

Please list any specialists, including counselors, your child is currently seeing and reason: _____

_____

Developmental

Do you have concerns about any of the following:

- ☐ The way your child uses his/her arms, fingers or legs
- ☐ Speech problems
- ☐ Vision (Are you concerned about your child's vision?)
- ☐ Hearing (Are you concerned about your child's hearing?)

Puberty

Concerns about:

- ☐ Body changes
- ☐ Sexual activity
- ☐ Sexually transmitted infection
- ☐ Discharge: vaginal or penis
- ☐ Contraception

For Girls:

Age of first menstrual period? _____

Social Emotional/Stress Indicators

Does your child have problems with:

- ☐ Depression/ anxiety _____
- ☐ ADD/ADHD _____
- ☐ School attendance
- ☐ Getting along with other children including siblings
- ☐ Getting along with parents or other adults
- ☐ Problems with sleeping or nightmares
- ☐ Bad temper/breath holding/jealousy
- ☐ Nail biting/thumb sucking
- ☐ Bedwetting (after 6 years)
- ☐ Threaten to harm self, others or animals
- ☐ Sexual acting out
- ☐ Destroying property
- ☐ Drug use, alcohol use or smoking

Exposure Risks

- ☐ Passive smoke ☐ Cigarettes ☐ E-Cigs ☐ Chew
- ☐ Alcohol ☐ Other drugs _____
- ☐ Access to weapons ☐ Has a weapon(s)
- ☐ Excessive television/video game/internet/cell phone use

Hours per day: _____ Who supervises usage? _____

Wears protective gear, including seat belts? ☐ Yes ☐ No

Any concerns about lead exposure (old home, plumbing, peeling paint)? ☐ Yes ☐ No

Medications

Current medications and dose: _____

_____

_____

Vitamins: _____

Herbs/home remedies: _____

Over the counter: _____

Allergies/reactions to medications or vaccines: _____

_____

_____

Nutrition

☐ Has your child had any dietary problems? _____

_____

- ☐ Unexplained weight gain
- ☐ Unexplained weight loss
- ☐ Food allergies: _____

Dental

- ☐ Problems with teeth or gums
- ☐ Bad breath

Has your child been seen by a dentist? ☐ Yes ☐ No

If so, date of last exam: _____

Why did he/she see the dentist? _____

Family Medical History

Do any family members have any of the following conditions?

Condition	Mother	Father	Sibling	Grandparent
Asthma	☐	☐	☐	☐
Anemia	☐	☐	☐	☐
Blood disorder	☐	☐	☐	☐
Cancer	☐	☐	☐	☐
Heart disease	☐	☐	☐	☐
Heart attack	☐	☐	☐	☐
High cholesterol	☐	☐	☐	☐
High blood pressure	☐	☐	☐	☐
Stroke	☐	☐	☐	☐
Diabetes	☐	☐	☐	☐
Thyroid disease	☐	☐	☐	☐
Kidney disease	☐	☐	☐	☐
Seizures	☐	☐	☐	☐
Depression/anxiety	☐	☐	☐	☐
Drug and alchol use	☐	☐	☐	☐
Diagnosed Mental Condition	☐	☐	☐	☐

Other _____

Other Concerns/Issues:

Reviewed by: _____

Date: _____

Some responses may indicate adverse childhood experiences and may require further evaluation. Adverse childhood experiences are potentially traumatic events that can have negative, lasting effects on health and well-being. For assistance phone 844-HELP4WV (844-435-7498).

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The School-Based Health Center has my permission to administer **at no charge** the following over-the-counter medications at the discretion of the medical provider or the school nurse with a standing order from the medical provider. Please check.

Tylenol_____ Ibuprofen_____ Throat Lozenges_____ Antacids_____ Antibacterial ointment____ Lip Balm_____ Sunscreen_____

The School-Based Health Center has my permission to administer **at no charge** the following over-the-counter medications at the discretion of the medical provider. Please check.

Sudafed_____ Benadryl _____ Claritin_____ Cough Syrup_____ Anti-diarrheal_____ Hydrocortisone cream_____

Antifungal creams_____

The Health Center can provide your child with the required immunizations for school along with the recommended immunizations by the Center for Disease Control (CDC). These immunizations can be given at no cost to you through the Vaccines for Children's Program (VFC) or billed through your insurance which normally covers preventive services i.e. immunizations at 100%. We would check with your insurance carrier on coverage of immunizations prior to being given. Required vaccines are the Tdap (Tetanus, Diphtheria, Pertussis) and Meningococcal at ages 11-12 and a booster meningococcal at ages 16-18. Recommended vaccines HPV at ages 11-12 (2 shots 6 months apart) and Men B at ages 16-18.

The Health Center would attempt to contact you prior to your child receiving immunizations, however if unable to reach you, your child would bring a note home with the immunization(s) given. Please check the following:

_____ I would like my child to receive the required immunizations

_____ I would like my child to receive the recommended immunizations

_____ I do not want my child to receive immunizations

**** Please send a copy of your child's immunization record if you have it.

The Health Center will make every attempt to contact you if your child needs to be sent home. Dismissal will be through the school and school nurse with the emergency contact you provided to the school should you not be available to pick up your child.

Student Name_____ Grade Level_____

Parent or Legal Guardian Signature_____ Date_____

Notice of Privacy Practices

Grafton-Taylor County Health Department

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.

Privacy is a very important concern for all those who come to this office and who work here. It is also complicated, because of the many federal and state laws and our professional ethics. Because the rules are so complicated, some parts of this notice are very detailed, and you probably will have to read them several times to understand them. If you have any questions, our compliance officer will be happy to help you understand our procedures and your rights.

Contents of this notice of privacy practices

A. Introduction: To our clients

This notice will tell you how we handle your medical information. It tells how we *use* this information here in this office, how we *disclose* (share) it with other health care professionals and organizations, and how you can see it. We want you to know all of this so that you can make the best decisions for yourself and your family. If you have any questions or want to know more about anything in this notice, please ask our compliance officer for answers or explanations.

B. What we mean by your medical information

Each time you visit us or any doctor's office, hospital, clinic, or other health care provider, information is collected about you and your physical and mental health. It may be information about your past, present, or future health or conditions, or the tests or treatment you got from us or from others, or about payment for health care. All this information is called "PHI," which stands for "protected health information" which means its privacy must be protected. This information goes into your medical or health care records in our office.

In this office, your PHI is likely to include these kinds of information:

- Your history: Things that happened to you as a child; your school and work experiences; your marriage, relationships, and other personal history.
- Your medical history of problems and treatments.

- Reasons you came for treatment: Your problems, complaints, symptoms, or needs.
- Diagnoses: These are the medical terms for your problems or symptoms.
- A treatment plan: This is a list of the treatments and other services that we think will best help you.
- Progress notes: Each time you come in, we write down some things about how you are doing, what we notice about you, and what you tell us.
- Records we get from others who treated you or evaluated you.
- Psychological test scores, school records, and other evaluations and reports.
- Information about medications you took or are taking.
- Legal matters.
- Billing and insurance information

There may also be other kinds of information that go into your health care records here.

We use PHI for many purposes. For example, we may use it here:

- To plan your care and treatment.
- To decide how well our treatments are working for you.
- When we talk with other health care professionals who are also treating you, such as your family doctor or the professional who referred you to us. When we do this, we will ask for your consent. Almost always, we will also ask you to sign a release-of-information form, which will explain what information is to be shared and why.
- For teaching and training other health care professionals or for medical or psychological research. If we do this, your name will never be shown, and there will be no way they can find out who you are. Before we do this we will ask for your consent and ask you to sign an authorization, so that you will know what information will be shared and why.
- To show that you actually received services from us, which we billed to you or to your health insurance company.
- For public health officials trying to improve health care in this area of the country.
- To improve the way we do our job by measuring the results of our work.

When you understand what is in your record and what it is used for, you can make better decisions about what other persons or agencies should have this information, when, and why.

C. Privacy and the laws about privacy

We are required to tell you about privacy because of a federal law, the Health Insurance Portability and Accountability Act of 1996 (HIPAA) and the HIPAA Omnibus Final Rule of 2013. [Insert any state laws that apply.] HIPAA requires us to keep your PHI private and to give you this notice about our legal duties and our privacy practices.

This form is not legal advice. It is just to educate your about your rights and our procedures. It is based on current federal and state laws and might change if those laws or court decisions change. If we change our privacy practices, they will apply to all the PHI we keep. We will also post the new Notice of Privacy Practices in our office where everyone can see. You or anyone else can also get a copy from our compliance officer at any time. It is also posted on our website at [insert the URL]. We will obey the rules described in this notice.

D. How your protected health information (PHI) can be used and shared

Except in some special circumstances, when we use your PHI in this office or disclose it to others, we share only the *minimum necessary* PHI needed for those other people to do their jobs. The laws give you rights to know about your PHI, to know how it is used, and to have a say in how it is shared. So now we will tell you more about what we do with your information.

Mainly, we will use it here and disclose (share) your PHI for routine purposes to provide for your care, and we will explain more about these below. For other uses, we must tell you about them and ask you to sign a written Release of Information form. However, the HIPAA law also says that there are some uses and disclosures that don't need your consent or authorization which we will explain below in section 3. However, in most cases we will explain the PHI and who it will go to and ask you to agree to this by signing a release-of-information form.

1. Uses and disclosures with your consent

We need information about you and your condition to provide care to you. In almost all cases, we intend to use your PHI

here or share it with other people or organizations to provide treatment to you, arrange for payment for our services, or some other business functions called "health care operations." You have to agree to let us use and share your PHI in the ways that are described in this Notice of Privacy Practices. To agree, we will ask you to sign a separate consent form before we begin to treat you. If you do not consent to this, we will not treat you because there is a risk of not helping you if we don't have some information.

a. The basic uses and disclosures: For treatment, payment, and health care operations

Here we will tell you more about how your information will be used for these purposes.

For treatment. We use your information to provide you with psychological treatments or services. These might include individual, family, or group therapy; psychological, educational, or vocational testing; treatment planning; or measuring the benefits of our services.

We may share your PHI with others who provide treatment to you. We usually try to share your information with your personal physician, unless you tell us not to. If you are being treated by a team, we can share some of your PHI with the team members, so that these providers will work best together. The other professionals treating you will also enter their findings, the actions they took, and their plans into your medical record, and so we all can decide what treatments work best for you and follow a treatment plan.

If we want to share your PHI with any other professionals outside this office, we will need your permission on a signed release-of-information form. For example, we may refer you to other professionals or consultants for services we cannot provide. When we do this, we need to tell them things about you and your conditions. Later we will get back their findings and opinions, and those will go into your records here. If you receive treatment in the future from other professionals, we can also share your PHI with them. We can do this only when you give your permission by signing a release-of-information form. This is so that you will know what information is being shared and with whom. These are some examples so that you can see how we use and disclose your PHI for treatment.

For payment. We may use your information to bill you, your insurance, or others, so we can be paid for the treatments we provide to you. We may contact your insurance company to find out exactly what your insurance covers. We may have to tell them about your diagnoses, what treatments you have received, and the changes we expect in your conditions. We will need to tell them about when we met, your progress, and other similar things. Insurers may also look into a few of our patient records to evaluate the completeness of our record keeping.

For health care operations. Using or disclosing your PHI for health care operations goes beyond our care and payment for services. For example, we may use your PHI to see where we can make improvements in the care and services we provide. We may be required to supply some information to some government health agencies, so they can study disorders and treatment and make plans for services that are needed. If we do, your name and all personal information will be removed from what we send.

b. Other uses and disclosures in health care

Appointment reminders. We may use and disclose your PHI to reschedule or remind you of appointments for treatment or other care. If you want us to call or write to you only at your home or your work, or you prefer some other way to reach you, we usually can arrange that. Just tell us.

Treatment alternatives. We may use and disclose your PHI to tell you about or recommend possible treatments or alternatives that may be of help to you.

Other benefits and services. We may use and disclose your PHI to tell you about health-related benefits or services that may be of interest to you.

Research. We may use or share your PHI to do research to improve treatments—for example, comparing two treatments for the same disorder, to see which works better or faster. In all cases, your name, address, and other personal information will be removed from the information given to researchers. We will discuss this with you, and we will not use your PHI unless you give your consent on an authorization form. If the researchers need to know who you are, we will discuss the research project with you, and we will not send any information unless you sign a special release-of-information form.

Business associates. We hire other businesses to do some jobs for us. In the law, they are called our "business associates." Examples include a copy service to make copies of your health records, and a billing service to figure out, print, and mail our bills. These business associates need to receive some of your PHI to do their jobs properly. To protect your privacy, they have agreed in their contracts with us to safeguard your information just as we do.

2. *Uses and disclosures that require your consent*

If we want to use your information for any purpose besides those described above, we need your permission on a release-of-information form. If you do allow us to use or disclose your PHI, and then change your mind, you can cancel that permission in writing at any time. We will then stop using or disclosing your information for that purpose. Of course, we cannot take back any information we have used here already or disclosed to anyone with your permission.

As a [member of profession/discipline] licensed in this state, and as a member of this state's [professional association] and [these national associations], I maintain your privacy more carefully than is required by HIPAA. The HIPAA rules are described below, but we will almost always discuss these with you and ask you to sign a release of information so that you are fully informed.

3. *Uses and disclosures that don't require your consent or authorization*

The HIPAA laws let us use and disclose some of your PHI without getting your consent or authorization in some cases. Here are some examples of when we might do this. We will almost always notify you if any of these situations occur.

a. When required by law

There are some federal, state, or local laws that require us to disclose PHI:

- We have to report suspected abuse [or neglect] of children [elders, frail/disabled persons, etc.] to a state agency.
- If you are involved in a lawsuit or legal proceeding, and we receive a subpoena, discovery request, or other lawful process, we may have to release some of your PHI. We will only do so after telling you about the request and will suggest that you talk to your lawyer.
- We have to disclose some information to the government agencies that check on us to see that we are obeying the privacy laws, and to organizations that review our work for quality and efficiency.

b. For law enforcement purposes

We may release medical information if asked to do so by a law enforcement official to investigate a crime or criminal.

c. For public health activities

We may disclose some of your PHI to agencies that investigate diseases or injuries.

d. For matters relating to deceased persons

We may disclose PHI to coroners, medical examiners, or funeral directors, and to organizations relating to organ, eye, or tissue donations or transplants.

e. For specific government functions

We may disclose PHI of military personnel and veterans to government benefit programs relating to eligibility and enrollment. We may disclose your PHI to workers' compensation and disability programs, to correctional facilities if you are an inmate, or to other government agencies for national security reasons.

f. To prevent a serious threat to health or safety

If we come to believe that there is a serious threat to your health or safety, or that of another person or the public, we can disclose some of your PHI. We will only do this to those people who can prevent the danger.

If it is an emergency, and we are unable to get your agreement, we can disclose information if we believe that it is what you would have wanted and if we believe it will help you. When we do share information in an emergency, we will tell you as soon as we can. If you don't approve, we will stop, as long as it is not against the law.

4. *Uses and disclosures where you have an opportunity to object*

We can share some information about you with your family and anyone else you choose, such as close friends or clergy. We will ask you which persons you want us to tell, and what information you want us to tell them about your condition or treatment. You can tell us what you want, and we will honor your wishes as long as it is not against the law.

5. An accounting of disclosures we have made

When we disclose your PHI, we will keep a record of whom we sent it to, when we sent it, and what we sent. You can get an accounting (a list) of many of these disclosures. We may charge you a reasonable fee if you request more than one accounting in any 12-month period. If the records were sent as electronic medical records, we will always record that, and there will be no charge for an accounting.

E. Your rights about your protected health information

1. You can ask us to communicate with you about your health and related issues in a particular way or at a certain place that is more private for you. For example, you can ask us to call you at home, rather than at work, to schedule or cancel an appointment. We will try our best to do as you ask, and we don't need an explanation. Sending your information in emails has some risk that these emails could be read by someone else. We can set up a password-protected email service to prevent this, or you may just accept the risk of using emails just for simple messages like changing appointments, and not use it for any PHI or sensitive information. We ask that you be thoughtful before you put any information in an email and not use email for anything you want kept private. By signing the separate consent form, you agree to this use of email. Please note that anything you send us electronically becomes a part of your legal record, even if we do not place it in the chart. Be mindful of this, and please do not forward us emails from third parties or others in your life. It is better to print those out and bring them in to discuss them.
2. You have the right to ask us to limit what we tell people involved in your care or with payment for your care, such as family members and friends. You can ask us face to face, and we may then ask for your written permission. We don't have to agree to your request, but if we do agree, we will honor it except when it is against the law, when there is an emergency, or when the information is necessary to treat you.
3. You have the right to prevent our sharing your PHI with your insurer or payer for its decisions about your benefits or some other uses, if you paid us directly ("out of pocket") for the treatment or other services and are not asking the insurer to pay for those services unless we are under contract with your insurer (on their panel of providers).
4. You have the right to look at the PHI we have about you, such as your medical and billing records. In some very unusual circumstances, if there is very strong evidence that reading this would cause serious harm to you or someone else, you may not be able to see all of the information.
5. You can get a copy of these records, but we may charge you a reasonable cost-based fee. If your records are in electronic form, not on paper, you can ask an electronic copy of your PHI. Contact our compliance officer to arrange how to see your records. Generally we do not recommend that you get a copy of your records, because the copy might be seen accidentally by others. We will be happy to review the records with you or provide a summary to you, or work out any other method that satisfies you.
6. You have the right to add to (amend) your records to explain or correct anything in them. If you believe that the information in your records is incorrect or missing something important, you can ask us to make additions to your records or to include your own written statements to correct the situation. You have to make this request in writing and send it to our compliance officer.
7. You have the right to a copy of this notice. If we change this notice, we will post the new one in our waiting area, and you can always get a copy from the compliance officer.
8. If you have a problem with how your PHI has been handled, or if you believe your privacy rights have been violated, contact our compliance officer. We will do our best to resolve any problems and do as you ask. You have the right to file a complaint with us and with the Secretary of the U.S. Department of Health and Human Services at 200 Independence Avenue SW, Washington, DC 20201, or by calling 202-619-0257.
9. We will not in any way limit your care here or take any actions against you if you complain or request changes.

You may have other rights that are granted to you by the laws of our state, and these may be the same as or different from the rights described above. We will be happy to discuss these situations with you now or as they arise.

F. If you have questions or problems

If you have any questions or problems our health information privacy policies, please contact our compliance officer Christopher S. Thorn at 304-265-1288.

The effective date of this notice is ____/____/____.