

Deerfield Academy  
DEERFIELD, MASSACHUSETTS 01342

Health Center  
413-774-1600 (fax 413-772-1118)

## NOTICE OF PRIVACY PRACTICES

**THIS NOTICE DESCRIBES HOW HEALTH INFORMATION ABOUT YOU MAY BE USED AND DISCLOSED AND HOW YOU CAN GET ACCESS TO YOUR INDIVIDUALLY IDENTIFIABLE HEALTH INFORMATION. PLEASE REVIEW THIS NOTICE CAREFULLY.**

We are dedicated to maintaining the privacy of your protected health information (PHI). In conducting our business, we will create records regarding you and the treatment and services we provide to you. We realize that the laws are complicated, but we must provide you with the following important information:

- Our obligations concerning the use and disclosure of your PHI;
- How we may use and disclose your PHI;
- Your privacy rights in your PHI.

### A. Our obligations

**We are required by law to do the following:**

1. Maintain the privacy of health information that identifies you;
2. Provide you with this notice of our legal duties and of the privacy practices that we maintain in our practice concerning your PHI;
3. Follow the terms of the Notice of Privacy Practices that we have in effect at the time;
4. Obtain your written authorization for uses and disclosures that are not identified by this notice or permitted by applicable law.

The terms of this notice apply to all records containing your PHI that are created or retained by our practice. We reserve the right to revise or amend this Notice of Privacy Practices. Any revision or amendment to this notice will be effective for all of your records that our practice has created or maintained in the past, and for any of your records that we may create or maintain in the future. We will post a copy of our current Notice in our offices in a visible location at all times, and you may request a copy of our most current Notice at any time.

### B. Uses and disclosures of your PHI

**The following are the usual circumstances in which we may use and disclose your PHI:**

1. **Treatment.** We may use your PHI to treat you. For example, we may ask you to have laboratory tests (such as blood or urine tests), and we may use the results to help us reach a diagnosis. We might use your PHI in order to write a prescription for you, or we might disclose your PHI to a pharmacy when we order a prescription for you. Many of the people who work at Dewey House including, but not limited to, our doctors, nurses, counselors and support staff, may use or disclose your PHI in order to treat you or to assist others in your treatment. We may disclose your PHI to others who may assist in your care, such as your parents, dorm parents, coaches, spouse, or children. We may also disclose your PHI to other health care providers for purposes related to your treatment. Since we are a school Health Service and as such interact with adults in the community who have “in loco parentis” responsibility for students, we may share on a limited and “need to know” basis certain PHI in an effort to provide appropriate care, ensure student safety or to justify a student’s not meeting certain obligations such as academic or co-curricular commitments. This limited information may be shared by personal communication, phone or email and will be done only when judged to be essential by the Director of Medical Services. Verbal

authorization will be sought before sharing any health information that we anticipate students or parents would be hesitant about sharing. Lastly, in order to facilitate emergency treatment of students at the Franklin Medical Center, we send a copy of the first two pages of the Health Form, which include demographic information, health insurance information and “permissions to treat”, to the Emergency Room where it is kept on file for future use.

2. **Payment.** We may use and disclose your PHI in order to bill and collect payment for the services and items you may receive from us. For example, we may contact your health insurer to certify that you are eligible for benefits (and for what range of benefits), and we may provide your insurer with details regarding your treatment to determine if your insurer will cover, or pay for, your treatment. We also may use and disclose your PHI to obtain payment from third parties that may be responsible for such costs, such as family members. Also, we may use your PHI to bill you directly for services and items. We may disclose your PHI to other health care providers and entities to assist in their billing and collection efforts.
3. **Health care operations.** We may use and disclose your PHI to operate our business. As examples of the ways in which we may use and disclose your information for our operations, we may use your PHI to evaluate the quality of care you received from us, or to conduct cost-management and business planning activities for our practice. We may disclose your PHI to other health care providers and entities to assist in their health care operations.
4. **Appointment reminders.** Our practice may use and disclose your PHI to contact you and remind you of an appointment.
5. **Release of information to family/friends.** We may release your PHI to a friend or family member that is involved in your care, or who assists in taking care of you. For example, a parent or guardian may ask that a baby sitter take their child to the pediatrician's office for treatment of a cold. In this example, the baby sitter may have access to this child's medical information.
6. **Disclosures necessary for granting a Medical Leave or a return from a Medical Leave.** Since the Head of School is responsible for authorizing a Medical Leave and a return from Medical Leave, it is necessary, from time to time, to share PHI with the Head that is relevant to making these decisions. Additionally, the Head may designate individuals to whom PHI will be disclosed for the purpose of advising her in making decisions. Such sharing of PHI with the Head and her advisors is limited to this purpose of making decisions concerning Medical Leaves.
7. **Disclosures required by law.** We will use and disclose your PHI when we are required to do so by federal, state or local law.

**The following are special circumstances in which we may use and disclose of your PHI:**

1. **Public health risks.** We may disclose your PHI to public health authorities that are authorized by law to collect information for the purpose of:
  - Maintaining vital records, such as births and deaths;
  - Reporting child abuse or neglect;
  - Preventing or controlling disease, injury or disability;
  - Notifying a person regarding potential exposure to a communicable disease;
  - Notifying a person regarding a potential risk for spreading or contracting a disease or condition;
  - Reporting reactions to drugs or problems with products or devices;
  - Notifying individuals if a product or device they may be using has been recalled;
  - Notifying appropriate government agency(ies) and authority(ies) regarding the potential abuse or neglect of an adult patient (including domestic violence); however, we will only disclose this information if the patient agrees or we are required or authorized by law to disclose this information;
  - Notifying your employer under circumstances related primarily to workplace injury or illness or medical surveillance.
2. **Health oversight activities.** We may disclose your PHI to a health oversight agency for activities authorized by law. Oversight activities can include, for example, investigations, inspections, audits, surveys, licensure and disciplinary actions; civil, administrative and criminal procedures or actions; or other activities necessary for the

government to monitor government programs, compliance with civil rights laws and the health care system in general.

3. **Lawsuits and similar proceedings.** We may use and disclose your PHI in response to a court or administrative order, if you are involved in a lawsuit or similar proceeding. We also may disclose your PHI in response to a discovery request, subpoena or other lawful process by another party involved in the dispute, but only if we have made an effort to inform you of the request or to obtain an order protecting the information the party has requested.
4. **Law enforcement.** We may release PHI if asked to do so by a law enforcement official:
  - Regarding a crime victim in certain situations, if we are unable to obtain the person's agreement;
  - Concerning a death we believe has resulted from criminal conduct;
  - Regarding criminal conduct at our offices;
  - In response to a warrant, summons, court order, subpoena or similar legal process;
  - To identify/locate a suspect, material witness, fugitive or missing person;
  - In an emergency, to report a crime (including the location or victim(s) of the crime, or the description, identity or location of the perpetrator).
5. **Deceased patients.** We may release PHI to a medical examiner or coroner to identify a deceased individual or to identify the cause of death. If necessary, we also may release information in order for funeral directors to perform their jobs.
6. **Serious threats to health or safety.** We may use and disclose your PHI when necessary to reduce or prevent a serious threat to your health and safety or the health and safety of another individual or the public. Under these circumstances, we will only make disclosures to a person or organization able to help prevent the threat.
7. **Military.** We may disclose your PHI if you are a member of U.S. or foreign military forces (including veterans) and if required by the appropriate authorities.
8. **National security.** We may disclose your PHI to federal officials for intelligence and national security activities authorized by law. We also may disclose your PHI to federal officials in order to protect the president, other officials or foreign heads of state, or to conduct investigations.
9. **Inmates.** We may disclose your PHI to correctional institutions or law enforcement officials if you are an inmate or under the custody of a law enforcement official. Disclosure for these purposes would be necessary: (a) for the institution to provide health care services to you, (b) for the safety and security of the institution, and/or (c) to protect your health and safety or the health and safety of other individuals.
10. **Workers' compensation.** We may release your PHI for workers' compensation and similar programs.

## C. Your Rights

**You have the following rights with respect to your PHI that we maintain:**

1. **Confidential communications.** You have the right to request that our practice communicate with you about your health and related issues in a particular manner or at a certain location. For instance, you may ask that we contact you at home, rather than work. In order to request a type of confidential communication, you must make a written request to our Privacy Officer specifying the requested method of contact, or the location where you wish to be contacted. We will accommodate reasonable requests. You do not need to give a reason for your request.
2. **Requesting restrictions.** You have the right to request a restriction in our use or disclosure of your PHI for treatment, payment or health care operations. Additionally, you have the right to request that we restrict our disclosure of your PHI to only certain individuals involved in your care or the payment for your care, such as family members and friends. We are not required to agree to your request; however, if we do agree, we are bound by our agreement except when otherwise required by law, in emergencies or when the information is necessary to

treat you. In order to request a restriction in our use or disclosure of your PHI, you must make your request in writing to our Privacy Officer. Your request must describe in a clear and concise fashion:

- The information you wish restricted;
  - Whether you are requesting to limit our practice's use, disclosure or both;
  - To whom you want the limits to apply.
3. **Inspection and copies.** You have the right to inspect and obtain a copy of the PHI that may be used to make decisions about you, including patient medical records and billing records, but not including psychotherapy notes. You must submit your request in writing to our Privacy Officer in order to inspect and/or obtain a copy of your PHI. We may charge a fee for the costs of copying, mailing, labor and supplies associated with your request. We may deny your request to inspect and/or copy in certain limited circumstances; however, you may request a review of our denial. Another licensed health care professional chosen by us will conduct reviews.
  4. **Amendment.** You may ask us to amend your health information if you believe it is incorrect or incomplete, and you may request an amendment for as long as the information is kept by or for our practice. To request an amendment, your request must be made in writing and submitted to our Privacy Officer. You must provide us with a reason that supports your request for amendment. We will deny your request if you fail to submit your request (and the reason supporting your request) in writing. Also, we may deny your request if you ask us to amend information that is in our opinion: (a) accurate and complete; (b) not part of the PHI kept by or for the practice; (c) not part of the PHI which you would be permitted to inspect and copy; or (d) not created by our practice, unless the individual or entity that created the information is not available to amend the information.
  5. **Accounting of disclosures.** All of our patients have the right to request an "accounting of disclosures." An "accounting of disclosures" is a list of certain non-routine disclosures our practice has made of your PHI for purposes not related to treatment, payment or operations. Use of your PHI as part of the routine patient care in our practice is not required to be documented for example, the doctor sharing information with the nurse; or the billing department using your information to file your insurance claim. In order to obtain an accounting of disclosures, you must submit your request in writing to our Privacy Officer. All requests for an "accounting of disclosures" must state a time period, which may not be longer than six (6) years from the date of disclosure and may not include dates before April 14, 2003. The first list you request within a 12-month period is free of charge, but we may charge you for additional lists within the same 12-month period. We will notify you of the costs involved with additional requests, and you may withdraw your request before you incur any costs.
  6. **Right to a paper copy of this notice.** You are entitled to receive a paper copy of our notice of privacy practices. You may ask us to give you a copy of this notice at any time. To obtain a paper copy of this notice, contact our Privacy Officer.
  7. **Right to file a complaint.** If you believe your privacy rights have been violated, you may file a complaint with our practice or with the Secretary of the Department of Health and Human Services. To file a complaint with us, contact our Privacy Officer. All complaints must be submitted in writing. You will not be penalized for filing a complaint.
  8. **Right to revoke an authorization you have given us for other uses and disclosures.** We will obtain your written authorization for uses and disclosures that are not identified by this notice or permitted by applicable law. Any authorization you provide to us regarding the use and disclosure of your PHI may be revoked at any time in writing. After you revoke your authorization, we will no longer use or disclose your PHI for the reasons described in the authorization. *Please note:* We are required to retain records of your care.

### **C. Person to contact if you have questions about this Notice is our Privacy Officer:**

Kate Rolland, RN  
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