

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. This Notice provides you with the following important information:

- Our commitments concerning the use and disclosure of your PHI;
- How we may use and disclose your PHI;
- Your ability to make requests regarding your PHI.

A. Our commitments

We are committed to maintaining the privacy of health information that identifies you.

We will also obtain your written authorization for most uses and disclosures of your PHI, unless by law we are allowed to use or disclose your PHI without your authorization (examples discussed below).

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 the Health Center 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, guardian, emergency contact, resident faculty, teachers, coaches, spouse, or children, when the law allows us to do so. 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 or the Director of Counseling. Verbal authorization will be sought before sharing any health information that we anticipate students or parents would be hesitant about sharing.
- 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 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 the Health Center. We may disclose your PHI to other health care providers and entities to assist in their health care operations, if the law allows us to do so.

4. **Appointment reminders.** The Health Center may use and disclose your PHI to contact you and remind you of an appointment by post, phone call, email or text.
5. **Release of information to family/friends.** Medical information may be shared and discussed with parents, guardians and emergency contact listed on DA Info and the Health Center electronic medical record, as allowed by law, unless separately documented and submitted. 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 friend to take their child to an off-campus medical appointment. In this example, the friend may have access to this child's medical information.
6. **Release of information to prescribing, treating, consulting or primary care providers:** In order to provide safe and effective continuity of care, you understand that we may discuss your health and medical care with your past and current outside medical and mental health providers (including but not limited to physicians, psychologists, therapists and hospitals) and you authorize those discussions to the extent required by law. It is your responsibility to provide the D.S. Chen Health and Wellness Center all parts of your medical history and records needed to provide excellent care and those records the Health Center requests in order to provide that care.
7. **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 them in making decisions. Such sharing of PHI with the Head and their advisors is limited to this purpose of making decisions concerning Medical Leaves.
8. **Educational Adjustments and Accommodations:** When making reasonable educational adjustments and/or accommodations for a student, the Health Center may share relevant student health information including but not limited to, the diagnosis and management of medical, developmental or psychiatric illness or condition with certain members of faculty and staff outside the Health Center on a limited need-to-know basis.
9. **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 is a non-exclusive list of 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 complied with all applicable laws in this regard.
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. **Covid-19 and your Vaccination status.** To the extent allowed by law, we may disclose to individuals we deem need to know, your vaccination status, your Covid-19 testing results or whether you may be infectious with Covid-19 to ensure student safety, to prevent or control Covid-19, to notify others in the community regarding potential exposure to or a potential risk of spreading Covid-19 or for any other lawful purpose.

C. Your Ability to Make Requests Regarding PHI

You may request the following with respect to your PHI that we maintain:

1. **Confidential communications.** You may request that the Health Center 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 may request a restriction in our use or disclosure of your PHI for treatment, payment or health care operations. Additionally, you may 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 the Health Center's use, disclosure or both;
 - To whom you want the limits to apply.
3. **Inspection and copies.** You may 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 the Health Center. 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 the Health Center, unless the individual or entity that created the information is not available to amend the information.
5. **Accounting of disclosures.** All of our patients may request an "accounting of disclosures." An "accounting of disclosures" is a list of certain non-routine disclosures the Health Center 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 the Health Center is not required to be documented for example, the doctor sharing information with the nurse. 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. 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. **Obtaining a paper copy of this notice.** We are willing to provide you with 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. **Filing a complaint.** If you believe your privacy rights have been violated, you may file a complaint with the Health Center. 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. **Revocation of 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. C. Person to contact if you have questions about this Notice is our Privacy Officer:

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