

Healthy Schools, LLC HIPAA 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.

Healthy Schools, LLC and its employees are dedicated to maintaining the privacy of your child's personal health information ("PHI"), as required by applicable federal and state laws. These laws require us to provide you with this Notice of Privacy Practices, and to inform you of your rights and our obligations concerning Protected Health Information, or PHI, which is information that identifies your child and that relates to physical health conditions. We are required to follow the privacy practices described below while this Notice is in effect.

A. Permitted Disclosures of PHI. We may disclose PHI for the following reasons:

1. Treatment. We may disclose PHI to a physician or other health care provider providing treatment to you.
2. Payment. We may disclose PHI to bill and collect payment for the services we provide to you. We may also provide PHI to our business associates, such as billing companies, claims processing companies and others that process our health care claims.
3. Health Care Operations. We may disclose PHI in connection with our health care operations. Health care operations include quality assessment activities, reviewing the competence or qualifications of health care professionals, evaluating provider performance, and other business operations. This includes disclosure to the school your child attends so that we and the school can evaluate the effectiveness of vaccination. We may also provide PHI to attorneys, consultants and others to make sure we comply with the laws that govern us.
4. Emergency Treatment. We may disclose PHI if your child requires emergency treatment.
5. Family and Friends. We may disclose PHI to a family member, friend or any other person who you identify as being involved with your care or payment for care, unless you object.
6. Required by Law. We may disclose PHI for law enforcement purposes and as required by state or federal law, to comply with an order in a legal or administrative proceeding, subpoena, discovery request or other lawful process.
7. Serious Threat to Health or Safety. We may disclose PHI if we believe it is necessary to avoid a serious threat to the health and safety of your child or the public.
8. Public Health. We may disclose PHI to public health or other authorities charged with preventing or controlling disease or charged with collecting public health data.
9. Health Oversight Activities. We may disclose PHI to a health oversight agency for activities authorized by law.
10. Research. We may disclose PHI for certain research purposes, but only if we have protections and protocols in place to ensure the privacy of the PHI.
11. Coroners, Medical Examiners, Funeral Directors. We may disclose PHI to coroners or medical examiners for the purposes of identifying a deceased person or determining the cause of death, and to funeral directors as necessary to carry out their duties.

B. Your Rights.

1. Right to Receive a Paper Copy of This Notice. You have the right to receive a paper copy of this Notice upon request.
2. Right to Access PHI. You have the right to inspect and copy PHI for as long as we maintain your medical record. You must make a written request for access to the address listed at

the end of this Notice. We may charge you a reasonable fee for the processing of your request and the copying of your medical record pursuant to Florida law.

3. Right to Request Restrictions. You have the right to request a restriction on the use or disclosure of PHI for the purpose of treatment, payment or health care operations, except for in the case of an emergency or right to request a restriction on the information we disclose to a family member or friend who is involved with your care or the payment of your care. However, we are not legally required to agree to such a restriction.

4. Right to Restrict Disclosure for Services Paid by You in Full. You have the right to restrict the disclosure of PHI to a health plan if the PHI pertains to health care services for which you paid in full directly to us.

5. Right to Request Amendment. You have the right to request that we amend PHI if you believe it is incorrect or incomplete, for as long as we maintain your medical record. We may deny your request to amend if (a) we did not create the PHI, (b) is not information that we maintain, (c) is not information that you are permitted to inspect or copy, or (d) we determine that the PHI is accurate and complete.

6. Right to an Accounting of Disclosures. You have the right to request an accounting of disclosures of PHI made by us (other than those made for treatment, payment or health care operations purposes) during the 6 years prior to the date of your request. You must make a written request for an accounting, specifying the time period for the accounting, to the address listed at the end of this Notice.

7. Right to Confidential Communications. You have the right to request that we communicate with you about PHI by certain means or at certain locations. For example, you may specify that we call you only at your home phone number, and not at your work number. You must make a written request, specifying how and where we may contact you, to the address listed at the end of this Notice.

8. Right to Notice of Breach. You have the right to be notified if we or one of our business associates become aware of a breach of your child's unsecured PHI.

D. Changes to this Notice. We reserve the right to change this Notice at any time in accordance with applicable law. Prior to a substantial change to this Notice related to the uses or disclosures of your PHI, your rights or our duties, we will revise and distribute this Notice.

E. Acknowledgment of Receipt of Notice. We will ask you to sign an acknowledgment that you received this Notice.

F. Questions and Complaints. If you would like more information about our privacy practices or have questions or concerns, please contact us. If you are concerned that we may have violated your privacy rights, or you disagree with a decision we made regarding the use, disclosure, or access to PHI, you may complain to us by contacting the at the address and phone number at the end of this Notice. You also may submit a written complaint to the U.S. Department of Health and Human Services. We will provide you with the address to file such a complaint upon request.

We support your right to the privacy of PHI. We will not retaliate in any way if you choose to file a complaint with us or with the U.S. Department of Health and Human Services.

Please direct any of your questions or complaints to:

1800-566-0596

This notice is effective: Sept 1, 2016