



**“Climbing Toward College & Career Readiness”**

# **Health Insurance Portability and Accountability Act (HIPAA) Policy**

ACS—K-2 Campus: 6555 Sylmar Ave., Van Nuys, CA 91401 - Office: (818) 994-2904 Fax: (818) 994-8096

ACS—2-5 Campus: 13400 Erwin St., Van Nuys, CA 91401 - Office: (818) 787-9527 Fax: (818) 786-3627

Website: [www.araratcharterschool.com](http://www.araratcharterschool.com)

**Inspiring Collaboration, Innovation, & Empowerment**

## ***The Health Insurance Portability and Accountability Act Policy***

Ararat Charter School (“Ararat”) will comply with the Health Insurance Portability and Accountability Act (“HIPAA”), as set forth in this policy and in practice. Ararat is required by HIPAA to make sure that Protected Health Information (“PHI”) is kept private. PHI includes information that Ararat has created or received about a student or employee’s past, present, or future health/medical conditions that could be used to identify that student or employee.

For Ararat, PHI for its students may include, but is not limited to, student health information, medical and personal history, federal program eligibility, disciplinary records, IEPs, and special needs records, and any other information that Ararat has created or received about its students’ past, present, or future health/medical conditions that could be used to identify a child.

PHI typically *will not* include information contained within a student’s educational file, which is made confidential by the Family Educational Rights and Privacy Act (“FERPA”) instead of HIPAA.

### **Disclosure of PHI**

Unless Ararat has written authorization, Ararat will only release a student or employee’s health/medical information for treatment, payment, or health care operations or when we are otherwise required or permitted by law to do so. Not every use is listed, but the ways Ararat can use and release information fall within one of the descriptions below.

1. **Appointment reminders and health-related benefits or services:** Ararat may use PHI to send a student or employee appointment reminders. Ararat may also use PHI to give a student or employee information about other health care related treatment and services.
2. **Treatment:** Ararat may use and release PHI to those who provide a student or employee with health care services or who are involved with care such as doctors, nurses and other health care professionals. PHI may also be used for referrals to hospitals, specialists, or for other treatment alternatives.
3. **To meet legal requirements:** Ararat may use and release PHI to government officials or law enforcement agencies when federal, state, or local laws require Ararat to do so. Ararat also shares PHI when Ararat is required to do so in a court or other legal proceedings. For example, if a law says Ararat must report private information about students who have been abused, Ararat will provide such information.

*Any request from a government agency or official, a court of law, or any other representative of a state or federal government for a student’s protected health information must promptly be referred to the Governing Board for response.*

4. **To report public health activities:** Ararat may use and release PHI to government officials in charge of collecting certain public health information. For example, Ararat shares general information about births, deaths, and some statistical information about diseases such as SARS and small pox.
5. **For research purposes:** Ararat does not release PHI for purposes of medical research. Ararat does, however, use PHI to create a collection of information that cannot be traced back to a student or employee.
6. **To avoid harm:** In order to avoid a serious threat to the health and safety of a person or the public, Ararat may provide PHI to law enforcement, emergency personnel, or others who may be able to stop or lessen the harm.

## Obtaining Written Authorization for Disclosure

In order to obtain a written authorization, the student, parent or legal guardian, as appropriate, must complete and sign Ararat's form "Authorization to Release Protected Health Information." A copy of the form is attached to this policy. This form must be completed regardless of whether Ararat receives another authorization form with the request for the student's protected health information. Ararat's authorization form must be completely filled in and signed. Unless the disclosure is expressly permitted by law, PHI cannot be released until Ararat's authorization form has been fully completed and signed by the student, the parent or the legal guardian (as appropriate).

Even after an authorization form is completed and signed, Ararat cannot disclose more information than was requested. The Principal and/or Governing Board must be consulted prior to the release of any PHI in order to ensure compliance with the law.

## Transmission of PHI

Should Ararat need to transmit PHI electronically, Ararat will take steps to ensure the information is transmitted in a secure manner. For example, sending information by fax is allowable, because Ararat will use "reasonable safeguards" and the "minimum necessary" standard. Reasonable safeguards for faxing will include a process for confirming the fax number and receipt of the fax, as well as a confidentiality statement on the fax cover sheet. The minimum necessary standard means that Ararat will send the least amount of information necessary.

Should PHI need to be transmitted through the firewall, Ararat will ensure that:

- Encryption will be deployed to protect the information during transmission.
- An authentication procedure will ensure only trusted users have access to the information.
- An auditing procedure will monitor access to the information.
- In the event of a security breach, Ararat will take all appropriate steps.

## Parent and Employee Rights

A parent or employee has the right to:

- See or obtain a copy of information that Ararat has, or correct personal information (about a child or employee) that you believe is missing or incorrect. If someone else (such as your doctor) gave us the information, Ararat will tell you who, so that you can ask them to correct it.
- Ask Ararat not to use health information for payment or health care operations activities. (Ararat is not required to agree to these requests.)
- Ask Ararat to communicate with you about health matters using reasonable alternative means or at a different address, if communications to your home address could endanger you.
- Withdraw or revoke your consent in writing at any time.
- Receive a list of disclosures of your health information that Ararat makes on or after April 14, 2003, except when:
  - You have authorized the disclosure;
  - The disclosure is made for treatment, payment or health care operations; or
  - The law otherwise restricts the accounting.

**Complaint Process**

If you believe that we may have violated your privacy rights, you may send your written complaint to:

Principal  
Ararat Charter School  
6555 Sylmar Ave.  
Van Nuys, California 91401

**OR**

Office of Civil Rights  
U.S. Department of Health and Human Services  
50 United Nations Plaza – Room 322  
San Francisco, CA 94102



Consent Form

Authorization to Release Protected Health Information

Student Information

Name: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Grade: \_\_\_\_\_

Parent or Guardian Information

Name: \_\_\_\_\_

Address: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Cell: \_\_\_\_\_

Work: \_\_\_\_\_

My relationship to the student (father, mother, guardian): \_\_\_\_\_

Ararat Charter School at times may want to exchange information contained in your child's medical record or education file with others in order to better assess your child's health needs, coordinate your child's care, provide treatment or referral, arrange for payment, or evaluate the services provided. For example, staff may want to confirm that a student they referred to the clinic has been connected with services. Some disclosures of confidential medical information require your consent.

Please initial all that apply:

I give Ararat and its staff permission to share the information described below with these individuals or organizations:

[ ] \_\_\_\_\_ Health care provider: \_\_\_\_\_

[ ] \_\_\_\_\_ Agency: \_\_\_\_\_

[ ] \_\_\_\_\_ Other: \_\_\_\_\_

[ ] \_\_\_\_\_ Other: \_\_\_\_\_

Type of information to be disclosed:

[ ] I give permission to share all information from my child's medical record or education record, including contact information, attendance records, class schedule, transcript, health and special education records, and testing results.

[ ] I give permission to share all the information in my child's medical record or education record as described above, EXCEPT the following:

Purpose of disclosure: \_\_\_\_\_

I understand that I have a right to receive a copy of this signed authorization.

This consent is valid until the following date: \_\_\_\_\_  
(Specify expiration date)

***A parent or guardian signature is required if the student is under eighteen (18) years old. The student must sign if he/she is age eighteen (18) or older.***

Parent or Guardian's Signature: \_\_\_\_\_

Parent or Guardian's Full Name: \_\_\_\_\_

Date: \_\_\_\_\_

Student's Signature: \_\_\_\_\_

Student's Full Name: \_\_\_\_\_

Date: \_\_\_\_\_

.....

[ ] I hereby **withdraw** consent to release the above-referenced student's medical record and educational file.

Parent or Guardian's Signature: \_\_\_\_\_

Parent or Guardian's Full Name: \_\_\_\_\_

Date: \_\_\_\_\_

Student's Signature: \_\_\_\_\_

Student's Full Name: \_\_\_\_\_

Date: \_\_\_\_\_

**OFFICE USE ONLY**

Received by: \_\_\_\_\_ Date: \_\_\_\_\_