Ararat Charter School

Climbing Towards College & Career Readiness

HEALTH INSURANCE PORTABILITY AND ACCOUNTABILITY ACT (HIPPA) 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 Street, Van Nuys, CA 91401 Office: (818) 787-9527 Fax: (818) 786-3627
Website: www.araratcharterschool.com

The Protection of Health Information
Under The Health Insurance Portability and Accountability Act of 1996
Regarding Student Information

State and federal laws strictly regulate the protection of an individual's health information. This policy is intended to help Ararat Charter School employees follow those laws whenever they receive access or use a student's health-related information, or receive a request for access to that information.

1. Definition of HIPAA?

The Federal Health Insurance Portability and Accountability Act of 1996 ("HIPAA"), established, for the first time, a set of national standards for the protection of an individual's health information. The federal government then published a set of regulations known as the HIPAA Privacy Rule that set forth how an individual's protected health information could be used and disclosed, and the ways in which individuals could control access to their health information.

The HIPAA Privacy Rule does not apply to information contained in an employee's employment record. That information is protected under other federal and state laws.

2. HIPAA and Ararat Charter School

Ararat Charter School through certain of its affiliates, employees, and independent contractors, receives and retains records of health care services provided to students. The School also provides medical services to students. Under certain circumstances, a student's health information becomes part of the student's file. Thus, the School and its employees have access to student health information that is protected under HIPAA. Therefore, the School and its employees must comply with all relevant provisions of the HIPAA Privacy Rule.

3. Student's Protected Health Information

A student's protected health information ("PHI") is any information that both (a) identifies the student, including demographic information such as name, address, age, sex, social security number and date of birth, and (b) relates to the student's past, present or future physical or mental health or condition, or to the student's receipt of, or payment for, medical treatment or health care services. PHI does <u>not</u> include non-health care information contained in a student's educational records. Information contained in a student's educational records is protected under other federal and state laws, and that information is separately covered under the District's Policy on Protection of Student Records ("FERPA Policy," Attachment A).

4. Keeping Confidential Health Information Protected

Protected health information must be kept confidential at all times and may only be used and disclosed in accordance with this policy. This means you cannot disclose PHI to any other person unless authorized by this policy. This includes disclosures made verbally in person or by telephone, and in writing by mail, fax or e-mail. This prohibition on uses and disclosures also means that you cannot repeat information you hear, make copies of information you receive, or share passwords or login information with others unless authorized by this policy. There are serious legal penalties for the unauthorized use or disclosure of PHI. Please note improperly disposing of

Personnel Records or Employee Information can constitute a "disclosure" under the law. Use secure disposal methods, such as the shredding of paper records.

5. Disclosing Protected Health Information

If the student is under 18 years old, not emancipated or not legally allowed to consent to the medical treatment addressed in the protected health information, the student's PHI may be disclosed directly to the student's parent or legal guardian upon request from the parent or legal guardian, unless one of the following circumstances exists:

1. There is any suspicion or belief that the student has been or may be subjected to domestic violence, abuse or neglect by the parent or legal guardian,
2. Disclosing the student's PHI to the parent or legal guardian could endanger the student, or
3. The request relates to protected health information from a medical treatment that the student sought or obtained on a confidential basis

A student's protected health information may be disclosed any time there is a serious and imminent threat to the health or safety of a student or other individual as long as:

a) The threat has been verified by a health care professional, and
b) Disclosure of the PHI is made to someone who can prevent or lessen the threat

PHI may also be used or disclosed by Ararat Charter School in connection with any internal activities of the school related to providing, payment for, or managing health care treatment and services. PHI may also be disclosed to health care providers for purposes of treating a student.

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.

Except as stated in this Section #5, a student's protected health information cannot be used or disclosed without the written authorization of the student, parent or legal guardian, as applicable.

6. Conducting a Survey in Which Health Related Information is Solicited from Survey Participants

If you are gathering information but not gathering any identifiable information about the individual (such as their name or address) and there is no way to re-identify the individual once the survey has been submitted, then consent is not required. In the text of the survey, you must indicate that the information submitted is not protected by state or federal privacy rules. However, if you are gathering any identifiable information, consent from the subject, or his or her parent or guardian, is required along with certain notices, such as notice of what will be done with the information and how it will be stored.

For example, a survey on kids' exposure to violence that does not also solicit health related information, such as any mental or physical effect of such violence, is permissible. On the other hand, if the survey includes health information or information that could lead to a physical or mental health diagnosis, such as whether the child had problems sleeping or evidence of depression, the information must be kept confidential and consent of the parent, guardian or, in some cases, the student, is required in order to disclose the data. Similarly, basic physical data such as height, weight and results of PE tests must be kept confidential and not disclosed without the consent of the parent, guardian or in some cases, the student. An exception to this rule is that such data may be disclosed if it is directory information of members of school sports teams.

7. Obtaining a Written Authorization to Disclose Protected Health Information

Except for disclosures set forth in Section #5 above, you must obtain a written authorization from the student, parent or legal guardian prior to disclosing the student's protected health information to another person or organization. For example, if you receive a request from another school district or from a college or technical school for a student's records that contain protected health information, you must get a written authorization from the student, or if the student is under 18 years old, not emancipated or not legally permitted to consent to medical treatment, from the student's parent or legal guardian before you release any protected health information.

In order to obtain a written authorization, have the student, parent or legal guardian, as appropriate, complete and sign the School's form "Authorization to Release Protected Health Information." A copy of the form is attached to this policy. **The Ararat Charter School's Authorization Form must be completed** regardless of whether you receive another authorization form with the request for the student's protected health information. The School's authorization form must be completely filled in and signed. Unless the disclosure is expressly permitted by Section #5, you cannot release any protected health information until you have the School's authorization form fully completed and signed by the student, the parent or the legal guardian (as appropriate).

Once the School's authorization form is completed and signed, you can only release the information stated in the form to be disclosed, and in no event can you disclose more information than was requested. For example, if the student's file contains protected health information for school years 2010-13 and you receive a request for a student's health information for school years 2010-13, but the authorization is only to release information for school year 2011-12, you may only release the information for school year 2011-12. On the other hand, if you receive a request for a student's health information for school years 2011-12, but the authorization is to release all health information, you may still only release the health information for school years 2011-12.

8. Steps to Take with Disclosed Protected Health Information

You must keep a record of each time you use or disclose a student's protected health information. Therefore, each time you receive a request for PHI, put a copy of the request in the student's file. If you obtain a written authorization to release the information, put a copy of the written authorization with the original request. You do not need to keep track of disclosures of a student's protected information if you give the PHI directly to the student, or the student's parent or legal guardian.

Ararat Charter School Consent Form

Authorization to Release Protected Health Information

Student's name: _____ Date: _____

Student's Date of Birth: _____ Grade: _____

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

☐ I hereby certify that I am the above student's parent or legal guardian.

☐ I hereby consent to the disclosure by the Ararat Charter School of the above-referenced student's health records.

This consent is valid upon execution for a period of 12 months and may be withdrawn by me prior to that date only by written notification.

Parent or Guardian's Signature: _____ Date: _____

Parent or Guardian's Full Name: _____

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☐ I hereby withdraw consent to release the above-referenced student's health records.

Parent or Guardian's Signature: _____ Date: _____

OFFICE USE ONLY

Received by: _____ Date: _____