



# HealthHUB School Clinic

PO Box 542, South Royalton, VT 05068

## Notice to Parents of HealthHUB's Privacy Practices

Welcome to HealthHUB. This notice contains important summary information about the Health Insurance Portability and Accountability Act (HIPAA), a new federal law that provides new privacy protections and new patient rights with regard to the use and disclosure of your child's Protected Health Information (PHI) for the purpose of treatment, payment and health care operations. HIPAA requires that we provide you with this notice of our practices, which explains HIPAA and its application to your child's PHI. The law requires that we obtain your signature acknowledging that you have read this information. There is a place to sign at the end of this form and on the enrollment form. You can sign either place.

### PROFESSIONAL RECORDS

HealthHUB maintains a file for each enrolled student. This includes the enrollment form, patient information sheet, log sheet, diagnosis, billing and other pertinent information as well as any written or electronic information that I receive from or about your child. This information is shared with your child's primary care physician.

### CONFIDENTIALITY

By state and federal law, communications between a patient and a licensed health professional are confidential and may not be disclosed without the specific consent of the patient's guardian except under specific limited circumstances, as described below. Patients under 18 years of age who are not emancipated and their parents should be aware that the law may allow parents to examine their child's treatment records. Before giving parents any information, I will discuss the matter with the child, if possible.

HealthHUB may use or disclose your child's PHI for treatment, payment, and consultations with your "consent." By signing this document or the enrollment form, you allow us such consent. We may use or disclose PHI for purposes outside of treatment, payment, health care operations when your appropriate "authorization" is obtained. If those circumstances should arise, we will obtain an authorization from you before releasing this information. You may revoke all authorizations to release information at any time, provided each revocation is in writing. You may not revoke an authorization to the extent that (1) we have relied on that authorization; or (2) if the authorization was obtained as a condition of obtaining insurance coverage, and the law provides the insurer the right to contest the claim under the policy.

### LIMITS ON CONFIDENTIALITY

The law protects the privacy of all communications between a patient and a health professional. Normally, we can only release information about your child's treatment to others if you sign a written authorization form that meets certain legal requirements imposed by HIPAA. There are other situations that require only that you provide written, advance consent. Your signature on the Agreement/Enrollment form provides consent for the following activities:

- **Consultations** - If the situation arises that it is necessary to consult other health professional about a case, we make every effort to avoid revealing the identity of the patient. The exception is when we share the information with your child's primary care provider. The other professionals are also legally bound to keep the information confidential. We will note all consultations in your child's Medical Record.
- **Staff** - HealthHUB employs several health professionals and an administrator who will have access to your child's Medical Records for scheduling, billing, treatment and quality assurance. All HealthHUB staff is bound by the same rules of confidentiality. All staff has received training about protecting your privacy and

has agreed not to release any information outside HealthHUB unless the proper authorization has been obtained.

- **Billing** - HealthHUB also has a contract with the South Royalton Health Center to do our patient billing for primary health care services. As required by HIPAA, we have a formal business contract with them in which they promise to maintain confidentiality.

There are some situations where HealthHUB personnel are permitted or required to disclose information without either your consent or authorization.

- If your child is involved in a court proceeding and a request is made for information concerning professional services that we provided to your child, such information is protected by the doctor-patient privilege law. We cannot provide any information without your written authorization or a court order. If your child is involved in, or you are contemplating litigation, you should consult with your attorney to determine whether a court would be likely to order be to disclose information.
- If a government agency is requesting the information for health oversight services, we may be required to provide it to them.
- If a patient or patient's legal guardian files a complaint or lawsuit against us, HealthHUB may disclose relevant information regarding that patient in order to defend ourselves.

There are some situations in which we are legally obligated to take actions which we believe are necessary to protect others from harm and we may have to reveal some patient information such as the following:

- If we have reason to suspect that a child may have been abused or neglected, the law requires that we file a report with Bureau of Child and Family Services. Once such a report is filed, we may be required to provide additional information.
- If a patient communicates a serious threat of physical violence against a clearly identified or reasonably identifiable victim or victims, or a serious threat of substantial damage to real property, we may be required to take protective actions. These actions may include notifying the potential victim, contacting the police, school authorities, or seeking involuntary hospitalization for the patient.

If you become concerned that we have violated your child's privacy rights, please contact HealthHUB directly. Or you may contact the Vermont Office of Professional Regulation, Secretary of State, 109 State Street, Montpelier, VT 05609-1106. Phone 802-828-2367.

## **PATIENT RIGHTS**

A copy of the patient's bill of rights is available upon request. HIPAA provides you with several new or expanded rights with regard to your child's Medical Record and disclosure of protected health information. These rights include requesting amendments to your child's record; requesting restrictions on what information from your child's Medical Records is disclosed to others; requesting an accounting of most disclosures of PHI that you have neither consented to nor authorized; determining the location to which PHI disclosures are sent; having complaints you make about our policies and procedures recording in your records, and the right to a paper copy of this Notice and Agreement form.

## **ACKNOWLEDGEMENT AND ACCEPTANCE**

My signature below indicates that I have read and understand this Notice and agree to abide by its terms.

Parent/Guardian \_\_\_\_\_ Date \_\_\_\_\_

Names of Child(ren) enrolled in HealthHUB:

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