



**THE HEALTH AND WELLNESS CENTER AT CENTENNIAL HIGH SCHOOL
ROCKY MOUNTAIN YOUTH CLINICS
NOTICE OF PRIVACY PRACTICES FOR PROTECTED HEALTH INFORMATION**

This office is permitted by federal privacy laws to make uses and disclosures of your protected health information for the purposes of treatment, payment and healthcare operations. Protected health information is the information we create and obtain in providing our services to you. Such information may include documenting your symptoms, examination, test results, diagnoses, treatment, and applying for future care or treatment. It also includes billing documents for those services.

TREATMENT: We will use and disclose your protected information to provide, coordinate or manage your healthcare and any related services. This includes the coordination or management of your health care with a third party. For example, if during the course of your treatment, the licensed healthcare provider determines he/she will need to consult with a specialist, he/she will share the information with such specialist and obtain his/her input.

PAYMENT: Your protected health information will be used, as needed, to obtain payment for health care services provided to you. If the health insurance company requests information from us regarding your care, we will provide that information to them.

HEALTHCARE OPERATIONS: We may use or disclose, as needed, your protected health information in order to support the business activities of your licensed healthcare provider practice. We obtain services from our insurers or other business associates, such as quality assessment, quality improvement, outcome evaluation, protocol and clinical guideline development, training programs, credentialing, medical review, legal services and insurance. We will share information about you with such business associates as necessary to obtain these services; school nurse, school health paraprofessional, licensed staff to assure children attend school in a healthy state.

We may use or disclose, as needed your protected health information in the following situations without your authorization. These situations include: as Required By Law, Communicable Disease, Health Oversight Abuse or Neglect, Food and Drug Administration requirements, Legal Proceedings, Law Enforcement, Coroners, Funeral Directors and Organ Donation, Research, Criminal Activity, Military Activity and National Security, Workers' Compensation, Inmates, Required uses and Disclosures. Under the law, we must make disclosures to you and when required by the Secretary of the Department of Health and Human Services to investigate or determine our compliance.

YOUR HEALTH INFORMATION RIGHTS

The health and billing records we maintain are the physical property of the office. The information in it, however, belongs to you. You have the following rights:

You have the right to inspect and copy your protected health information. Under federal law, however, you may not inspect or copy the following records: psychotherapy notes, information compiled in reasonable anticipation of, or use in, a civil, criminal, or administrative action or proceeding, and protected health information that is subject to law that prohibits access to protected health information.

You have the right to request a restriction of your protected health information. This means that you may ask us not to use or disclose any part of your protected health information for the purposes of treatment, payment or healthcare operations. You may also request that any part of your protected health information not be disclosed to family members or friends who may be involved in your care or for notification purposes as described in this Notice of Privacy Practices. Your request must state the specific restriction and to whom you want the restriction to apply. Your licensed healthcare provider is not required to agree to a restriction that you may request. If your licensed healthcare provider believes it is in your best interest to permit use and disclosure of your protected health information, your protected health information will not be restricted. You then have the right to use another healthcare professional.

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You have the right to request to receive confidential communications from us by alternative means or at an alternative location.

You have the right to obtain a paper copy of this notice, upon request, even if you have agreed to accept this notice alternatively, i.e. electronically.

You may have the right to have your licensed healthcare provider amend your protected health information. If we deny your request for amendment, you have the right to file a statement of disagreement with us. We may prepare a rebuttal to your statement and will provide you with a copy of any such rebuttal.

You have the right to receive an accounting of certain disclosures we have made, if any, of your protected health information.

We reserve the right to change the terms of this notice and will inform you by mail of any changes. You then have the right to object or withdraw as provided in this notice.

Complaints: You may complain to us or the Secretary of Health and Human Services if you believe your privacy rights have been violated by us. You may file a complaint with us by notifying our privacy contact of your complaint. **We will not retaliate against you for filing a complaint.**

We are required by law to maintain the privacy of, and provide individuals with, this notice of our legal duties and privacy practices with respect to protected information. If you have any objections to this form, please ask to speak to our HIPAA Compliance Officer in person or by phone at our main number, below.

Signature below is only acknowledgement that you have received this Notice of our Privacy Practices.

Today's Date: _____

Printed Name of Student

Student's Date of Birth (MM/DD/Year)

Printed Name of Parent/Guardian (or Student if 18+) Signature of Parent/Guardian (or Student if 18+)

Patient Notification of the Use of Health Information Exchange

Rocky Mountain Youth Clinics (RMYC) endorses, supports and participates in the electronic Health Information Exchange (HIE) as a means to improve the quality of patient's health and healthcare experience. HIE provides RMYC with a way to securely and efficiently share your student's clinical information electronically with other healthcare providers that participate in the HIE network. Using HIE helps your student's health care providers to more effectively share information and provide your student with better care. The HIE also enables emergency personnel and other providers who are treating your student to have immediate access to their medical data that may be critical for their care. Making your student's health information available to their health care providers through the HIE can also reduce costs by eliminating unnecessary duplication of tests and procedures. However, you may choose to opt out of, on behalf of your student, participation in the Rocky Mountain Youth Clinics HIE, or cancel an opt-out choice at any time.