



## **POLICY 2.037**

**4-Q** I recommend that the Board adopt the proposed new Policy 2.037, entitled "Protected Health Information Privacy Policy."

[Contact: Dianne Howard, PX 48414, Laura Pincus, PX 48626.]

### **Adoption**

### **CONSENT ITEM**

- The Board approved development of this revised Policy at the development reading on February 3, 2010.
- The proposed new policy is to ensure the District and its Business Associates complies with the Health Insurance Portability and Accountability Act of 1996 ("HIPAA"), as amended by the HITECH Act of the American Recovery and Reinvestment Act of 2009, privacy and security breach notification provisions pertaining to the protection of individually identifiable medical information of District employees and students.
- HIPAA limits the District's use and disclosure of information that could potentially associate the identity of an employee, retiree, employees' or retirees' dependents, or student with his or her health information. As a result, the District is required to implement safeguards to ensure the confidentiality, integrity and availability of personal health information (PHI), of employees, retirees and employee/retiree dependents and students, maintained in an electronic form and to protect PHI against any unauthorized uses or disclosures.
- Notices to employees and students are attached as required by Section 6 of the policy.

**POLICY 2.037**

PROTECTED HEALTH INFORMATION PRIVACY POLICY

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3 1. **Purpose.** To ensure that the Palm Beach County School District (District)  
4 complies with the Health Insurance Portability and Accountability Act of 1996, as  
5 amended by the HITECH Act of the American Recovery and Reinvestment Act of  
6 2009 (HIPAA), privacy and security breach notification provisions pertaining to the  
7 protection of individually identifiable health information of District employees,  
8 retirees, dependents and students.

9 The District, based upon its self-administration of certain self-funded health plans,  
10 is a covered entity under HIPAA. As its business activities include both covered  
11 and primarily, non-covered functions, it has decided to designate itself a “hybrid  
12 entity” under HIPAA.

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14 For purposes of this policy, all health information created and maintained by the  
15 District and its agents that is considered part of a student’s educational record  
16 under the Family Educational Rights and Privacy Act (FERPA) is not subject to this  
17 policy.

- 18 2. **Definitions.** For purposes of this policy alone, the terms listed below shall be  
19 defined as follows:

20 a. *Business Associate* means a person or an entity that is not an employee and  
21 performs or assists in the performance of: (1) an activity involving the use or  
22 disclosure of individually identifiable information including claims processing or  
23 administration; data analysis; processing or administration; utilization review;  
24 quality assurance; billing; benefits management; and repricing; or (2) legal;  
25 actuarial; accounting; consulting; data aggregation; management;  
26 administrative; accreditation or financial services which involves the disclosure  
27 of individually identifiable employee, retiree or student health information  
28 maintained by the District.

29 b. *Covered entity* means a health plan, a health care clearinghouse or a health  
30 care provider that transmits any health information in electronic form in  
31 connection with financial or administrative activities related to health care.

32 c. *Health Plan* means a program that includes coverage for defined medical,  
33 dental, vision and pharmaceutical services and other health benefits including  
34 those related to wellness.

35 d. *Hybrid entity* means a single legal entity that is a covered entity whose  
36 business activities include both covered and non-covered functions that  
37 designates those functions that are covered functions.

- 38 e. Individually identifiable health information means information collected from an  
39 individual that is created or received by a health care provider, health plan or  
40 employer that relates to the past, present or future physical or mental health or  
41 condition of an individual, the provision of health care to an individual and that  
42 identifies the individual or which reasonably can be used to identify the  
43 individual.
- 44 f. Protected Health Information means individually identifiable health information  
45 transmitted or maintained by electronic media or any other form or medium  
46 excluding individually identifiable health information in education records  
47 covered by the Family Education Rights and Privacy Act (FERPA) and  
48 employment records held by the District in its role as employer.
- 49 3. **Policy Statement.** It is the policy and practice of the School Board to protect and  
50 safeguard individually identifiable health information of an employee, retiree,  
51 employees' dependents or a student, created, acquired or maintained by the  
52 School District consistent with the Health Insurance Portability and Accountability  
53 Act of 1996, as amended by the HITECH Act of the American Recovery and  
54 Reinvestment Act of 2009 (HIPAA), its related regulations, and any case law  
55 arising from the implementation thereof, and applicable state laws.
- 56 a. District officials and employees shall take necessary steps to safeguard PHI  
57 from any intentional or unintentional use or disclosure that is in violation of  
58 HIPAA. These measures shall reasonably safeguard PHI to limit incidental  
59 uses or disclosures that occur during permitted or required use or disclosure of  
60 PHI.
- 61 b. The District shall mitigate, to the extent practicable, any harmful effects of the  
62 improper use or disclosures of PHI by District employees.
- 63 c. Under the Privacy Rule, the School District may disclose PHI to business  
64 associates pursuant to an agreement that sets forth assurances that business  
65 associates will appropriately safeguard the information. Any agreements with  
66 business associates to conduct operations that require the transmission of PHI  
67 shall comply with the Privacy Rule, and such agreements shall require  
68 compliance with the HIPAA Security and Privacy Rules and include other  
69 required and appropriate provisions of 45 CFR §164.
- 70 d. The District will cooperate fully with all state or federal bodies conducting  
71 investigations related to this policy.
- 72 e. All current and future employees must preserve the security and confidentiality  
73 of the protected health information he or she has access to and uses in the  
74 performance of District duties and job responsibilities. All District employees  
75 with access to protected health information as provided for herein shall sign

76 and be bound by the [Employee Confidentiality Agreement for Handling of](#)  
77 [Personal Identification Information and Protected Health Information, PBSD](#)  
78 [Form 2345](#), attached and incorporated hereto.

79 f. Any and all agreements with Business Associates engaged to perform  
80 services related to health information for the District shall comply with HIPAA.

81 4. **Privacy and Security Administration.**

82 a. Privacy Officer. The Director of Risk and Benefits Management is  
83 designated as the District's Privacy Officer. The Superintendent, to whom  
84 the Privacy Officer reports, is the final authority for data privacy in the District.  
85 The Privacy Officer, shall be responsible for: (i) with the Security Officer,  
86 developing and implementing administrative, technical and physical  
87 safeguards to protect the privacy of PHI; (ii) developing and implementing  
88 privacy procedures necessary to comply with this policy, including any  
89 agreements with business associates to ensure the District's and business  
90 associates' compliance with HIPAA; and (iii) with the Security Officer,  
91 establishing training for District employees on the privacy and security  
92 provisions related to HIPAA. The Privacy Officer shall be responsible for  
93 receiving HIPAA related complaints, HIPAA violations and providing  
94 notifications to affected persons as required by HIPAA.

95 b. Program Unit Privacy Officers. The District's Privacy Officer may request  
96 that local privacy officers be designated as necessary to implement this policy  
97 and procedures within their program areas effectively. District work units shall  
98 promptly comply with any such request.

99 c. Security Officer. The Chief Information Officer is designated to serve as the  
100 chief security officer and shall be responsible for the security of the electronic  
101 PHI, in accordance with HIPAA. For purposes of this section, electronic PHI  
102 means data transmitted or maintained in electronic media. The Security Officer  
103 may develop and implement security measures to protect electronic PHI, and  
104 may designate local security officers as necessary to facilitate the  
105 implementation of procedures and security measures. Such procedures are to  
106 include, but not be limited to, procedures to:

107 i. Prevent, contain and correct any security violations related electronic PHI.

108 ii. Address security incidents related to electronic PHI.

109 iii. Create, maintain and retrieve exact copies of electronic PHI in a data  
110 backup plan.

111 iv. Respond to an emergency or other occasion (ex. natural disaster) that  
112 damages systems that contain electronic PHI.

- 113 v. Restore any loss of electronic PHI data.
- 114 vi. Address the final disposition of electronic PHI, and the hardware and  
115 electronic media on which it is stored.
- 116 vii. Remove electronic PHI from electronic media before it is made available  
117 for re-use.
- 118 viii. Corroborate that electronic PHI has not been altered or destroyed in an  
119 unauthorized manner.
- 120 5. **Training.** The Privacy and Security Officers shall identify the District operations  
121 which require the maintenance and use of PHI and those Board employees who  
122 work with this information. Training will be provided to current employees and new  
123 employees determined by the District to have access to PHI of employees.
- 124 6. **Notice of Privacy Practice.** The Privacy Officer will provide a notice that  
125 describes, among other things, the uses and disclosures that the District is  
126 permitted or required to make under HIPAA, the District's obligations under HIPAA,  
127 and the rights related there for employees, students, and/or other individuals who  
128 may receive services from the District's covered components.
- 129 7. **Grievances or Complaints.** There shall be a complaint procedure in place  
130 whereby written complaints related to PHI and HIPAA standards may be  
131 addressed. The Privacy and Security Officers shall have ten (10) work days to rule  
132 on such complaint. If the complainant is not satisfied with the disposition of the  
133 complaint, the complainant may appeal to the Superintendent or his designee, who  
134 shall review the matter and make a final decision within fifteen (15) working days of  
135 receiving written notice of the appeal. The designated parties shall document on  
136 behalf of the Board and the District all grievances/complaints and the outcome of  
137 such grievances/complaints.
- 138 8. **Non-Retaliation.** The Board, through its employees and officers, shall not  
139 intimidate, threaten, coerce, discriminate against or take other retaliatory action  
140 against any individual for the exercise of any rights under the HIPAA Privacy Rule  
141 and Security Rule, or the Board's privacy and security policies and procedures,  
142 including the filing of a grievance/complaint. Individuals shall be protected from  
143 any retaliatory actions for engaging in the following activities:
- 144 a. Filing a complaint against the Board with the Secretary of Health and Human  
145 Services.
- 146 b. Testifying, assisting or participating in a Privacy Rule or Security Rule  
147 investigation, compliance review or audit, proceeding or hearing.
- 148 c. Opposing any act or practice under the Privacy Rule or Security Rule when

149 the individual has a good faith belief that the act or practice is unlawful and the  
150 manner of opposition is reasonable and does not involve a disclosure of PHI  
151 that violates the Privacy Rule or Security Rule.

152 9. **Breach of Privacy and Security.** The Privacy Officer, with the assistance of  
153 the Security Officer, shall be responsible for investigating all reported incidents of  
154 alleged violation of health information privacy or security, regardless of source or  
155 severity. In regards to such investigation, the Privacy and Security Officers shall:

156 a. Maintain a privacy incident file, documenting the incident and summarizing for  
157 the Superintendent the status of every open file regarding alleged PHI privacy  
158 and security violations, regardless of discovering source.

159 10. **Violations/Sanctions.** Employees who violate this policy, or any related  
160 procedures implementing this policy, may be subject to disciplinary action up to  
161 and including termination of employment. The Privacy Officer, in conjunction with  
162 the Superintendent, shall ensure the appropriate implementation of sanctions  
163 against those members of the workforce who fail to the comply with this policy.

164 STATUTORY AUTHORITY: Fla. Stat. §§ 1001.41, 1001.22

165 LAWS IMPLEMENTED: Fla. Stat. §§ *Health Insurance Portability and Accountability*  
166 *Act of 1996* (Public Law 104-191; 45 CFR Parts 160 and 164); *HITECH Act of American*  
167 *Recovery and Reinvestment Act of 2009*

168 HISTORY: \_\_/\_\_/2010

Legal Signoff:

The Legal Department has reviewed proposed Policy 2.037 and finds it legally sufficient for adoption by the Board.

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Attorney

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Date



**NOTICE OF PRIVACY PRACTICES RELATED TO STUDENTS AND FAMILY  
MEDICAL/MENTAL HEALTH RECORDS**

*THIS NOTICE DESCRIBES HOW MEDICAL INFORMATION ABOUT YOU AND/OR YOUR CHILD MAY BE USED AND DISCLOSED AND HOW YOU CAN GET ACCESS TO THIS INFORMATION.  
PLEASE REVIEW IT CAREFULLY.*

**Our Commitment to Protect Health  
Information about You and Your Child**

The Health Insurance Portability and Accountability Act of 1996, as amended by the HITECH Act of American Recovery and Reinvestment Act of 2009 (HIPAA), a federal law, requires all organizations to maintain the privacy of your and your child's mental health and medical records. To the extent the Palm Beach County School Board (PBCSB) has determined that the School District is a hybrid entity falling under HIPAA, the School District must comply with the Privacy Rule of HIPAA with respect to you and your child's mental health and medical records that are not educational records. The law calls these records protected health information (PHI). This notice explains to you how your and your child's PHI may be used by the School District and how the School District keeps this information private and confidential. The School District has always kept this information confidential; however, this notice explains the School District's legal responsibilities according to HIPAA.

PBCSB reserves the right to make changes in this notice and to make such changes effective for all PHI we may already have about you and your child. If the School District changes how it handles your and your child's PHI, you will be informed. The most current notice will be posted on the PBCSB website, [www.pbc.edu](http://www.pbc.edu).

**How the School District May Use and Disclose  
Protected Health Information  
About You and Your Child**

Protected health information (PHI) includes demographic and medical information about the past, present, or future physical or mental health of an individual. The demographic information could include your and your child's name, address, telephone number, social security number and any other means of identifying you and/or your child as a specific person.

Protected health information (PHI) of the School District may be information created or received by the School District. As an example, a psychological or psychosocial evaluation completed by a School District employee is PHI, as well as a report from your child's doctor.

Your or your child's PHI may be used or shared by the School District for purposes of medical and/or mental health treatment and/or payment for these services. Health care professionals may use this information in schools and/or hospitals to take care of you or your child.

The School District is permitted by law to use and/or disclose your and your child's PHI in several different ways as follows:

- With another health care provider for purposes of your child's treatment;
- With Medicaid, or local, state or federal agencies to pay for the services provided to you or your child;
- Reporting abuse of children, adults or disabled persons;
- Investigations related to a missing child;
- Internal investigations and audits by the School District or any grant funding authority;
- Investigations and audits by the State Inspector General, Department of Education and Auditor General;
- Public health purposes including vital statistics, disease reporting, and regulation of health professionals;
- Medical examiner investigations;
- Research approved by the School District;
- Court orders and/or subpoenas; and
- Judicial and administrative proceedings.

Other uses or times the School District will share your and/or your child's PHI will require your written consent. This consent will have an expiration date. You may revoke the consent in writing at any time. Certain uses and sharing of psychotherapy (counseling) notes will also require your written consent.



## YOUR AND YOUR CHILD'S RIGHTS

You have a right to request the School District to restrict the use and with whom your and/or your child's PHI may be shared. The School District will consider any of your requests but is not required to agree to them.

- **Right to Request Confidential Communications.** The School District may mail or call you with appointment reminders or regarding your responsibility, if any, to pay for services. You have the right to request that you receive communications by alternative means or at alternative locations and the School District shall accommodate any such reasonable request.
- **Right to Inspect and Copy.** You have a right to review and receive a copy of your PHI. Your review of the PHI will be supervised and will be at a time and place that is convenient to you and a School District representative. You may be denied access as specified by law. This might occur if your child consented to care and the parent's consent was not required by law or if your child is receiving care at the direction of a court or a person appointed by the court. If access is denied, you have the right to request a review by a licensed health care professional who is not involved in the decision to deny access. The licensed health care professional will be designated by the School District.
- **Right to an Accounting of Disclosures.** You have the right to receive a list of the individuals and/or agencies with whom the School District has shared your PHI. The list will not include:
  - Information shared with you;
  - Information shared with individuals involved with your child's care;
  - Information you authorized to be shared;
  - Information shared to carry out treatment and/or payment;
  - Information shared for public health purposes;
  - Information shared for the purposes of research; other than those you authorized in writing;
  - Information shared for health professional regulatory purposes;
  - Information shared to report abuse of children, adults, or disabled persons;
  - Information shared in response to court orders and/or subpoenas; and
  - Information shared prior to April 14, 2003.
- **Right to Amend or Correct.** Your request to correct your or your child's PHI must be in writing and provide a reason to support your

requested correction. The School District may deny your request, in whole or in part, if it finds the PHI: was not created by the School District; is not PHI; is by law not available for your review; or, is accurate and complete.

If your correction is accepted, the School District will make the correction and tell you and others who need to know about the correction. If your request is denied, the School District will place your statement regarding the corrections with your PHI. You may also send a letter detailing the reason you disagree with the decision. The School District will respond to your letter in writing. You may also file a complaint, as described in

## COMPLAINTS

If you believe your privacy rights have been violated, you may file a complaint with the School District's Privacy Officer at

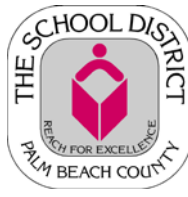
\_\_\_\_\_, or Region IV, Office for Civil Rights, U.S. Department of Health and Human Services, Atlanta Federal Center, Suite #B&), 61 Forsyth Street, SW, Atlanta, GA 30303-8909/HIPAA Privacy Hotline: (404)562-7886; Fax: (404)562-7881; TDD: (404)331-2867. Please be advised the School District will not retaliate against you or your child for filing a complaint.

## EFFECTIVE DATE

This Notice of Privacy Practices is effective \_\_\_\_\_, 2010 and shall be in effect until a new Notice is approved and posted.

## FOR FURTHER INFORMATION

If you have any questions about this notice, please contact the School District's Privacy Officer, \_\_\_\_\_, who can be reached at (561) \_\_\_ - \_\_\_\_\_ or \_\_\_\_\_.



## NOTICE OF PRIVACY PRACTICES RELATED TO HEALTH PLAN

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*THIS NOTICE DESCRIBES HOW MEDICAL INFORMATION ABOUT YOU MAY BE USED AND DISCLOSED AND HOW YOU CAN GET ACCESS TO THIS INFORMATION. PLEASE REVIEW IT CAREFULLY.*

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This notice is provide to you on behalf of the School Board of Palm Beach County (PBCSB)) and applies to the privacy practices of the PBCSB health plans: medical, dental, vision, flexible spending account and employee assistance program. In accordance with the Health Insurance Portability and Accountability Act of 1996, amended by the HITECH Act of American Recovery and Reinvestment Act of 2009 (HIPAA), the PBCSB will take reasonable steps to ensure the privacy and security of your personally identifiable health information. This notice is intended to satisfy HIPAA's notice requirements with respect to all health information created, received or maintained by the PBCSB in support of its health plans.

### *Preliminary Notice*

Access to and disclosure of the information described in this notice apply to the above-reference plans. As plan sponsor, the PBCSB has entered or is in the process of entering into Business Associate Agreements with our plan administrators to perform various functions on our behalf or to provide certain types of services (member services support, claims payments, etc.). In order to provide these services, our Business Associates will receive, create, maintain, use or disclose protected individual health information under the terms of those written agreements and in accordance with HIPAA as to the safeguard of your PHI.

PBCSB's role as plan sponsor primarily consists of

the collection of personal demographic information required to establish eligibility in our plans and transmission of that data as required by our Business Associates for enrollment in those plans. Demographic information could include your name, address, telephone number, social security number and/or any other unique ways of identifying you, individually.

A health plan in which you have coverage as a result of your employment with the PBCSB, such as a vision care provided, may issue to you a Notice of Privacy Practices. Any notice you received from such plan applies to how that plan will deal with your PHI and such notice shall supersede this Notice with respect to such plan.

### *Our Legal Duty*

In accordance with HIPAA, we are required to maintain the privacy of your health information and give you notice about:

- Our use, disclosure (sharing or giving out), collection, handling, and protection of your protected health information (PHI).
- Our legal duty with respect to your PHI.
- Your privacy rights with respect to your PHI.
- Your right to file a complaint with the US Secretary of Health and Human Services and the School District's health plan; and
- The person and office to contact for further information.

We must follow the privacy practices that are described in this notice while it is in effect. This notice is effective as of \_\_\_\_\_, 2009.

PBCSB reserves the right to change the terms of this notice and to make new provisions as permitted by law. We reserve the right to make the changes in our privacy practices and the new terms of our notice effective for all PHI that we maintain, including PHI we created or received before we made the changes. In the event we make material changes in its privacy practices, all employees will be informed of such changes. The most current Notice of Privacy Practices will be posted on the School District website at: [www.\\_\\_\\_\\_\\_](http://www._____).

You may request a copy of our notice at any time. For more information about our privacy practices, or for additional copies of this notice, you may use the information listed at the end of this notice to contact the PBCSB representative.

## USES AND DISCLOSURES OF PROTECTED HEALTH INFORMATION

Protected health Information (PHI) includes demographic and medical information about the past, present or future physical or mental health or condition of an individual.

PHI may be information created, received and maintained by the School District. As an example, a School District employee may provide your enrollment or eligibility information to a health care provider, as well as maintain records within the School District's Risk and Benefits Management Department. Additionally, your PHI may be used and disclosed for the School District's day-to-day office business activities.

Except for the purposes listed below, the health plan may use and disclose PHI only with your written permission. This notice explains the purposes and gives some examples of the types of uses and disclosures. The examples are not meant as a total listing. *You may revoke such permission at any time or request restricted disclosure of your health information. Please review the "Individual Rights" section for the process.*

**Treatment.** We may use information about you to verify benefit entitlements under our group health plans. For example, if you inquire about a co-payment being imposed or a benefit being denied, we may discuss the claim information that you provide us with the company which is administering the claim.

**Payment.** With a health care provider or insurance carrier for the health plans, we may use and disclose your PHI for billing and/or to pay claims for services you receive from health care providers as doctors, hospitals, pharmacies and others that are covered by your health plan.

**Health Care Operations.** We might use and disclose your PHI for all activities that are included with the definition of "health care operations" in the Federal Privacy Regulations. For example, we might use and disclose your PHI or claims to project future or to determine our premiums for your health plan, to conduct quality assessment and improvement activities, or for the Risk and Benefits Management Department to perform general administrative activities.

**As Required by Law.** Your medical information may be used or disclosed as required by state or federal law. For example, medical information must be disclosed to the U.S. Department of Health and Human Services upon request for purposes of determining compliance with federal privacy laws.

**Workers' Compensation or Similar Programs.** We may disclose PHI as authorized by workers' compensation or other similar programs that provide benefits for work-related injuries or illness.

**Public Health Purposes** as vital statistics, disease reporting, or if the disclosure is necessary to prevent or lessen a serious or imminent threat to the health or safety of a person or the public.

**Coroners, Medical Examiners, and Funeral Directors.** We may disclose your PHI to a coroner or medical

examiner. This may be necessary for identification purposes or other duties as required by law. We may also use and/or disclose your PHI to a funeral director as permitted and consistent with law and as necessary to carry out their duties. Your PHI may also be used and disclose to facilitate to determine the cause of death.

**Organ and Tissue Donation.** We are permitted to disclose your PHI to organizations that handle organ procurement or organ, eye or tissue transplantation, or to an organ bank as necessary to facilitate organ or tissue donation, or transplantation.

**Legal Process and Legal Proceedings.** We might disclose your PHI in response to a court or administrative order, subpoena, discovery requests, or other lawful process, under certain circumstances.

**Military and National Security.** We may disclose your PHI of armed forces personnel if authorized by military command authorities. We may also disclose your PHI to authorized federal officers for conducting national security, intelligence and counterintelligence activities.

**Investigations and Audits** as conducted by the School District or by the State Inspector General, the Florida Department of Education and the State Auditor General.

**Research Approved by the School Board.** We may disclose your PHI to researchers. Federal rules govern these disclosures and require your authorization or the approval by an appropriate board that has reviewed the research and documents.

**Other Uses and Disclosures** of your PHI that are not described above will be made only with your written authorization. If you have authorized us to use or disclose PHI about you, you may revoke your authorization at any time, except to the extent we have taken action based on the authorization.

## INDIVIDUAL RIGHTS

You have the following rights with respect to your PHI that the School District maintains about you.

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**Right to Inspect and Copy.** You have a right to inspect and receive a copy of the PHI that may be used to make decisions about your care or payment for your care. Your review of the PHI will be supervised and will be at a time and place that it mutually convenient. To inspect and receive a copy of your health information, you must make your request, in writing, to the Director, Risk and Benefits Management. If you request a copy of this information, we may charge a fee for the costs of copying, mailing, or other supplies associated with your request.

**Right to Request Restrictions.** You have a right to request a restriction or limitation on PHI the School District uses and/or discloses about you for treatment, payment or health care operations. You also have a right to request a limit on the PHI we use and/or disclose about you to someone who is involved in your care, as a family member or friend, or the payment of your care. However, we are not required to agree to your request. To request a restriction, you must make your request in writing to the Director, Risk and Benefits Management, 3370 Forest Hill Blvd., Suite A-103, West Palm Beach, FL 33406. The request should include the what information you want to limit; whether you want to limit the School District's use, disclosure or both; and to whom you want the limits to apply, for example disclosure to your spouse.

**Right to Correct or Amend.** If you feel the PHI we have about you is incorrect or incomplete, you may ask us to amend the information. You have the right to request an amendment for as long as the information is maintained by or for the School District. Your request to correct your PHI must be in writing and must provide a reason that supports your request. The School District may deny your request, in whole or part, if it the request is not in writing or does not include a reason to support the request. In addition, the School District may deny your request if you ask to amend information if it finds that:

- Is not part of the PHI kept by the plan;
- Is not PHI;
- Is by law not available for review; and
- Is accurate and complete.

A request to correct or amend should be addressed to the Director, Risk and Benefits Management, at the above noted address.

**Right to Request Confidential Communications.** You have a right to request that the School District

communicate with you about medical matters in a certain way or at a certain location. For example, you can ask the School District only to contact you by mail or at work. To request confidential communications, you must make your request, in writing, to the Director, Risk and Benefits Management. We will not ask you the reason for your request and will accommodate all reasonable requests.

**Right to an Accounting of Disclosures.** You have a right to request an accounting of disclosures. This is a list of the disclosures the School District has made of PHI about you. To request this list, you must submit a written request to the Director, Risk and Benefits Management, at the above-stated address. Your request must state a time period that may not be longer than six (6) years and may not include dates before April, 2003. Your request should indicate in what form you want the list (ex. Paper or electronic). You may be charged for the costs associated with providing any additional lists.

**Right to a Paper Copy of this Notice.** You have a right to receive a paper copy of this notice at any time, even if you have previously agreed to receive this notice electronically. To obtain a paper copy of this notice, please contact the Director, Risk and Benefits Management.

### Filing a Complaint

If you believe your privacy rights have been violated, you may complain to us by contacting the Director, Risk and Benefits Management. You also may submit a written complaint to the Region IV, Office of Civil Rights, U.S. Department of Health and Human Services, Atlanta Federal Center, Suite 3B70, 61 Forsyth Street, SW, Atlanta, GA 30303-8909/HIPAA Privacy Hotline, Voice Phone (404) 562-7886; Fax (404) 562-7881; TDD (404) 331-2867.

The School District supports your right to protect the privacy of your medical information. There will be no retaliation in any way if you choose to file a complaint with us or with the U.S. Department of Health and Human Services.

### Questions

If you have any questions about this notice, please contact the School District's Privacy Officer:

Dianne Howard, Director  
Risk and Benefits Management  
3370 Forest Hill Blvd., Suite A103  
West Palm Beach, FL 33406  
Phone: (561) 434-8414  
Fax: (561) 434-8105  
[dhoward@palmbeach.k12.fl.us](mailto:dhoward@palmbeach.k12.fl.us)