

**AUBURN SCHOOL DISTRICT
HEALTH INSURANCE PORTABILITY AND ACCOUNTABILITY ACT (HIPAA)**

The Auburn School Board directs the Superintendent or designee to take steps to ensure compliance with the Health Insurance Portability and Accountability Act of 1996 (HIPAA), which grants individuals the right to receive notice of the uses and disclosures of their protected health information that may be made by the district, and sets forth the individual's rights and the Auburn School District's legal obligations with respect to protected health information.

Confidentiality of Individually Identifiable Health Information

The Auburn School District and its employees will not use or disclose (to parties not employed by the district) an individual's protected health information for any purpose without the properly documented consent or authorization of the individual or his/her authorized representative unless required or authorized to do so under state or federal law or this policy, unless an emergency exists or the information has been sufficiently de-identified that the recipient of the information would be unable to link the information to a specific individual.

Prior to releasing any protected health information for the purposes set forth above, the Auburn School District representative disclosing the information shall verify the identity and authority of the individual to whom disclosure is made. This verification may include the examination of official documents, badges, driver's licenses, workplace identity cards, credentials or other relevant forms of identification or verification.

All employees of the Auburn School District are expected to comply with the administration of this policy. Any violation of the HIPAA privacy or security standards or this policy shall constitute grounds for disciplinary action, up to and including termination of employment.

Any employee of the Auburn School District who believes that there has been a breach of the integrity or confidentiality of any person's protected health information shall immediately report such breach to his/her immediate supervisor or Assistant Superintendent. Any employee involved in retaliatory behavior or reprisals against another individual for reporting an infraction of this policy is subject to disciplinary action up to and including termination of employment.

If the Assistant Superintendent determines that there has been a breach of this privacy policy or of the procedures of the Auburn School District, he/she shall make a determination of the potentially harmful effects of the unauthorized use or disclosure and decide upon a course of action to minimize the harm. Any individual responsible for the unauthorized use or disclosure is referred to the Superintendent or designee for appropriate disciplinary measures.

Notice

The Auburn School District shall distribute a Notice of Privacy Practices within one month of the initial adoption of this policy, and thereafter to all employees at the time of their enrollment in their health plan and within 60 days of any material revision. The notice shall also be posted in a clear and prominent location in each building in the Auburn School District and be printed in staff handbooks. The Auburn School District will also notify individuals covered by the health plan of the availability of and how to obtain the notice at least once every three years.

Training

All employees shall receive training regarding the Auburn School District's privacy policies and procedures as necessary and appropriate to carry out their job duties. Training shall also be provided when there is a material change in the district's privacy practices or procedures.

Documentation

Documentation shall be required in support of the policies and procedures of the Auburn School District and all other parts of the HIPAA privacy regulations that directly require documentation, including, but not limited to, all authorizations and revocations of authorizations, complaints and disposition of complaints. All documentation shall be kept in written or electronic form for a period of six years.

Legal Reference:

Public Law 104-191, Health Insurance Portability and Accountability Act of 1996

Adopted: May 24, 2005

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HEALTH INSURANCE PORTABILITY AND ACCOUNT ABILITY ACT (HIPAA)**

NOTICE OF PRIVACY PRACTICES

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.

If you have any questions about this notice, please contact the Assistant Superintendent at SAU #15 at (603) 622-3731.

Who Will Follow the Requirements of This Notice

This notice describes the Auburn School District's practices and those of its employee. The Auburn School District employees may share medical information with each other for the purposes of treatment, payment or other operations of the district as described in this notice.

Privacy of Health Information

We understand that medical information about you and your health is personal. This notice tells you about the ways in which we may use and disclose medical information about you. We also describe your rights and certain obligations that we have regarding the use and disclosure of medical information. We are required by law to:

1. Assure the medical information that identifies you is kept private;
2. Give you this notice of our legal duties and privacy practices with respect to medical information about you; and
3. Follow the terms of the notice that is currently in effect.

Use and Disclosure of Medical Information

The following describes the different ways that we may use and disclose medical information. Generally, private health information may be released without your authorization for the purposes of treatment, payment, or other health care operations of the Auburn School District. Medical information may also be released for the following purposes:

1. As required by law;
2. Public health services;
3. In connection with the investigation of abuse, neglect, or domestic violence;
4. Health oversight agencies in connection with health oversight activities;
5. Judicial and administrative proceedings;
6. Law enforcement;
7. Coroners, medical examiners, and funeral directors;
8. Research if a waiver of authorization has been obtained;
9. Prevent serious and imminent harm to the health or safety of a person or the public;
10. Specialized governmental functions;
11. Military and veteran activities;
12. National security and intelligence; or
13. Worker's compensation if necessary to comply with the laws relating to workers compensation and other similar programs.

ASD File: GBJA-R

You have the following rights regarding medical information that we maintain about you:

Right to Inspect and Copy

You have the right to inspect and copy medical information that may be used to make decisions about you, including medical and billing records. To inspect and copy medical information about you, you must submit your request in writing to the Assistant Superintendent. 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. We may deny your request to inspect and copy in certain, limited circumstances. If you are denied access to medical information, you may request that the denial be reviewed.

Right to Amend

If you feel that the medical information 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 kept by or for the Auburn School District. To request an amendment, your request must be made in writing and submitted to the Assistant Superintendent. In addition, you must provide a reason that supports your request. We may deny your request if the information:

1. Is not in writing or properly supported by a reason;
2. Is not part of the medical record kept by the district; or
3. Is not accurate and complete.

Right to Accounting of Disclosures

You have the right to request an "accounting of disclosures." This is a list of the disclosures we have made of medical information about you. To request this list, you must submit your request in writing to the Assistant Superintendent. Your request must state a time period that may not be longer than six years and may not include dates before April 14, 2003. Your request must also indicate in what form you want the list (for example on paper or electronically). The first list you request within a 12-month period is free. For additional lists, we may charge you for the cost of providing the list. We will notify you of the cost involved and you may choose to withdraw or modify your request before any cost is incurred.

Right to Request Restrictions

You have the right to request a restriction or limitation on the medical information that we use or disclose about you for treatment, payment, or health care operations. You also have the right to request a limit on the medical information that we disclose about you to someone who is involved in your care or the payment for your care. However, we are not required to agree to your request. If we do agree, we will comply with your request unless the information is needed to provide you with emergency treatment. To request restrictions, you must make a written request to the Assistant Superintendent telling us what information you want to limit; whether you want to limit our use, disclosure or both; and to whom you want the limits to apply, for example disclosures to your spouse.

Right to Request Confidential Communications

You have the right to request that we communicate with you about medical matters in a certain way or at a certain location, for example by mail or only at work. To request confidential communications, you must make your request in writing to the Assistant Superintendent and specify how or where you wish to be contacted. We will not ask you the reason for your request and will accommodate all reasonable requests.

Right to a Paper Copy of this Notice

You have the right to a paper copy of this notice. You may ask us to give you a copy of this notice at any time. Even if you have agreed to receive this notice electronically, you are still entitled to a paper copy. You may obtain a copy of this notice by contacting the Assistant Superintendent.

Changes to this Notice

We reserve the right to make changes to this notice and to make the revision or change applicable to medical information we already have about you. We will post a copy of the current notice in each building in the Auburn School District.

Complaints

If you believe your privacy rights have been violated, you may file a complaint with the Auburn School District. To file a complaint, please contact SAU #15, 90 Farmer Road, Hooksett, NH 03106, (603) 622-3731.

All complaints must be submitted in writing. You may also contact the Office for Civil Rights, U.S. Department of Health and Human Services, 200 Independence Avenue, S. W., Room 509F, HHH Building, Washington, D.C., 20201-0004, (800) 368-1019.

Other Uses of Medical Information

Other uses and disclosures of medical information not covered by this notice will be made only with your written permission. If you provide us with permission to use or disclose medical information about you, you may revoke that permission in writing at any time. If you revoke your permission, we will no longer use or disclose medical information about you for the reason covered by your written authorization. However, we will not be able to take back any disclosures that we already made during any period in which your permission was in effect.