



St. John's Northwestern Academies Birk Infirmary

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Notice of Privacy Rights

HOW WE MAY USE AND DISCLOSE PROTECTED HEALTH INFORMATION (PHI) ABOUT YOUR STUDENT.

This Notice provides you with the following important information:

- How we use and disclose your student's PHI.
 - Your student's privacy rights with regard to his/her PHI, and
 - Our obligation to you and your student concerning the use and disclosure PHI.
1. **Treatment.** We may use or release your student's PHI to provide, coordinate or manage your student's care. This includes communication and consultation between health care providers. This applies to uses and releases to health care providers both within and outside of St. John's Northwestern Academies.
We may also use or disclose your student's health information to:
 - Enhance continuity of care
 - Improve students' health management at school
 - Prevent duplication of efforts across health entities
 - Conduct important health and surveillance activities
 - Enrich collaboration among providers and partner organizations
 - Determine best practices in student care
 - Share data with immunization registries to prevent/combat outbreaks
 - Confer with a pharmacy regarding a prescription
 - Schedule a test, such as a blood test or X-ray
 2. **Payment.** We may use and disclose your health information to send bills and collect payment from you, your health plan or other third parties for the services provided to you.
 - If needed, we may send to your insurance company a bill or medical documentation that gives health information about your student to help get payment for your student's medical bills.
 - We may also use and disclose PHI that your health plan may require before it approves or pays for health services.
 - If needed in determining eligibility or coverage for insurance benefits.
 - Making a medical necessity decision about services your student received.
 - We may disclose your student's PHI to another healthcare provider if the information is needed by that healthcare provider to get paid for medical services provided to your student.
 3. **Healthcare Operations.** We may use and disclose your student's PHI for business operations.
 - Calling and leaving a message regarding your student.
 - Improve quality by reviewing the performance of our healthcare professionals.
 - You may be contacted to provide information about health-related services we offer or to discuss disease management for your student.
 - PHI may be disclosed to conduct medical review, risk management, auditing and compliance.
 - PHI may be disclosed for general administrative activities relating to privacy, customer service, resolution of complaints and creating de-identified health information.
 - PHI may be disclosed to referring doctors, clinics, hospitals, and emergency medical transportation companies to facilitate health care operations.

- PHI may be shared with third party “business associates” that perform various activities such as billing, collection, and satisfaction surveys.
4. **As required by law.** We may use or disclose your student’s PHI as required by federal, state, or local law. The use or disclosure will be made in compliance with the law and will be limited to the requirements of the law. For example, we are required to report abuse or neglect of a child.
 5. **For Public Health Activities.** We may disclose your student’s PHI in certain circumstances to:
 - Prevent or control a communicable disease, injury or disability.
 - Report births and deaths.
 - Report reactions to medications, vaccinations or problems with products.
 - Notify you and your student of recalls of products they may be using.
 - To contact Poison Control.
 - Wisconsin Immunization Registry.
 - Utilize WEDSS to report a communicable disease per state statute.
 6. **For health oversight activities.** We may share your student’s PHI with health oversight agencies, including government agencies that monitor or regulate schools, clinics or other healthcare providers, to be certain your student receives the correct and proper care.
 7. In the event of a student’s death, PHI may be released to a coroner or medical examiner when necessary to identify the deceased, determine the cause of death, or as otherwise authorized by law. PHI may also be release to a funeral director as necessary for funeral arrangements.
 8. **To avoid a serious threat to health or safety.** We may release your student’s PHI to people in authority if we think that it will prevent or lessen a serious or immediate danger to your student or the safety or health of other people.
 9. **For Military or National Security purposes.** We may release your student’s PHI to military or federal officials as required for lawful national security purposes, investigations, or intelligence activities.
 10. **For worker’s compensation.** We may share your student’s PHI as allowed by worker’s compensation laws or other similar programs. These programs may provide benefits for work-related injuries or illness.
 11. **Law Enforcement and Correctional Facilities.** We may release your student’s PHI when asked by a law enforcement official; for example, in response to a court order, warrant, or summons. We may use or disclose your student’s PHI if it is necessary for law enforcement authorities to identify or apprehend a suspect, fugitive, material witness, or missing person. We may disclose your student’s PHI if necessary to report crimes on our premises or to report a crime in an emergency. We may disclose your student’s PHI to law enforcement personnel for certain purposes if your student is in lawful custody.
 12. We may disclose relevant PHI of your student to a family member or friend who is involved with your student’s care. Often, families want us to discuss their student’s care with family members and others to keep them up to date with a student’s health care plan, to assist with handling bills, or to help with the scheduling of appointments. Also, if a family member or friend is present while care is being provided to your student, we will assume anyone present may hear the discussion, unless you state otherwise. If you do not want us to disclose your student’s protected health information (PHI) to other family members or others who are involved in the handling of your student’s bill, please let the Birk Infirmary office know. 1-262-646-7125.
 13. **Disaster Situations.** In a disaster situation (tornado, fire etc.), we may disclose your student’s PHI to people who handle disasters to assist in disaster management efforts.

14. Information with additional protections. Certain types of PHI may have additional protections under federal or state laws. For example, protected health information about HIV/AIDS, mental health and genetic testing results may be treated differently than other types of PHI. Federal assisted alcohol and drug abuse programs are subject to certain special restrictions on the use and disclosure of alcohol and drug abuse treatment information. We may need to get your written permission before disclosing this type of information others in these types of circumstances. Some parts of this general Notice of Privacy Practices may not apply to these kinds of PHI.

Your written authorization is required for other uses and disclosures:

Uses and disclosures for psychotherapy notes, marketing purposes and disclosures that constitute a sale of PHI can only be made with your specific written permission. Other uses and disclosures of PHI not covered by this Notice or applicable laws will be made only with your written permission. If a permission form is signed, you may withdraw your permission at any time, as long as you notify us in writing. If you wish to withdraw your permission, please call the Birk Infirmary at 1-262-646-7125. Your written notice to withdraw will not affect any uses or disclosures made while your permission was in effect.

YOUR HEALTH INFORMATION RIGHTS:

1. **Inspect and Copy your student's health information.** You have the right to inspect and to request a copy of information maintained in our designated medical record about your student. This includes medical and billing records maintained and used by us to make decisions about your student's care. You have the right to obtain an electronic copy of your student's medical information if you choose. You may direct us to transmit the copy to another entity or person that you name provided the choice is clear, conspicuous and specific. To obtain or inspect a copy of your medical record information, contact the Birk Infirmary at 1-262-646-7125. Most patients have full access to inspect and receive a copy of the full medical record. On rare occasions, we may deny a request to inspect and receive a copy of some information in the medical record. This could occur if the release of that specific information would be reasonably likely to endanger the life or physical safety of the student or other person.
2. **Request to challenge or correct your student's health information.** You have the right ask us to change or correct the information in your student's record, if you believe that the information is not correct or incomplete. You will be asked to make your request in writing. You will need to tell us why your student's health information should be changed. If we accept your request to amend the information, we will make reasonable efforts to inform others, including people you name, of the amendment form and include the changes in any future disclosures of that information. We may deny your request if we did not create the information you want changed, the information is already accurate and complete, the originator is no longer available to make the amendment, or for certain other reasons. If we deny your request, we will provide you with a written explanation. You may respond with a statement of disagreement, which may be added to the information you wanted changed.
3. **Request restrictions on certain uses and disclosures.** You may ask that we limit how your student's PHI is used or disclosed for treatment, payment or health care operations. You may also request that any part of your student's PHI not be disclosed to family members or friends who may be involved in your student's care. Your request must be in writing and submitted to the Birk Infirmary. We are not required to agree to your restriction request, but will carefully consider all requests. If we agree to your request, we will abide by our agreement (except in an emergency or when the information is necessary to treat your child). You may cancel the restrictions at any time. In addition, we may cancel a restriction at any time as long as we notify you of the cancellation and continue to apply the restriction to information collected before the cancellation. We are required to agree to prevent disclosure of your student's PHI to a health plan for the purpose of carrying out payment or health care operations, but only if it pertains

solely to a health care item or service which has been paid out-of-pocket and in full. This restriction does not apply to use or disclosure of your student's health information related to your medical treatment.

4. As applicable, receive confidential communication of health information. You have the right to ask that we share health information about your child in different ways or places. For example, you may ask to learn about your student's health status in a private area or by a letter sent to a private address. We will meet reasonable requests. We will require that you provide an alternative address or other method of contact. If requesting this type of confidential communication, you must ask in writing.
5. Receive a listing of Disclosures. You may ask for a list of those who received information from your student's medical records within the last six years. This list must include the date your student's health information was given, to whom it was given, a short description of what was given and why. We must give you this list within 60 days unless we give you notice that we need an extra 30 days. The list will not include disclosures a) for treatment, payment, healthcare operations, b) as authorized by you, and c) for certain other activities, including disclosures to you.
6. Obtain a paper copy of this notice. A paper copy of this notice will be provided to you even if you have received this notice on our website or by electronic mail (e-mail). Even if you received a copy of the notice before, you may still be asked to sign that you have received the notice. You may ask for a copy of this notice at any time.
7. Right to receive notice of breach. We are required to notify you by first class mail or by e-mail (if you have indicated a preference to receive information by e-mail), of any breach of your student's unsecured protected health information (PHI).
8. Complaint filing. If you believe your student's privacy rights have been violated, you may file a complaint with the Human Resources Director at SJNA or with the Secretary of the US, Department of Health and Human Services, Office of Civil Rights. Retaliation for reporting a complaint is severely restricted by any SJNA staff member.