

NOTICE OF PRIVACY PRACTICE

This notice describes how health information about you may be used and disclosed and how you can get access to this information. Please review it carefully.

UNDERSTANDING YOUR MEDICAL INFORMATION

Special Education for Exceptional Kids, Inc. (SEEK) understands that health information about you is personal. We are required to protect the privacy of health information about you under the Health Insurance Portability and Accountability Act of 1996 (HIPAA). We are committed to protecting your health information by following the procedures in this Notice.

We are required by law to:

- Maintain the privacy of your health information
- Notify you following a breach of unsecured health information
- Provide you with this Notice of our legal duties and privacy practices concerning the information we collect and maintain about you
- Follow the terms of this Notice or a Notice that is in effect at the time we use or disclose your health information

SEEK has a detailed policy on confidentiality. All SEEK employees are required to protect the confidentiality of your “Protected Health Information” (PHI) or Electronic Protected Health Information” (e-PHI). An employee may only access your information when they have an appropriate reason to do so. Each employee has signed a HIPAA Compliance Agreement that they have read and understand that all information relating to your privacy and rights are protected. On an annual basis, SEEK will send a notice to employees to remind them of this policy. Any employee who violates the policy is subject to discipline, up to and including termination from employment with SEEK. We may change the terms of this Notice at any time, provided that the changes are permitted by law. A new Notice will be effective for all PHI or e-PHI that we maintain at any given time. Upon your request, we will provide you with any revised Notice of Privacy Practices. Copies of these Notices are available at any of our offices and posted on our website at www.seekeducation.org.

Uses and Disclosures of Protected Health Information for which your Authorization is not required.

Your PHI or e-PHI may be used and disclosed without your prior authorization by your service providers, our office staff, and others outside our office that are involved in your care and treatment. The following are only a few examples of the types of uses and disclosures of your PHI or e-PHI that we are permitted to make without your authorization for these purposes:

1. **Treatment:** We may disclose information about you to provide services. We will use and disclose your PHI or e-PHI to provide, coordinate, or manage your health care and any related services regarding your treatment. For example, we may disclose information

to your health insurance case manager or funding source service coordinator to receive referral information or authorization to begin services.

2. **Payment:** We may disclose information about you as needed to bill and collect payment for services we provided to you. For example, we may contact your insurer or service coordinator for questions regarding your invoice or copayment for services.
3. **Healthcare Operations:** We may use or disclose, as needed and minimum exposure, your PHI or e-PHI to perform business activities, “healthcare operations,” to improve the quality of care we provide and to reduce healthcare cost. These activities could include, but are not limited to, quality assessment activities, consumer satisfaction survey, employee review activities, training of new staff, licensing, and conducting or arranging for other business activities. For example, we may cooperate with an outside organization that assesses the quality of the care we provide. We may review and audit the quality, efficiency, and cost of care we provided to you or resolving grievances within our organization.

Other Permitted and Required Uses and Disclosures That May Be Made With your Opportunities to Object.

We may use and disclose your PHI or e-PHI in the following conditions. You have the opportunity to object to the use or disclosure of all or part of your PHI or e-PHI. If you are not present or able to agree or object to the use or disclosure of the PHI or e-PHI, then your health care provider may, using professional judgment, determine whether the disclosure is in your best interest. In this case, only the PHI or e-PHI that is relevant to your health care will be disclosed.

1. **Others Involved in Your Health Care:** Unless you object, we may disclose to a member of your family, a close friend or any other person you identify and authorize, your PHI or e-PHI that directly relates to that person’s involvement in your health care. If you are unable to agree or object to such disclosure, we may disclose such information as necessary if we determine that it is in your best interest based on our professional judgment. We may use or disclose PHI or e-PHI to notify or assist in notifying a family member, personal representative or any other person that is responsible for the care of your location, general condition and or death. Finally, we may use or disclose your PHI or e-PHI to an authorized public or private entity to assist in disaster relief efforts and to coordinate uses and disclosures to family or other individuals involved in your health care.
2. **Emergencies:** We may use or disclose your PHI or e-PHI in an emergency treatment situation. If this happens, we will try to obtain your consent as soon as reasonably practicable after the delivery of treatment. If your healthcare provider or another healthcare provider in our agency is required by law to treat you and the healthcare provider has attempted to obtain your consent but is unable to obtain your consent, they may still use or disclose your PHI or e-PHI to treat you.

Other Permitted and Required Uses and Disclosures That May Be Made Without Your Consent, Authorization, or Opportunity to Object.

We may disclose your PHI or e-PHI in the following conditions without your consent or authorization:

- 1. Required by Law:** We may use or disclose your protected health information to the extent we are required to do so by state or federal law. For example, the HIPAA law compels us to disclose PHI or e-PHI when required by the Secretary of the Department of Health and Human Services to investigate our compliance efforts.
- 2. Public Health Activities:** We may disclose your protected health information to an authorized public health authority for purposes of public health activities. The information may be disclosed for such reasons as controlling disease, injury and or disability. We also may have to disclose your PHI or e-PHI to a person who may have been exposed to a communicable disease or who may otherwise be at risk of contracting or spreading the disease. In addition, we may make disclosures to a person subject to the jurisdiction of the Food and Drug Administration, for the purpose of activities related to the quality, safety or effectiveness of an FDA-regulated product or activity.
- 3. Abuse or Neglect:** We may make disclosures to government authorities if we believe you have been a victim of crime, abuse, neglect, and or domestic violence. We will only make this disclosure if you agree or when we are required or authorized by law to do so.
- 4. Health Oversight:** We may disclose your PHI or e-PHI to a government agency authorized to oversee the health care system or government programs, or its contractors (e.g., state insurance department, U.S. Department of Labor, etc.) for activities authorized by law, such as audits, examinations, investigations, inspections and licensure activity.
- 5. Lawsuits and Disputes:** We may disclose your PHI or e-PHI in the course of any judicial or administrative proceedings, in response to an order of a court or administrative tribunal and, in certain cases, in response to a subpoena, discovery request or other lawful processes.
- 6. Law Enforcement:** We may disclose your PHI or e-PHI under limited circumstances to law enforcement officials. For example, disclosures may be made in response to a warrant or subpoena and or for the purpose of identifying or locating a suspect, witness and or missing persons or to provide information concerning victims of crimes.
- 7. Coroners, Funeral Directors and Organ Donation:** We may disclose your PHI or e-PHI in certain instances to coroners, funeral directors and or organizations that help find organs, eyes, and tissue to be donated or transplanted.
- 8. Threat to Health or Safety:** If we believe that a serious threat exists to your health and or safety, or to the health and safety of any other persons or the public, we will notify those persons we believe would be able to help prevent or reduce the threat.

- 9. Military Activity and National Security:** We may disclose your PHI or e-PHI to Armed Forces personnel under certain circumstances and to authorized federal officials for the conduct of national security and intelligence activities.
- 10. Correctional Institutions:** If you are an inmate in a correctional facility, we may disclose your protected health information to the correctional facility for certain purposes, including the provision of health care to you or the health and safety of you or others.
- 11. Fundraising:** Demographic information, dates of healthcare services, service providers, health plan status, and outcomes can be used for fundraising without authorization. This information will not contain any personal identifiable references or breach confidentiality.

Uses and Disclosures of PHI or e-PHI for which Your Written Authorization Is Required.

Other uses and disclosures of your PHI or e-PHI will be made only with your written authorization, unless otherwise permitted or required by law. You may revoke this authorization, at any time in writing. We will not disclose information about you after we receive your revocation notice, except for disclosures which were being processed before we received your revocation notice. The following uses and disclosures will be made only with your written authorization:

1. Most uses and disclosures of treatment progress notes
2. Uses and disclosures of PHI or e-PHI for marketing purposes
3. Disclosures that constitute a sale of PHI or e-PHI
4. Other uses and disclosures not described in this Notice of Privacy Practice

UNDERSTANDING YOUR RIGHTS

When it comes to your health information, you have certain rights. This section explains your rights and a brief description of how you may exercise these rights:

Right to Request a Copy of this Notice: If you have received this notice electronically, you have the right to obtain a paper copy of this notice upon request. We will provide a paper copy of this notice, usually within 30 days of your request.

Right to Request to Inspect and Receive a Copy of your PHI or e-PHI: You have the right to ask to see or get a copy of your PHI or e-PHI records we have about you. Ask us how to do this. We will provide a copy of your PHI or e-PHI records, usually within 30 days of your request. There are certain situations in which we are not required to comply with your request. In this case, we will respond to you in writing, stating why we will not grant your request and describing any rights you may have to request a review of our denial.

Under Federal Law, you may not inspect or copy the following records: treatment progress notes, information compiled in reasonable anticipation of, or use in, a civil, criminal or administrative action or proceedings, and PHI or e-PHI that is subject by law that prohibits access to PHI or e-PHI. In some circumstances, you may have a right to have this decision reviewed.

Right to Amend your PHI or e-PHI Records: You have the right to ask us to correct your PHI or e-PHI records (e.g., clinical, billing, and other records used to make decisions about you) if you think they are incorrect or incomplete. Ask us how to do this. We may say “no” to your request, but we’ll tell you why in writing within 60 days.

Right to Request Restrictions: You have the right to ask us to place restrictions on the way we use or disclose your PHI or e-PHI for treatment, payment or health care operations or to others involved in your health care. However, we are not required to agree to these restrictions. These situations include emergency treatment, disclosure to the Department of Health and Human Services, and disclosures described in the previous section of this Notice. If we do agree to a restriction, we may not use or disclose your PHI or e-PHI in violation of that restriction, unless it is needed for an emergency.

Right to Request Confidential Communications: You have the right to request to receive communications of PHI or e-PHI from us by alternative means or at alternative locations if you clearly state that the disclosure of all or part of that information could

endanger you. We will try to accommodate reasonable requests. Your requests must be in writing.

Right to Request an Accounting of Certain Disclosures: You have the right to have us provide you an accounting of times when we have disclosed your PHI or e-PHI for any purpose other than the following: (i) treatment, billing and collection of payment for your treatment, health care operation (ii) disclosures to others involved in your health care; (iii) disclosures that you or your personal representative have authorized; or (iv) certain other disclosures, such as disclosures for national security purposes. All requests for an accounting must be in writing. We will require you to provide us the specific information we need to fulfill your request. This accounting requirement applies for six years from the date of the disclosure, beginning with disclosures occurring after April 14, 2003. The list will include the date(s) of the disclosure(s), the name(s) (and address(es), if available) of the person(s) or organization(s) receiving the information, and a brief description of the information. If you request this accounting more than once in a 12-month period, we reserve the rights to charge you a reasonable cost-based fee (e.g., labor, supplies, and postage).

Right to opt out of any communication regarding fundraising activities sponsored by this organization: You have the right to opt out of any fundraising activity. We may use limited information to contact you for fundraising. We may also share such information with our fundraising foundations. You may choose to opt out of receiving fund-raising requests if you are contacted. Your decision will have no impact on your treatment or payment for services at SEEK.

Right to be notified following a breach of your unsecured Protected Health Information (PHI): You have the right to be informed if a breach of your unsecured Protected Health Information. We will tell you if we discover a breach of your health information. Breach means that your health information was disclosed or shared in an unintended way and there is more than a low probability that it has been compromised. The notice will tell you about the breach, about steps we have taken to lessen any possible harm from the breach, and actions that you may need to take in response to the breach.

YOU MAY FILE A COMPLAINT ABOUT OUR PRIVACY PRACTICES.

You may complain to us or the Department of Health and Human Services – Office of Civil Rights if you believe your privacy rights have been violated by us.

You may file a complaint with us by notifying our Privacy Officer:

- In person at 835 W. Christopher St., West Covina, CA 91775
- Email: privacyofficer@seekeducation.org

You may file a complaint with the Department of Health and Human Services – Office for Civil Rights through their complaint channels:

- Online: <https://ocrportal.hhs.gov/ocr/smartscreen/main.jsf>
- Mail: U.S. Department of Health and Human Services
200 Independence Avenue, S.W. Room 509F HHH Bldg.
Washington, D.C. 20201
- Email: OCRComplaint@hhs.gov

We will not retaliate against you for filing a complaint.

We are required by law to maintain the privacy of PHI and e-PHI, to provide individuals with notice of our legal duties and privacy practices with respect to PHI and e-PHI, and to notify affected individuals following a breach of unsecured PHI and e-PHI.

This notice was published and became effective on April 13, 2003.

If you have any objections to this form, please contact our Privacy Officer at privacyofficer@seekeducation.org