



## NOTICE OF PRIVACY PRACTICE 隐私权保护通知书

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.

本通知书将说明您的健康信息之可能使用目的和予以透露情况，同时也将说明您可以如何存取此信息，请仔细阅读。

### UNDERSTANDING YOUR MEDICAL INFORMATION 了解您的医疗信息

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.

SEEK Education for Exceptional Kids, Inc. (以下简称 SEEK) 了解您的健康信息属于个人信息，根据 1996 年健康保险流通与责任法案 (HIPAA)，我们必须保护您健康信息的私密性。我们遵守这份通知书所描述的程序，从而致力于保护您的健康信息。

We are required by law to: 法律规定我们必须:

- Maintain the privacy of your health information 维持您健康信息的私密性
- Notify you following a breach of unsecured health information 在无安全保护的健康信息泄露时通知您
- Provide you with this Notice of our legal duties and privacy practices concerning the information we collect and maintain about you 提供您这份通知，内容是我们在收集和保存有关您的信息方面，所具有的法律责任和保护隐私的做法。
- Follow the terms of this Notice or a Notice that is in effect at the time we use or disclose your health information 遵守本通知的，或是当我们使用或透露您的健康信息当时有效的通知所载的条文。

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](http://www.seekeducation.org).

SEEK 对保密性有详细的政策，所有 SEEK 员工都必须保护您的“受保护健康信息”（Protected Health Information，简称 PHI）或电子保护健康信息（Electronic Protected Health Information”，简称 e-PHI）的保密性。员工只能在有正当理由时接触到您的信息，每个员工都已签署一个 HIPAA 协议表示他们阅读并了解所有和您的隐私与权利有关的信息都受到保护。SEEK 每年都对员工发出这项政策的提醒通知，任何违反此政策的员工都将受到包括可能解雇在内的纪律处分。我们可能在任何时候改变本通知的条文，前提是条文改变是法律所允许的，届时我们所遵守与所有 PHI 或 e-PHI 有关的新通知便会生效。在您索取时，我们会提供您任何修订了的隐私权保护通知书。本通知书的复印件可在我们的所有办公室和网站 [www.seekeducation.org](http://www.seekeducation.org) 上供您检阅。

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

***无需您的授权，我们可以使用和透露您的受保护健康信息的情况***

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:

您的服务提供者、我们的办公室职员、和并非我们办公室职员但涉及您的照护与治疗的其它人员，可能无需您的事先授权而使用和透露您的 PHI 或 e-PHI 健康信息。以下所列仅为几种无需您授权但我们可以使用和透露您 PHI 或 e-PHI 信息的范例：

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. **治疗：**我们可能为了提供服务的目的而透露您的信息。我们会使用和透露您的 PHI 或 e-PHI，来提供、协调或管理您的健康照顾和任何与您的治疗有关的服务。例如，我们可能向您的健康保险个案经理或资金来源服务协调员透露您的信息，以便取得转诊信息或取得开始服务的授权。
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. **付费：**我们



基于收取所提供的服务费用，而可能使用并透露您的信息。例如，我们可能联系您的保险公司或服务协调员询问和服务账单或保险自付额有关的问题。

- 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. **医疗保健运作：**我们基于执行“医疗保健运作”商业行为，而可能必要地与最低程度地使用或透露您的 PHI 或 e-PHI 信息，以提高我们提供的服务品质，以及降低医疗保健成本。这些活动可能包括但不限于质量评估活动、消费者满意调查、员工评议活动、新员工培训、执照、和进行安排其它商业活动。例如，我们可能与一个外部组织合作，对方评估我们所提供的保健的品质。我们可能在自己组织内部审核与复查我们提供您的保健的品质、效率与成本，或解决投诉。

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

***其它许可和规定的使用和透露，但您可以有反对机会的情况***

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. 我们可能在下列条件下使用和透露你的 PHI 或 e-PHI，您有机会反对 PHI 或 e-PHI 信息被全部或部分地使用与透露，如果您不在场或不能同意或反对 PHI 或 e-PHI 被使用或透露，那么您的医疗保健机构可能在专业判断下，决定如此的透露是否对你具有最佳利益。在这种情形下，只有那些与您的医疗保健有关的 PHI 或 e-PHI 会被透露。

- 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. **涉及您的医疗保健的其他人：**除非您反对，我们可以向您家庭的一个成员、一个亲近的朋友或任何其他您确认和授权的人透露与那个人在您的医疗保健中涉及部分直接有关的 PHI 或 e-PHI 信息。如果你无法同意或反对这样的透露，我们可以依照我们的专业判断是否符合你的最佳利益，而决定透露信息是必要的我们可能使用或透露 PHI 或 e-PHI 来通知或协助通知一个家庭成员、个人代表、或任何对你所接受保健照顾的地点、一般状况和/或死亡负责的其他人。最后，我们可能使用或透露你的 PHI 或 e-PHI 给一个获得授权的公开或私人的机构，来协助救灾工作，以及协调家人或涉及你的保健照顾的其他人使用或透露你的信息

- 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. **紧急情况：**我们可能在需要紧急照顾处理情况下，使用或透露您的 PHI 或 e-PHI。如果这种情况发生，我们会在治疗处理之后，尽可能尝试以最快而且实际合理的方式取得你的同意。如果你的医疗保健提供者或我们机构中另一个医疗保健提供者按照法律要求来照顾你，而且照顾者已经尝试过但仍无法取得你的同意，他或她仍可使用或透露你的 PHI 或 e-PHI 以便照顾处理你的状况。

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

***其它许可和规定的使用和透露，而无需您的同意、授权或反对机会的情况***

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

我们可能在下列条件下使用和透露你的 PHI 或 e-PHI，而无需您的同意或授权：

- 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. **法律规定：**我们可能使用或透露你受保护的的健康信息以达州政府或联邦政府法律所要求的程度。例如，



HIPPA 法律强制规定我们在健康与人类服务部部长要求以便调查我们是否遵行法令时，需要透露 PHI 或 e-PHI 信息。

- 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. **公开的医疗保健活动:** 我们可能因为公共生活活动的目的，而向一个获得授权的公共卫生单位透露你受保护的健康信息。信息透露的原因可能包括控制疾病、受伤或残疾。我们也可能必须透露你的 PHI 或 e-PHI 给可能已曝露在某个可传播疾病、或有染上或散布疾病风险的人。此外，为了与 FDA 管辖的产品或活动之品质、安全或有效性相关活动的原因，我们可能向受食品暨药物管理署司法管辖的某个人透露信息。
- 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. **虐待或忽视:** 如果我们相信你是一个虐待、忽视或家庭暴力的受害者，我们可能向政府机关透露信息。我们只会在你同意，或是当我们依法必须或依法被授权如此做的时候，才透露信息。
- 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. **医疗保健监督:** 我们可能向有权力监督医疗保健系统、或政府项目或其承包业者的政府机构（如，州政府保险局、美国劳工部）透露你的 PHI 或 e-PHI 信息，用在法律许可的活动上，例如复查、检验、调查、检查和核发证照的活动。
- 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. **法律诉讼和争议:** 我们可能在任何司法或行政程序的行动中，透露你的 PHI 或 e-PHI 信息，以回应法院命令或行政命令，以及在某些情况下回应法庭传票、搜证要求或其他法律程序。





- 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. **执法:** 我们可能在有限的情形下，向执法官员透露你的 PHI 或 e-PHI 信息。例如，为了回应搜索状或传票，和/或出于辨认或找出犯罪嫌疑人、证人或失踪者，或提供与犯罪受害人有关的信息。
- 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. **法医、丧葬仪式经理人和器官捐赠:** 我们在某些情形下可能向法医、丧葬仪式经理人，和/或协助寻找器官、眼睛与身体组织作为捐赠或移植的团体组织透露你的 PHI 或 e-PHI 信息。
- 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. **对卫生保健或安全的威胁:** 如果我们相信你的，或任何其他个人或公众的，健康或安全面临一个严重的威胁，我们将通知我们认为能够协助预防或减低威胁的那些人有关信息。
- 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. **军事活动和国家安全:** 在某些情形下，我们可能向军方人员透露你的 PHI 或 e-PHI 信息，也可能因为国家安全和情报活动的目的，向获得授权的联邦官员透露你的 PHI 或 e-PHI 信息。
- 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. **狱政机关:** 如果你是一个狱政设施里的受刑人，我们可能出于某些目的，包括提供你医疗保健，或考虑你或他人的健康和安全的，而向狱政机关透露你的受保护的的健康信息。
- 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. **募款：** 人口统计信息、医疗保健服务的日期、服务提供者、健康计划状态、与各项结果，可能无需授权而被用于募款。这样的信息不会含有任何可辨认的个人参照资料，也不会违反保密性。

***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:

***需要您书面授权的使用和透露 PHI 或 e-PHI 情况***

其他使用或透露您的 PHI 或 e-PHI 信息将只能在您的书面授权下才能进行，除非另有法律允许或要求而例外。您可以在任何时候以书面方式撤回您的授权，我们收到您的书面撤回授权之后，我们将不会透露信息，那些在我们收到您的撤回授权之前已经进行的信息透露则例外。下列使用和透露只能在您的书面授权下进行：



1. Most uses and disclosures of treatment progress notes 治疗进度笔记的大部分使用和透露
2. Uses and disclosures of PHI or e-PHI for marketing purposes 为了行销目的而进行的 PHI 或 e-PHI 信息使用和透露
3. Disclosures that constitute a sale of PHI or e-PHI 构成贩售 PHI 或 e-PHI 信息的透露
4. Other uses and disclosures not described in this Notice of Privacy Practice 其他未在本隐私权保护通知书内描述的其他使用和透露

## **UNDERSTANDING YOUR RIGHTS 了解您的权利**

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: 您在健康信息方面拥有某些权利，以下这个部分解释你的权利，以及简要叙述你如何行使这些权利：

**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. 有权要求这份通知书的复印件：如果收到的是电子格式的隐私权保护通知书，你有要求获得本通知的纸质版本，我们通常将在您提出要求的 30 天内提供复印纸本。

**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. 有权要求检阅和收到您的 PHI 或 e-PHI 的复印件：您有权要求查看或索取我们所持有关于您的 PHI 或 e-PHI 之复印件，请询问我们如何进行。通常在您提出要求的 30 天内，我们会提供您一份 PHI 或 e-PHI 记录。在某些情况下，我们并不需要同意您的要求，而如果是这种情况，我们会以书面回应，说明我们为什么不同意您的要求，以及说明你可能有哪些权利来要求审核我们的拒绝同意

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. 联邦法律规定，你不能检查或复印下列记录：治疗进展笔记；在民事、刑事或行政诉讼或行动中合理预期或使用而收集整理的信息；以





及被法律禁止存取的 PHI 或 e-PHI 信息。在某些情况下，你有权力要求这个决定被审核。

**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. **有权更改您的 PHI 或 e-PHI 记录:** 如果您认为记录中包含的信息不正确或不完整，您有权要求我们更正您的 PHI 记录（如，临床信息、账单、其它用以做出跟你有关决定的记录），请询问我们如何进行。我们可能拒绝您的要求，但是我们会在 60 天内告知理由。

**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. **有权要求设限:** 您有权要求我们对用于治疗、付款或医疗保健业务而使用或透露 PHI 或 e-PHI 的方式，或您的治疗保健所涉及的他人信息之使用或透露方式设限。不过，我们并不一定同意您对于这些限制的要求，这样的情况包括紧急治疗、对健康与人类服务部透露信息，以及本通知先前所提及的透露情况。如果我们同意设限，我们不可以使用或透露您的 PHI 或 e-PHI 以免违反限制，除非在紧急状况时之必要。

**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. **有权要求保密沟通:** 您有权要求我们以替代通讯方式或在替代地点与您沟通 PHI 或 e-PHI 的信息，如果您清楚地表明该信息的全部或部分之透露可能致使您身处险境。我们将会接受您合理的要求。您的要求必须以书面方式提出。

**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). **有权要求核算某些透露信息:** 您有权基于以下所列之外的任何理由, 要求我们提供一份每一次透露过的 PHI 或 e-PHI 核算记录: (i) 对您的治疗和保健运作所作的治疗、发出账单和收费; (ii) 涉及您治疗保健中其他人的透露; (iii) 您或您的个人代表已经授权过的透露; 或 (iv) 某些其他的透露, 例如因为国家安全所作的透露。所有核算要求必须以书面形式提出, 我们将需要您提供我们所需要的特定信息以达成您的要求, 这个核算要件适用于 2003 年 4 月 14 日之后發生的透露, 从透露日期开始的六年内。清单将包括哪些人或机构收到所透露信息的日期、他们的姓名 (如果有记录的话, 包括地址) 和信息内容的简要描述。如果您要求核算的次数在 12 个月内超过一次, 我们保留向您收取一个基於成本的合理费用 (如, 人工、物资和邮费)。

**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. **有权选择退出有关本组织赞助的募款活动的任何通信:** 您有权选择退出任何募款活动。我们可能用受限的信息为了募款而联系您, 我们也可能将如此的信息分享给我们的募款基金会。如果您被联系, 可以选择退出而不要收到有关募款的请求。您的决定对于您在 SEEK 的治疗或服务付费并无影响。

**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. **有权在您的无安全保护的 PHI 被泄露后得到通知：**您有权被告知您的无安全保护的 PHI 被泄露，如果我们发现您的健康信息泄露，我们会告知您。泄露的意思是，您的健康信息以非有意为之的方式被披露或共享，并且被泄露的可能性非常低。我们发给您的通知将告知泄露情况、我们已经采取的步骤来减轻任何可能因此产生的危害，以及您可能需要采取的对应行动。

### **YOU MAY FILE A COMPLAINT ABOUT OUR PRIVACY PRACTICES.** **您可以提出关于隐私权保护的投诉**

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. **如果您认为我们触犯您的隐私权，您可以向我们或健康与人类服务部 – 民权办公室投诉。**

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

您可以向我们的隐私保护主管提出投诉：

- **亲自来到** In person at 835 W. Christopher St., West Covina, CA 91775
- **电子邮件** Email: [privacyofficer@seekeducation.org](mailto:privacyofficer@seekeducation.org)

You may file a complaint with the Department of Health and Human Services – Office for Civil Rights through their complaint channels: **您也可以通过健康与人类服务部 – 民权办公室的投诉管道提出投诉：**

- **线上** Online: <https://ocrportal.hhs.gov/ocr/smartscreen/main.jsf>
- **一般邮件** Mail: U.S. Department of Health and Human Services  
200 Independence Avenue, S.W. Room 509F HHH Bldg.  
Washington, D.C. 20201
- **电子邮件** Email: [OCRComplaint@hhs.gov](mailto:OCRComplaint@hhs.gov)

We will not retaliate against you for filing a complaint. **我们不会因您投诉而报复您。**

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. **我们依法必须维持 PHI 和**



e-PHI 的隐私，必须通知相关个人我们对 PHI 和 e-PHI 的法律责任和隐私实践，以及必须在无安全保护的 PHI 和 e-PHI 被泄露后通知受影响的个人。

This notice was published and became effective on April 13, 2003. 本通知书发布与生效日为 2003 年 4 月 13 日。

If you have any objections to this form, please contact our Privacy Officer at [privacyofficer@seekeducation.org](mailto:privacyofficer@seekeducation.org) 如果您对本通知书有任何不同意之处，请与我们的隐私保护主管联系 [privacyofficer@seekeducation.org](mailto:privacyofficer@seekeducation.org)



**ACKNOWLEDGMENT OF RECEIPT**  
**Notice of Privacy Practice**  
确认收到隐私权保护通知书

BY INITIALING here \_\_\_\_\_, I CERTIFY THAT I HAVE READ AND FULLY UNDERSTAND THE ABOVE NOTICE OF PRIVACY PRACTICE AND THAT THE EXPLANATIONS REFERRED TO WERE IN FACT MADE TO ME AND THAT THE FORM WAS FILLED IN PRIOR TO SERVICES. I ALSO CERTIFY THAT I WAS GIVEN AN OPPORTUNITY TO ASK QUESTIONS AND ALL OF MY QUESTIONS HAVE BEEN SATISFACTORILY ANSWERED.

通过此处姓名字母缩写 \_\_\_\_\_，我证明我已经阅读并完全理解上述隐私权保护通知书，并且已有人对我实际解释说明，并且本表格是在治疗开始前填写的。我同时证明过程中我有机会询问问题，并且我所有问题都已获得满意答复。

BY SIGNING BELOW, I ACKNOWLEDGE I HAVE REVIEWED THE INFORMATION ABOVE.  
通过以下签字，我证明我已审阅以上信息。

Signature of Client 客户签字

Or 或

Signature of Parent, Authorized Representative, Conservator 家长、授权代表、监管人签字  
(or other person authorized to consent for client) (或其他获得授权代表客户同意者)

Printed name of client/authorized representative 正楷书写客户/授权代表的姓名

Relationship of Person Signing to Client 签字者与客户之关系