

We are not required to agree to a restriction that you may request. We will review your request, and if we agree, we will comply with the restriction unless your information is needed for emergency treatment. We cannot agree to restrict disclosures that are required by law. We encourage you to discuss requests for restrictions with your doctor.

You may request a "Health Information Restriction Request Form" from our Privacy Officer. You must complete, sign, and date the form. Your request must state to whom the restriction will apply, and it must specify the restriction requested.

**You can ask us to communicate with you by an alternate means or at an alternate location if the communication could endanger you.** We will agree to all reasonable requests. We may evaluate the reasonableness of your request by asking you for information about payments, alternative addresses, or other methods of contacting you. We may condition your request. Please make this request in writing to our Privacy Officer at the address on the back of this notice.

**You have the right to request that your doctor amend your health information.** You may request an amendment of your health information in a designated record set if you believe it is incorrect or incomplete. All requests must be in writing. In certain cases, we may deny your request for an amendment. For example, we may deny your request if we did not create the information, if the information is something you would not be permitted to inspect or copy, or if it is complete and accurate. If we deny your request, you have the right to file a statement of disagreement with us. We may prepare a rebuttal to your statement. Please contact the Privacy Officer if you have any questions about amending your information.

**You have the right to receive an accounting or list of certain disclosures we have made.** This right applies to disclosures for purposes other than treatment, payment, and healthcare operations as described in this notice. It also excludes: (i) disclosures that you have authorized; (ii) disclosures made directly to you; (iii) disclosures to family members or friends involved in your care; (iv) disclosures for national security or intelligence purposes; and (v) disclosures to law enforcement officials.

You have the right to receive information about disclosures that occurred after April 14, 2003. You must request this information in writing. Your request should state a timeframe for the disclosures. Your right to receive this information may be subject to certain exceptions, restrictions, and limitations.

**You have the right to obtain a paper copy of this notice.** Upon request we will send you a paper copy of this notice, even if you have agreed to accept this notice electronically.

- **HOW TO COMPLAIN IF YOU BELIEVE YOUR RIGHTS HAVE BEEN VIOLATED**

We encourage you to send any complaints about our privacy practices to our Privacy Officer. To submit a complaint or for further information about the complaint process, contact the Privacy Officer, using the information found below. **We will not retaliate against you for filing a complaint.**

You may also complain to the Secretary of the Department of Health and Human Services if you believe your privacy rights have been violated by us.



If you have any questions about this notice, please contact our Privacy Officer  
Patricia W. Hunter, Director  
Equity & Compliance  
1915 South Floral Avenue  
Bartow, FL 33830  
Phone: 863-534-0513  
Fax: 863-534-0770  
Patricia.Hunter@polk-fl.net

## Polk County Public Schools

*an equal opportunity institution  
for education and employment*

# HIPAA Notice of Privacy Practices



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This notice explains our privacy practices. It describes how the School Board of Polk County, Florida, may use and disclose your health information. It will explain:

- How your health information will be used and disclosed;
- Your rights related to your health information; and
- How to complain if you believe your rights have been violated.

*In this notice, the School Board of Polk County, Florida, may be referred to as “we,” “our,” or “us.” We will protect your health information. Health information is information about you that may identify you and medical information, such as your symptoms, test results, diagnoses, treatments, and plans of care.*

*We are required to abide by the terms of this notice. However, we may change our notice at any time. Any new notice will be effective for all health information maintained at the time of the change. Upon your request, we will provide you with a copy of any new notice. The new notice will also be posted at our business locations.*

## • **USES AND DISCLOSURES OF HEALTH INFORMATION**

Your health information may be used and disclosed by your doctor, our support staff, and others who are involved in your care. Your health information may be used and disclosed for a number of reasons. This notice explains those reasons and gives some examples of the types of uses and disclosures. The examples are not meant as a total list, and they do not explain all of the ways we might use and/or disclose information.

**Treatment:** We will use and disclose your health information to provide and coordinate your healthcare and any related services you may require. This includes the coordination and management of your care with a third party, such as a hospital or home health agency. We will also disclose health information to other doctors and their staff who may be caring for you. We may disclose your health information to a referring doctor or laboratory who may be involved in your care to assist your doctor with your diagnosis or treatment.

**Payment:** Your health information will be used, as needed, to obtain payment for the healthcare services you receive. This may include certain activities that your health insurance plan requires before it will approve or pay for services that we recommend, such as approving a hospital admission or approving certain medical equipment, like a wheelchair.

**Healthcare Operations:** We may use or disclose health information, as needed, to support our business activities as they relate to your health care. These activities may include, but are not limited to, quality assessment, employee and physician review, training students, and limited marketing.

For example, we may disclose your health information to healthcare students working with patients within our offices. We may use a sign-in sheet at the registration desk, asking you to provide us with your name and the name of the doctor. We may call you by name when your doctor is ready to see you. We may also use or disclose your health information to remind you of an upcoming appointment.

We may share your health information with third parties who provide services or functions that are essential to our they may business. These third parties are called “business associates,” and include billing agents or transcription services. We will make sure that all business associates have signed a written contract that will protect the privacy of your health information.

We may use or disclose your health information, as necessary, to provide you with information about treatment alternatives or other benefits that may be of interest to you. We may disclose your health information for some marketing activities. For example, your name and address may be used to send you a newsletter about special healthcare services that we offer. We may send you information about products or services that we believe may be beneficial to you. You may request that these materials not be sent to you by writing to our Privacy Officer at the address on the back.

**Others Involved in Your Healthcare:** We may disclose your information to a family member, a close friend, or any other person you identify. This may include telling a family member about your location, general condition, or death. In the event of a disaster, we may provide information about you to a disaster relief organization so they can notify your family of your condition and location. If you are not present or able to object, then your doctor may use his or her professional judgment to decide whether the disclosure is in your best interest.

**Emergencies:** We may use or disclose your health information in an emergency situation. If this happens, your doctor will try to obtain your consent as soon as reasonably possible after the deliver of treatment. If your doctor or another doctor is required by law to treat you and the doctor was unable to get your consent, he or she may still use or disclose your health information to treat you.

**Communication Barriers:** We may use and disclose your health information if we attempt to obtain your consent, but we are unable to do so because of a substantial communication barrier. In this case your doctor will use professional judgment to decide whether you would consent.

**Required by Law:** We may use or disclose your health information to the extent that the disclosure is required by law. The use or disclosure will be made and limited in accordance with the law.

**Coroners, Funeral Directors, and Organ Donation:** We may disclose health information to a coroner or medical examiner for identification purposes or other duties as required by law. Health information may also be used and disclosed for organ, eye, or tissue donation purposes.

**Research:** We may disclose your health information 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. We will act in accordance with federal rules related to disclosing information for research purposes.

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

**Workers' Compensation:** We may disclose your health information to comply with Workers' Compensation laws and other similar worksite programs.

**Uses and Disclosures Based Upon Your Written Authorization** Other uses and disclosures of your health information will be made only with your written authorization. You may give, amend, or revoke your authorization at any time, in writing. You may not revoke to the extent that your doctor has already taken action in reliance on it. For more information about authorizations, please talk to your doctor or contact the Privacy Officer.

## • **YOUR RIGHTS**

Below is a statement of your rights with respect to your health information and a description of how you may exercise these rights.

**You have the right to inspect and copy your health information.** This means that you may inspect or copy part or all of your health information that is contained in a designated record set for as long as we maintain that information. A “designated record set” contains medical and billing records.

Under federal law, you may not inspect or copy the following records: (i) psychotherapy notes; (ii) information compiled for use in a civil, criminal, or administrative action or proceeding; and (iii) health information that is restricted by another law.

You may submit your request to inspect and copy particular information to our Risk Management Department at 863-534-0584. You may also request a summary of your information.

If your request is accepted, you may be charged a reasonable, cost-based fee. If your request is denied, you have a right to have this decision reviewed. Please contact our Privacy Officer if you have questions about any request that may be denied.

**You have the right to request a restriction on the release of your health information.** You may ask us not to disclose part of your health information for the purposes of treatment, payment, or healthcare operations. You may also ask us not to disclose at any part of your health information to family members or friends who may be involved in your care and who may ask for the information for notification purposes.