

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.

1. Purpose of this Notice:

Pursuant to the Health Insurance Portability and Accountability Act of 1996, this notice explains how the Southern Fulton School District may use and disclose YOUR PROTECTED HEALTH INFORMATION. This NOTICE describes the types of information that is collected and YOUR rights with regards to the information.

2. Definitions:

As used in this NOTICE, the following capitalized terms shall have the meanings ascribed to them unless the context clearly indicates otherwise:

INCLUDED and/or INCLUDING means inclusive of and not limited to and by way of example and not limitation.

“NOTICE” means this Notice of Privacy Practices.

“PROTECTED HEALTH INFORMATION” means your individually identifiable health information maintained in any form or medium by the Southern Fulton School District. PROTECTED HEALTH INFORMATION INCLUDES the following: health history; medical records; name, address, and date of birth; marital status; sex; social security number; information regarding dependents, and; other similar information that relates to past, present or future medical care. PROTECTED HEALTH INFORMATION does not include individually identifiable health information maintained in education records, as defined by the Family Education Rights and Privacy Act.

“PROVIDER” refers to all employees, agents and subcontractors of the Southern Fulton School District who provide medical care or health services for which the Southern Fulton School District seeks reimbursement through electronic means. For the purposes of this Notice and YOUR rights under the Health Insurance Portability and Accountability Act of 1996, PROVIDER refers to the health care component designated as the PROVIDER by Southern Fulton School District.

“YOU and “Your” refers to the individual whose PROTECTED HEALTH INFORMATION is covered by this NOTICE. In the case of an unemancipated minor, “YOU” and “YOUR” refer to the unemancipated minor, or the parents or other legal guardians entitled to exercise rights under this NOTICE, as the context requires.

3. *Permitted Uses and Disclosures of Protected Health Information:*

A. Uses and Disclosures for Treatment:

The PROVIDER may use or disclose YOUR PROTECTED HEALTH INFORMATION with YOUR authorization for all treatment purposes as allowed by law, INCLUDING to doctors, nurses, laboratory technicians, medical students, psychologists, physical therapists, speech therapists, and other health care and personnel involved in YOUR treatment.

B. USE and Disclosure for Payment:

The PROVIDER may use and disclose YOUR PROTECTED HEALTH INFORMATION without YOUR authorization for its own payment activities as allowed by law, INCLUDING the provision of “related services” as required by the Individuals with Disabilities Education Act.

C. Uses and Disclosures for Operations:

The PROVIDER may use and disclose YOUR PROTECTED HEALTH INFORMATION without YOUR authorization for all of its own health care operations as allowed by law, INCLUDING the provision of “related services” as required by the Individual with Disabilities Education Act.

4. *Other Uses and Disclosures for Which Your Authorization is Not Required:*

In the situations described below, Southern Fulton School District may disclose YOUR PROTECTED HEALTH INFORMATION with obtaining YOUR authorization:

- When requested by a public health authority for the purpose of preventing or controlling disease, injury, or disability.
- When requested by a public health authority in connection with reporting of child abuse or neglect;
- To a government authority of the PROVIDER: (1) reasonably believes that YOU may be the victim of abuse, neglect, or domestic violence; (2) is required by law

to make the disclosure; (3) YOU are unable to consent to the disclosure; and (4) the PROVIDER reasonably believes, in the exercise of professional judgment, that informing YOU of the disclosure would place YOU at risk of serious harm:

- To a health oversight agency for oversight activities authorized by law, including; audits; civil, administrative, or criminal investigations; inspections; licensure or disciplinary actions; civil, administrative, or criminal proceedings or actions; or other activities necessary for appropriate oversight of the health care system;
- In response to an order of court or administrative tribunal, but only to the extent required by the order;
- In response to a subpoena, discovery request, or other lawful process, if the requesting party demonstrates that it made a good faith attempt to notify you or the request;
- To a law enforcement official, as required by law, pursuant to a warrant, subpoena, or other administrative summons;
- To a law enforcement official, upon request for the purpose of identifying or locating a suspect, fugitive, material witness, or missing person;
- To a law enforcement official, upon request, for identification of a victim of a crime, where you are unable to consent, where such information is not intended to be used against you, where immediate law enforcement activity depends upon the disclosure, and where the PROVIDER determines that it is in YOUR best interest to make the disclosure;
- To a law enforcement official, for the purpose of alerting law enforcement of the death of the individual if the PROVIDER has a suspicion that such death may have resulted from criminal conduct;
- To a law enforcement official, where the PROVIDER believes in good faith that the protected health information constitutes evidence of criminal conduct that occurred on the premises of the Southern Fulton School District;
- To a law enforcement official to avert a serious threat to health and safety;
- To a coroner, medical examiner or funeral director as required by, or consistent with, applicable law;
- To organ procurement organizations or other entities engaged in the procurement, banking, or transplantation of cadaveric organs, eyes, or tissue for the purpose of facilitating organ, eye, or tissue donation and transplantation;
- To military, national security, and intelligence officials, as required by law.

5. *Statement of Privacy Policy and Practices:*

It is the policy and practice of the Southern Fulton School District to maintain YOUR PROTECTED HEALTH INFORMATION confidential and to not use or disclose YOUR PROTECTED HEALTH INFORMATION unless YOU authorize such use or disclosure, or such use or disclosure is permitted or required by law as described in the "Permitted Uses and Disclosures of Protected Health Information." Any use or disclosure of YOUR PROTECTED HEALTH INFORMATION by the Southern Fulton School District other than as listed in the "Permitted Uses and Disclosures of Protected Health Information" or "Other Uses and Disclosure for Which Your Authorization is NOT Required" sections of this NOTICE will only be made with YOUR prior written authorization. In situations where YOU authorize the Southern Fulton School District to disclose YOUR PROTECTED HEALTH INFORMATION, YOU may revoke that authorization. Such revocation must be in writing to the Contact Person designated in this NOTICE. If YOU provide proper written notice of revocation of authorization, the Southern Fulton School District is bound by the revocation except to the extent that it has acted in reliance on the authorization.

The Southern Fulton School District has adopted appropriate administrative technical and physical safeguards to prevent unauthorized uses and disclosures of YOUR PROTECTED HEALTH INFORMATION.

6. *Your Rights Under the Health Insurance Portability and Accountability Act of 1996:*

A. Restrictions.

YOU have the right to request restrictions on how the PROVIDER uses or discloses YOUR PROTECTED HEALTH INFORMATION. Such requests must be in writing to the Contact Person designated in this NOTICE. The Southern Fulton School District is not bound by YOUR request, and may refuse to accept the requested restriction. If the Southern Fulton School District agrees to YOUR request for a restriction, the Southern Fulton School District will notify YOU in writing of its acceptance of the restriction.

B. Communication

YOU may request to receive communications of YOUR PROTECTED HEALTH INFORMATION by reasonable alternative means or at reasonable alternative locations, if disclosure of all or part of that information could endanger YOU. Such request must be made in writing to the Contact Person designated in this NOTICE, must specify how the

alternative communication is to be made, and must explain that the reasonable alternative means or reasonable alternative locations are requested because disclosure of all or part of the information could endanger YOU.

C. Right to Inspect.

YOU have the right to inspect and/or copy YOUR PROTECTED HEALTH INFORMATION that is maintained in a designated record set by the Southern Fulton School District. A request to inspect or copy must be made in writing to the Contact Person designated in this NOTICE. The Southern Fulton School District will act on YOUR request within 30 days of receipt. If the Southern Fulton School District grants YOUR request, YOU may be charged a reasonable fee for copying and postage. If the Southern Fulton School District denies YOUR request, the Southern Fulton School District will inform YOU in writing and will explain how YOU may contest the denial.

D. Right to Amend.

YOU have the right to request an amendment of YOUR PROTECTED HEALTH INFORMATION maintained by the Southern Fulton School District. A request for an amendment of YOUR PROTECTED HEALTH INFORMATION must be made in writing to the Contact Person designated in this NOTICE and must explain in sufficient detail the reason for the amendment. The Southern Fulton School District will act on the request for amendment with 60 days of receipt. If the Southern Fulton School District denies YOUR request for amendment, the Southern Fulton School District will inform YOU in writing of the denial and will explain how YOU may contest the denial.

E. Right to An Accounting.

YOU have the right to request an accounting of all disclosures by the Southern Fulton School District of YOUR PROTECTED HEALTH INFORMATION in the six years whichever period is shorter. A request for an accounting must be made in writing to the Contact Person designated in this NOTICE. The Southern Fulton School District will provide an accounting of all disclosures of YOUR PROTECTED HEALTH INFORMATION, except those that it is not required by law to disclose.

F. Right to Receipt of this Notice.

YOU have the right to receive a written copy of this NOTICE by requesting a copy from the Contact Person designated in this NOTICE.

7. *Southern Fulton School District's Duties.*

The Southern Fulton School District is required by law to maintain the privacy of PROTECTED HEALTH INFORMATION and to provide individuals with notice of its legal duties and privacy practices with respect to PROTECTED HEALTH INFORMATION.

The Southern Fulton School District will abide by the terms of the NOTICE in effect at the time action is taken.

8. *Right to Change Notice.*

The Southern Fulton School District reserves the right to change the terms of its NOTICE and to make the new NOTICE provisions effective for all PROTECTED HEALTH INFORMATION that it maintains. If the Southern Fulton School District revises this NOTICE in any substantive manner, the Southern Fulton School District will notify YOU by regular mail of the revision. YOU may obtain a copy of the revised NOTICE by requesting it from the Contact Person designated in this NOTICE.

9. *Complaint Procedure.*

YOU may complain to the Southern Fulton School District and to the Secretary of the United States Department of Health and Human Services if YOU believe that the Southern Fulton School District has violated YOUR privacy rights. If YOU wish to initiate a complaint with the Southern Fulton School District, YOU may do so by writing to the Contact Person designated in this NOTICE, stating the grounds for YOUR complaint and the individual(s) or entity(ies) that YOU believe violated YOUR privacy rights. The Southern Fulton School District will investigate YOUR complaint and will take appropriate action.

The Southern Fulton School District will not retaliate against YOU for filing a complaint, either with or without the Secretary of the United States Department of Health and Human Services.

10. *Contact Person*

The Contact Person for the Southern Fulton School District designated by this NOTICE is: Anita Munson. In the event that YOUR complaint concerns actions by the Contact Person, YOU may alternatively contact the Privacy Officer: Debra Schetrompf.

11. Effective Date.

The effective date of this NOTICE is April 14, 2003.

Acknowledgement of HIPAA Notice of Privacy Practices

I acknowledge that I have read and reviewed the Health Insurance Portability and Accountability Act (HIPAA) notice of privacy practices.

Print Name _____

Signature _____

Date _____

Please fill out the acknowledgement and return it to the district office at 3072 Great Cove Road, Suite 100; Warfordsburg, PA 17267

PA PRE-K COUNTS APPLICATION

This information is confidential to the PA Pre-K Counts program.

Date form Completed:

Last Name (Child)	First Name (Child)	Middle Initial

Child's Date of Birth / /	Age 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5 <input type="checkbox"/>	Household (Family) size

Primary Language	Family Type
<input type="checkbox"/> English <input type="checkbox"/> Spanish <input type="checkbox"/> Other _____ (Please specify)	<input type="checkbox"/> One Parent <input type="checkbox"/> Two Parent <input type="checkbox"/> Foster <input type="checkbox"/> Child living with Relative <input type="checkbox"/> Other _____ (Please specify)

Street Address	County	
City	State PA	Zip Code
Home Telephone:	Work Phone:	Email Address:

Household Income (required) check box:

- | | | |
|---|--|--|
| <input type="checkbox"/> Less than \$5,000 | <input type="checkbox"/> \$5,001 - \$10,000 | <input type="checkbox"/> \$10,001 - \$15,000 |
| <input type="checkbox"/> \$15,001 - \$20,000 | <input type="checkbox"/> \$20,001 - \$25,000 | <input type="checkbox"/> \$25,001 - \$30,000 |
| <input type="checkbox"/> \$30,001 - \$35,000 | <input type="checkbox"/> \$35,001 - \$40,000 | <input type="checkbox"/> \$40,001 - \$45,000 |
| <input type="checkbox"/> \$45,001 - \$50,000 | <input type="checkbox"/> \$50,001 - \$60,000 | <input type="checkbox"/> \$60,001 - \$70,000 |
| <input type="checkbox"/> \$70,001 - \$100,000 | <input type="checkbox"/> More than \$100,000 | |

Actual Annual Verified Gross Household (Family) Income: _____
 (Attach copies of documents used to verify income prior to enrollment)

Family income is **at or below 300% of federal poverty level** (Required Risk factor). Consider all sources of income. See end of document for income chart relative to family size. (Must be verified prior to enrollment)

Other Child Eligibility Risk Factor Criterion (Must check all that apply)

- Behavioral Supports:** A child who was referred to PA Pre-K Counts from an appropriately credentialed health or mental health practitioner who is not employed by the PA Pre-K Counts program; a child who is receiving mental health treatment. Additional verification beyond the interview is required.
- Child Protective Services:** A child who is a foster child, a kinship care child or receiving Children and Youth services
- Education level of guardian:** does not have a high school diploma or GED or post-secondary degree.
- English Language Learner:** A child whose first language is not English and who is in the process of learning English is considered an English Language Learner.
- Homeless:** A child who lacks a fixed, regular, and adequate nighttime residence due to one of the following:
 - A. Children who are sharing the housing of other persons due to loss of housing, economic hardship, or a similar reason; are living in motels, hotels, or camping grounds due to the lack of alternative accommodations; are living in emergency or transitional shelters; are abandoned in hospitals; or are awaiting foster care placement;
 - B. Children who have a primary nighttime residence that is a public or private place not designed for or ordinarily used as a regular sleeping accommodation for human beings;
 - C. Children who are living in cars, parks, public spaces, abandoned buildings, substandard housing, bus or train stations, or similar settings.
- Incarcerated Parent:** A child for whom one of the child's parents is currently in prison
- Individualized Education Plan (IEP):** A child who is currently enrolled in the Preschool Early Intervention program with an active IEP. Verification would be a copy of the IEP or other source of documentation from the parent or Early Intervention provider.
- Migrant (non-immigrant)/Seasonal Student.** A migrant child has moved from one school district to another in order to accompany or to join a migrant parent or guardian, who is a migratory worker or migratory fisher, within the preceding 36 months, in order to obtain temporary or seasonal employment in qualifying agricultural or fishing work including agri-related businesses such as meat or vegetable processing, working in nurseries such as Christmas and evergreen trees farming.
- Teen mother:** A child whose mother was under the age of 18 when the child was born

2015 Annual Federal Poverty Guidelines

48 Contiguous States and DC

Household size	100%	133%	150%	200%	300%
1	\$11,770	\$15,654	\$17,655	\$23,540	\$35,310
2	15,930	21,187	23,895	31,860	47,790
3	20,090	26,720	30,135	40,180	60,270
4	24,250	32,253	36,375	48,500	72,750
5	28,410	37,785	42,615	56,820	85,230
6	32,570	43,318	48,855	65,140	97,710
7	36,730	48,851	55,095	73,460	110,190
8	40,890	54,384	61,335	81,780	122,670
For each additional person, add	\$4,160	\$5,533	\$6,240	\$8,320	\$12,480

To the best of my knowledge, the information provided is accurate. I understand that I may be asked to verify or substantiate information provided.

Parent/Guardian Signature

Date

Parent/Guardian Name - Please Print

Staff Verifying Income and Risk Factors Signature

Date

Staff Verifying Income - Please Print