



3755 Church Street
Zachary, LA 70791
225.658.4969
Fax 225.658.5261
www.zacharyschools.org

Dear Parent,

Attached you will find the Zachary Community School Board HIPAA policy Notice of Use of Personal Health Information. Please sign and return this form, so that we may maintain a record of your having received the information. Failure to return the signed form may result in a delay in servicing your child.

Thank you,

Zachary Community School Nurses

This is to certify that I have received and read a copy of the “Notice of Use of Personal Health Information”.

Parent’s Signature

Names of children attending Zachary Community Schools and grades/homeroom teachers of each:

_____	_____	_____
Name	Grade	Homeroom Teacher
_____	_____	_____
Name	Grade	Homeroom Teacher
_____	_____	_____
Name	Grade	Homeroom Teacher
_____	_____	_____
Name	Grade	Homeroom Teacher
_____	_____	_____
Name	Grade	Homeroom Teacher

If you have any questions, please feel free to contact your child’s school.

ZACHARY COMMUNITY SCHOOL BOARD

NOTICE OF USE OF PERSONAL HEALTH INFORMATION

This Notice Describes How Medical Information About Your Child May Be Used and Disclosed and How You Can Get Access To This Information. Please Review It Carefully.

We understand that information we collect about your child and their health is personal. Keeping health information of your child private is one our most important responsibilities. We are committed to protecting their health information and following all laws about its use. You have the right to discuss with the system's Privacy Officer your concerns about how their health information is shared. The law says:

1. We must keep their health information from others who do not need it.
2. You may ask us not to share certain health services information. Sometimes, we may not be able to agree to your request.

Your child may receive certain services from nurses, therapists, social workers, doctors or other health care related individuals. They may see, use and share your child's health or medical information to determine any plan of treatment, diagnosis, or outcome of information as described in an Individualized Education Program (IEP) or other plan document. This use may cover such health services your child had before now or may have later.

We review such health services information and claims to make sure that you get quality services and that all laws about providing and paying for such health services are being followed. We may also use the information to remind you about service or to tell you about treatment alternatives. We also use the information to obtain payments for such services as a result of the Medicaid program. We must submit information that identifies you and your child, your child's diagnosis and the treatment of services provided to your child for reimbursement by Medicaid.

We may share your health care information with health plans, insurance companies, or government programs to help get the benefits and so that the School System can be paid or pay for such health care or medical services.

In most cases, you may see your child's health information but the request cannot include psychotherapy notes or information gathered for judicial proceedings. There may be legal reasons or safety concerns that may limit the amount of information that you may see. You may ask in writing to receive a copy of your child's health information. We may charge a small amount for copying costs.

If you think some of the health information is wrong, you may ask in writing that we correct or add to it. You may ask that the corrected or new information be sent to others who have received your child's health information from us. You may ask us for a list of where we sent the health information.

You may ask to have the health information sent to others. You will be asked to sign a separate form, called an authorization form, permitting the health information of your child to go to them. The authorization form tells us what, where and to whom the information must be sent. You can stop or limit the amount of information sent any time by letting us know in writing.

Note: A child 18 years old or older can give consent for his or her health information to be kept private from others unless the child signs an authorization form.

We follow laws that tell us when we have to share health information of your child even if you do not sign an authorization form. We always report:

1. Contagious diseases, birth defects and cancer;
2. Firearm injuries and other trauma events;
3. Reactions to problems with medicines or defective medical equipment;
4. To the police or other governmental agencies when required by law;
5. When a court orders us to;
6. To the government to review how our programs are working;
7. To a provider or insurance company who needs to know if your child is enrolled in one of our programs;
8. To Worker's Compensation for work related injuries;
9. Birth, death and immunization information;
10. To the federal government when they are investigating something important to protect our country, the President and other government workers;
11. Abuse, neglect and domestic violence, if related to child protection or vulnerable adults; or
12. To parents and other designated by law.

We may also share health care information for permitted research purposes, for matters concerning organ donations and for serious threats to public health or safety.

This notice is yours. You may ask for a copy at any time. If there are important changes to this notice, you will get a new one within 60 days.

If you have any questions about this notice of privacy rights of your child or that such rights have been violated, you can contact:

Zachary Community School Board Office
(225) 658-4969 telephone
3755 Church Street, Zachary, LA 70791

You can also complain to the federal government Secretary of Health and Human Services (HHS) or to the HHS Office of Civil Rights. Your health care services will not be affected by any complaint made to the School Board, Secretary of Health and Human Services or Office of Civil Rights.