

**Ohio University**  
**Center for Intervention Research in School (CIRS)**  
**200 Porter Hall, Athens, OH 45701**  
**Phone: 877-724-4241**

# 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.**

It is the policy of the CIRS Research Team to provide you with a privacy notice that explains how you and your child's healthcare information is being used or disclosed. The CIRS Research Team is required to maintain the privacy of you and your child's information and provide a notice of duties and privacy practices.

This Notice of Privacy Practices describes how the CIRS Research Team may use and disclose you and your child's protected health information to carry out evaluation, or intervention and for other purposes that are permitted or required by state or federal law. It also describes your rights to access and control you and your child's protected health information. "Protected health information" is information related to your past, present or future physical or mental health or condition and related health care services, including demographics that may identify you.

The CIRS Research Team is required to abide by the terms of this Notice of Privacy Practices currently in effect. We may change the terms of our notice, at any time. The new notice will be effective for all protected health information that we maintain at that time and will be posted at the CIRS Research Team office. Upon your request, we will provide you with a revised Notice of Privacy Practices. You may request a revised Notice of Privacy Practices by calling The CIRS Research Team at **877-724-4241** and requesting that a revised copy be sent to you in the mail. We retain prior versions of the Notice of Privacy Practices for six (6) years from the revision date.

## **1. USES AND DISCLOSURES OF PROTECTED HEALTH INFORMATION**

### **A. Uses and Disclosures of Protected Health Information Based Upon Your Written Consent**

You will be asked by your health care provider to sign a consent form. Once you have signed the consent form, your clinician will use or disclose your protected health information for purposes of diagnosis, or intervention.

This Notice of Privacy Practices will tell you the ways in which the CIRS Research Team will use and disclose medical and mental health information about you and your child. We will also describe your rights and certain obligations we have regarding the use and disclosure of medical and mental health information.

**For Evaluation or Intervention:**

We may use the medical and mental health information about you and your child to provide your child with evaluation or intervention. We may disclose medical and mental health information about you and your child to other CIRS Research Team personnel, including students who are involved with your or your child's evaluation. For example, an individual member of the evaluation team will share you or your child's health information with other team members to help determine the most appropriate services for your child. With your permission we also may disclose medical and mental health information about you and your child to people outside the CIRS Research Team who may be involved with you or your child's care.

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

We may use or disclose you and your child's protected health information in the following situations without your consent or authorization:

**Required By Law:**

We may use or disclose your and your child's protected health information to the extent that the use or disclosure is required by law. The use or disclosure will be made in compliance with the law and will be limited to the relevant requirements of the law. You will be notified, as required by law, of any such uses or disclosures.

**Emergencies:**

We may use or disclose your and your child's protected health information in an emergency treatment situation. If this happens, your clinician shall try to obtain your consent as soon as reasonably practicable after the delivery of treatment. If your clinician or another clinician in the practice is required by law to treat you or your child and the clinician has attempted to obtain your consent but is unsuccessful, he or she may still use or disclose your and your child's protected health information to treat you or your child. For example, if you or your child disclosed information that suggests you or your child are a harm to yourself or others, that health information would be disclosed.

**Communication Barriers:**

We may use and disclose your and your child's protected health information if your and your child's clinician or another clinician in the practice attempts to obtain consent from you but is unable to do so due to substantial communication barriers. The clinician will determine, using professional judgment that you intended to consent to use or disclose under the circumstances.

**Public Health:**

We may disclose your and your child's protected health information for public health activities and purposes to a public health authority that is permitted by law to collect or receive the information. The disclosure will

be made for the purpose of controlling disease, injury or disability. We may also disclose your and your child's protected health information, if directed by the public health authority, to a foreign government agency that is collaborating with the public health authority.

### **Communicable Diseases:**

We may disclose your and your child's protected health information, if authorized by law, to a person who may have been exposed to a communicable disease or may otherwise be at risk of contracting or spreading the disease or condition.

### **Medical and Mental Health Oversight:**

We may disclose your and your child's protected health information to a health oversight agency for activities authorized by law, such as audits, investigations, and inspections. Oversight agencies seeking this information include government agencies that oversee the health care system, government benefit programs, other government regulatory programs and civil rights laws.

### **Abuse or Neglect:**

We may disclose your and your child's protected health information to a public health authority that is authorized by law to receive reports of child abuse or neglect. In addition, we may disclose you and your child's protected health information if we believe that you and/or your child may have been a victim of abuse, neglect or domestic violence to the governmental entity or agency authorized to receive such information. In this case, the disclosure will be made consistent with the requirements of applicable federal and state laws.

### **Food and Drug Administration:**

We may disclose your and your child's protected health information to a person or company required by the Food and Drug Administration to report adverse events, biologic product deviations, product defects or problems; to track products; to enable product recalls; to make repairs or replacements; or to conduct post marketing surveillance, as required.

### **Legal Proceedings:**

We may disclose your and your child's protected health information in the course of any judicial or administrative proceeding in response to an order of a court or administrative tribunal (to the extent such disclosure is expressly authorized), and in certain conditions in response to a subpoena, discovery request or other lawful process. Officers of the court include court appointed attorneys for children (guardian ad litem), court appointed advocates (CASA), juvenile and adult probation officers.

### **Law Enforcement:**

We may also disclose your and your child's protected health information, so long as applicable legal requirements are met, for law enforcement purposes. These law enforcement purposes include (1) legal processes and purposes otherwise required by law, (2) limited information requests for identification and location purposes, (3) treating victims of a crime, and (4) suspicion that death has occurred as a result of criminal conduct.

## **Research:**

We may disclose your and your child's protected health information to researchers when their research has been approved by an institutional review board that has reviewed the research proposal and established protocols to ensure the privacy of you and your child's protected health information.

## **Criminal Activity:**

Consistent with applicable federal and state laws, we may disclose your and your child's protected health information, if we believe that the use or disclosure is necessary to prevent or lessen a serious and imminent threat to the health or safety of a person or the public. We may also disclose protected health information if it is necessary for law enforcement authorities to identify or apprehend an individual.

## **Military Activity and National Security:**

When the appropriate conditions apply, we may use or disclose protected health information of individuals who are Armed Forces personnel (1) for activities deemed necessary by appropriate military command authorities; (2) for the purpose of a determination by the Department of Veterans Affairs of your eligibility for benefits, or (3) to foreign military authority if you are a member of that foreign military services. We may also disclose your and your child's protected health information to authorized federal officials for conducting national security and intelligence activities, including for the provision of protective services to the President or others legally authorized.

## **Required Uses and Disclosures:**

Under the law, we must make disclosures when required by the Secretary of the U.S. Department of Health and Human Services to investigate or determine our compliance with the requirements of Section 164.500 et. seq.

## **2. YOUR RIGHTS**

You have the following rights regarding medical and mental health information we maintain about your child:

### **\*Right to Inspect and Copy:**

You have the right to inspect and copy medical and mental health information that may be used to make decisions about your child's evaluation and services. Usually, this includes medical and billing records but does not include psychotherapy notes, assessments and testing information.

To inspect and copy your child's medical and mental health information, you must submit your request in writing to the HIPAA Privacy and Security Officer at the **address on the top of this Notice**. If you request a copy of information, we may charge a fee for the cost of copying, mailing or other supplies associated with your request.

We may deny your request to inspect and copy in certain very limited circumstances. If you are denied access to medical information, you may request the denial be reviewed. For more information call **(877)724-4241**.

### **\*Right to Request to Amend:**

If you feel that medical and mental health information about you or your child is incorrect or incomplete, you may ask us to amend the information. You have the right to request an amendment as long as the information is kept by or for the Center for Intervention Research in Schools. To request an amendment, your request must be made in writing and submitted to Center for Intervention Research in School, 200 Porter Hall, Athens, OH 45701, (877) 724-4241. In addition you must provide a reason that supports your request. We may deny your request for an amendment if it is not in writing or does not include a reason to support the request. In addition, we may deny your request if you ask us to amend information that:

- Was not created by us, unless the person or entity that created the information is no longer available to make the amendment;
- Is not part of the medical and mental health information kept by or for the Center for Intervention Research in Schools.
- Is not part of the information which you would be permitted to inspect and copy; or
- Is accurate and complete.

### **\*Right to an Accounting of Disclosure:**

You have the right to request an “accounting of disclosures.” This is a list of the disclosures we made of medical and mental health information about your child. To request this list, you must submit your request in writing to the Center for Intervention Research in School, 200 Porter Hall, Athens, OH 45701. Your request must state a time period for the disclosures, which may not be longer than six (6) years and may not include dates before April 14, 2003. Your request should indicate in what form you want the list (for example, on paper, or electronically).

### **Right to Request Restrictions:**

You have the right to request a restriction or limitation on the medical and mental health information we use or disclose about you or your child for evaluation, treatment, payment or health care operations. You also have the right to request a limit on the medical and mental health information we disclose about you or your child to someone who is involved in your or your child’s care or the payment for your child’s care, like a family member or friend. For example, you can ask that we not use or disclose information about a surgery your child had. **We are not required to agree to your request.** If we do agree, we will comply with your request unless the information is needed to provide you or your child with emergency treatment.

To request restrictions, you must make your request in writing to the Center for Intervention Research in School, 200 Porter Hall, Athens, OH 45701. In your request you must tell us (1) what information you want to limit; (2) whether you want to limit our use, disclosure or both; and (3) to whom you want the limits to apply, for example, disclosures to your spouse.

### **\*Right to Request Confidential Communications:**

You have the right to request that we communicate with you about medical and mental health matters in a certain way or at a certain location. For example you can ask that we only contact you at work or by mail. To request confidential communications, you must make your request in writing to the Center for Intervention Research in School, 200 Porter Hall, Athens, OH 45701. We will not ask you the reason for your request.

We will accommodate all reasonable requests. Your request must specify how or where you wish to be contacted. You have the right to request that you and your child's personal health information be discussed with an individual acting as you or your child's personal care representative.

**Right to a Paper Copy of this Notice:**

You have the right to a paper copy of this notice. You may ask us to give you a copy of this notice at any time. Even if you have agreed to receive this notice electronically, you are still entitled to a paper copy of this notice. To obtain a paper copy of this notice, call **(877) 724-4241** during regular working hours.

**\*3. COMPLAINTS**

If you believe your privacy rights have been violated, you may file a complaint with the Secretary of the U.S. Department of Health and Human Services, Regional Manager, Office for Civil Rights, 150 S. Independence Mall West, Suite 372, Philadelphia, PA 19106-3499.

*You will not be penalized for filing a complaint.*

**4. OTHER USES OF MEDICAL INFORMATION**

Other uses and disclosures of medical and mental health information not covered by this notice or the laws that apply to us will be made only with your written permission. If you provide us permission to use or disclose medical and mental health information about you and your child, you may revoke that permission, in writing, at any time. If you revoke your permission, we will no longer use or disclose medical and mental health information about you and your child for the reasons covered by your written authorization. You understand that we are unable to take back any disclosures we have already made with your permission, and that we are required to retain in our records the care we provided to your child.