

# **HEALTH INSURANCE PORTABILITY AND ACCOUNTABILITY ACT (HIPAA) NOTICE OF PRIVACY PRACTICES RELATED TO STUDENTS & FAMILY MEDICAL/MENTAL HEALTH RECORDS**

This notice describes how medical information about you and/or your child may be used and disclosed and how you can get access to this information.

The effective date of this notice shall be **August 11, 2025**.

All medical and health records are protected by Florida Statute, the Family Educational Rights and Privacy Act (FERPA) or HIPAA, depending on the health care provider, the creator of the records, and the entity in possession of the records. Copies of medical records or health-related records submitted to schools (for example, by physicians) become education records (protected by FERPA) when the school is in possession of them.

HIPAA, a Federal law, requires entities covered by this law, including school districts in some limited situations, to maintain the privacy of all mental and physical health records. These records are referred to as “protected health information” (PHI).

## **HOW THE SCHOOL DISTRICT USES AND SHARES YOUR AND YOUR CHILD’S PROTECTED HEALTH INFORMATION (PHI)**

PHI includes demographic and medical information about the past, present, or future physical or mental health of an individual. Demographic information may include your and your child’s name, address, telephone number, Social Security number, and any other means of identifying you and/or your child as a specific person.

If a school or District department conducts any transactions electronically in connection with health care (for example, Medicaid billing), the information transmitted is covered by HIPAA.

Your or your child’s PHI may be used or shared by the school district for purposes of medical and/or mental health treatment, payment for services, and health care operations. (Health care operations are activities compatible and directly related to treatment and payment, including day-to-day office business, administrative, and customer service activities.) Health care professionals may use this information in the clinics, schools, and/or hospitals to take care of you or your child.

It is important for you to be aware that this law allows the school district to share your and your child’s PHI without your consent under the following circumstances:

1. To another health care provider for purposes of your or your child’s treatment.
2. To insurance companies, Medicaid, or local, State, or Federal agencies to pay for the services provided to you or your child.
3. To report abuse of children, adults, or disabled persons.
4. For investigations related to a missing child and/or child abuse.
5. For internal investigations and audits by the school district or any grant funding body.

6. For investigations and audits by the State's Inspector General, Department of Education, or Auditor General.
7. For public health purposes including vital statistics, disease reporting, and regulation of health professionals.
8. For medical examiner investigations.
9. For research approved by the school district.
10. To respond to court orders and/or subpoenas (SBBC will make reasonable efforts to provide notice to you for an opportunity to seek a protective order).
11. For judicial and administrative proceedings.
12. When and as required by law. Restrictions by the most protective law (whether State or Federal) will be met.

Unless specified above, the school district will not share your and/or your child's PHI unless you provide written authorization. This authorization will have an expiration date. Additionally, you may revoke the authorization in writing at any time. Certain uses and sharing of psychotherapy (counseling) notes may also require your written authorization, except when required by a subpoena or court order. Uses and disclosures of PHI for marketing purposes as well as disclosures that constitute a sale of PHI require written authorization.

## INDIVIDUAL RIGHTS

1. **You have the right to request the school district to restrict the use of your and/or your child's PHI and with whom it may be shared.** You have the right to request restrictions or limitations on the PHI used and disclosed for treatment, payment, or health care operations. You also have the right to request a limit on the PHI the school district Plan discloses to someone involved in your care or the payment of your care, like a family member or friend. To request a restriction, you must make your request in writing to the department providing the service, or you may send the request to the SBBC Privacy Officer at 600 S.E. 3rd Avenue, 11th Floor, Fort Lauderdale, FL 33301. 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. The school district will consider any of your requests but is not required to agree to them.
2. **You have the right to request confidential communications.** The school district may mail or call you with appointment reminders or regarding your responsibility to pay for services. We will make contact with you in the manner and at the address or telephone number you select. You may provide an address other than your residence where you can receive mail and where you may be contacted. You will be asked to put your contact information in writing.
3. **You have the right to review and receive a copy of your PHI, except as limited by law.** Your review of the PHI will be supervised and will be at a time and place that is convenient to you and a representative of the school district. You may be denied access as specified by law. This might occur if your child consented to care, and the parent's consent was not required by law or if your child is receiving care at the direction of

a court or a person appointed by the court. If access is denied, you have the right to request a review by a licensed health care professional who is not involved in the decision to deny access. The licensed health care professional will be designated by the school district. If you request a copy, you may be charged a reasonable fee. We will provide you access to the PHI in the form and format requested by you if it is readily producible in such form and format, or if not, in a readable hard copy form. We will provide access (review and/or copy) requested within 30 days or notify you of a one-time 30-day extension, if necessary, and the reason for the extension and the date by which the information will be provided.

4. **You have the right to correct your and/or your child's PHI.** Your request to correct your or your child's PHI must be in writing and provide a reason to support your requested correction. If your correction is accepted, the school district will make the correction and tell you and others who need to know about the correction. The school district may deny your request, in whole or part, if it finds the PHI:
  - a. Was not created by the school district.
  - b. Does not qualify as PHI.
  - c. Is by law not available for your review.
  - d. Is accurate and complete.

If your request is denied, the school district will place your request for corrections with your PHI. You may also send a letter detailing the reason you disagree with the decision. The school district will respond to your letter in writing. You may also file a complaint, as described below in the section entitled Complaints.

5. **You have the right to receive a list of the individuals and/or agencies with which the school district has shared your PHI.** All requests for this list (also known as an accounting of disclosures) must state a time period that may not include a date earlier than six (6) years prior to the date of the request. The first list you request within a 12-month period will be provided free of charge. For additional lists, we may charge you for the costs of providing the list. The list will not include:
  - a. Information shared to carry out treatment, payment, or health care operations.
  - b. Information shared with you.
  - c. Information incidental to otherwise permitted or required disclosures, pursuant to applicable regulations.
  - d. Information you authorized to be shared.
  - e. Information shared with individuals involved with your care.
  - f. Information disclosed for national security or intelligence purposes.
  - g. Information disclosed to correctional institutions or law enforcement officials when the disclosure was permitted without authorization.

- h. Information in a limited data set (which is PHI that excludes certain direct identifiers, such as name, address, social security number, etc.).
6. **You have the right to be notified of a breach.** If a breach of your unsecured PHI occurs, meaning your private information was disclosed without the required authorization, you have a right to be notified.
7. **You have a right to a paper copy of this notice upon request.** To obtain a paper copy, contact the school or District department providing the service.

This notice tells you how your and your child's PHI may be used and how the school district keeps this information private and confidential. The school district has always kept this information confidential; this notice simply explains the school district's legal responsibilities, with regard to PHI.

The law requires the school district to give this Notice of Privacy Practices to you. The school district is required to do what the notice currently in effect says it will do. SBBC is required to provide you with notice of its legal duties and privacy practices with respect to PHI, and to notify affected individuals following a breach of unsecured PHI. SBBC reserves the right to change the terms of this notice and to make the new provisions effective for all PHI that it maintains. If the school district changes how it handles your or your child's PHI records, you will be informed. The most current notice will be posted on the SBBC website, <https://www.browardschools.com/Page/36133>.

## FOR FURTHER INFORMATION

Requests for further information about the matters covered in this notice may be directed to the SBBC Privacy Officer, Risk Management Department, who can be reached at 754-321-1914.

## COMPLAINTS

If you believe your HIPAA privacy rights have been violated, you may file a complaint with the SBBC Privacy Officer at 600 S.E. 3rd Avenue, 11th Floor, Fort Lauderdale, FL 33301/ Telephone (754) 321-1914. You may also file a complaint online with the U.S. Department of Health and Human Services, Office for Civil Rights Complaint Portal at <https://ocrportal.hhs.gov/ocr/portal/lobby.jsf>, or mailing to: US Department of Health and Human Services; 200 Independence Avenue, SW; Room 509F HHH Bldg., Washington, DC 20201, or by phone at 1-800-368-1019, TDD: 1-800-537-7697. Please be advised the SBBC will not retaliate against you or your child for filing a complaint.

This Notice of Privacy Practices shall be in effect until a new Notice is approved and posted