ST. MARTIN PARISH SCHOOL-BASED HEALTH CENTERS
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.

St. Martin Parish School-Based Health Centers (SBHC's), sponsored by the St. Martin Parish School District, are required by law to maintain the privacy of your protected health information and to provide you with notice of its legal duties and privacy practices with respect to your protected health information. This Notice of Privacy Practices describes the legal obligations of ST. MARTIN PARISH SCHOOL-BASED HEALTH CENTERS and your legal rights regarding your protected health information held by ST. MARTIN PARISH SCHOOL-BASED HEALTH CENTERS under the Health Insurance Portability and Accountability Act of 1996 (HIPAA). HIPAA protects only certain information known as "protected health information" or "PHI." Generally, PHI is individually identifiable health information, including demographic information, collected from you or created or received by a health care provider, a health care clearinghouse, a health plan, or your employer on behalf of a group health plan, that relates to: (1) your past, present, or future physical or mental health or condition; (2) the provision of health care to you; or (3) the past, present, or future payment for the provision of health care to you.

You are asked to provide a signed acknowledgement of receipt of this Notice. Our intent is to make you aware of the possible uses and disclosures of your PHI and your privacy rights. The delivery of health care services will in no way be conditioned upon your signed acknowledgment. If you decline to provide a signed acknowledgement, we will continue to provide your treatment, and will use and disclose your PHI for treatment, payment and healthcare operations when necessary.

St. Martin Parish School-Based Health Centers: We consent to the exchange of relevant health information (including information about physical exams, health histories, and other information) between the health center staff and the school nurse program, early head start, head start, Pre-K, child welfare and attendance, special services department, athletics(physical forms), CCRC Nursing Professor, and the Superintendent as needed in order to facilitate evaluation of this student's health needs, special education multidisciplinary evaluations, disciplinary referrals, attendance records, and immunization records. We understand that due to the confidential nature of services provided at the health center, only information regarding crisis or threat of grave or serious harm to self or others will be shared with the school principal. An electronic medical record system to support the efficient care and services provided by each of the health centers' licensed health care providers. Your medical record will be maintained in electronic form as a single unified medical record and may be used by the St. Martin Parish School-Based Health Centers for treatment, payment and healthcare operations purposes. Any request for your medical record will encompass the entire unified record unless otherwise specified by you in a written authorization.

Each time you visit ST. MARTIN PARISH SCHOOL-BASED HEALTH CENTERS a record of your visit is made. This information, often referred to as your health or medical record, serves as a:

- documentation of your symptoms, examinations and test results, diagnosis and treatment;
- means of communication among the many health care providers who contribute to your care;
- means by which you or a third-party payer can verify that services billed were actually provided;
- source for information for public health officials charged with improving the health of the state and the nation; and
- tool with which we can assess and continually work to improve the care we render and the outcomes we achieve.

Understanding what is in your record and how your health information is used helps you to: ensure it is correct, better understand who, what, when, where and why others may access your health information, and make more informed decisions when authorizing disclosure to others.

Louisiana Health Information Exchange (LaHIE): LaHIE is the state's official health information exchange. To give you the safest, best care, your health care provider needs access to important information: your medical history, allergies, prescriptions, specialist visits, lab results and more. LaHIE is designed to provide your doctors with access to this information. Louisiana is an "opt in" state, which means your consent is required in order for your health information to be accessible through LaHIE. You are requested to indicate your decision on the acknowledgement page.

Telehealth Services: Telemedicine is the use of telecommunication and information technologies in order to provide clinical health care. Students attending in St. Martin Parish are eligible to receive services through this modality. Services are provided by a Licensed Mental Health Practitioner, Licensed Practical Nurse/Registered Nurse and Nurse Practitioner and/or Physician. Services will be provided through Google Meets in a HIPAA compliant version of the G-Suite.

Patient Portal: The St. Martin Parish School-Based Health Centers utilize a unified electronic medical record system(Greenway Health). This system allows the patient to view their information through their patient portal which requires an email address from the patient. Patient portal is designed to enhance patient-provider communication; it is not designed to replace a face to face provider encounter. Complex or multiple questions may require an office visit. We strive to keep all of the information in your records correct and complete. If you identify any discrepancy on your record, you agree to notify us immediately. Additionally, by using the patient portal, the user agrees to provide factual and correct information. **All communication via Patient Portal will be included in your permanent patient record.**

LINKS: We also understand that the school health center may enter information into my child's LINKS (Louisiana Immunization Network for Kids Statewide) record, which is the state's immunization registry.

HOW WE MAY USE AND DISCLOSE YOUR PROTECTED HEALTH INFORMATION

St. Martin Parish School-Based Health Centers collects PHI from you and stores it in a chart, other media, and on a computer. This is your medical record. The medical record is our property, but the information in the medical record belongs to you. We protect the privacy of your PHI. The following categories describe the different circumstances the St. Martin Parish School-Based Health Centers may use or disclose your PHI without obtaining your prior authorization and without offering you the opportunity to object. Not every use or disclosure in a category will be listed. However, all of the ways we are permitted to use and disclose PHI will fall within one of the categories.

- For Treatment. We may use and disclose your PHI to provide treatment to you. We may disclose your PHI to other providers, doctors, nurses, technicians, medical students, or other personnel who are involved in taking care of you at the St. Martin Parish School-Based Health Centers and some school personnel, such as coaches, RNs, and LPNs. For example, a doctor treating you for a broken leg may need to know if you have diabetes because diabetes may slow the healing process. In addition, the doctor may need to tell the dietitian if you have diabetes so that he or she can arrange for appropriate meals. Different departments of the St. Martin Parish School-Based Health Centers may also share medical information about you in order to coordinate the different things you need, such as medications, lab work and x-rays, and we may disclose your PHI to third parties with whom we coordinate to manage your care. This will include coaches for inclusion in athletics and head start programs for inclusion in these programs.

- To Obtain Payment. We may use and disclose your PHI as requested from your health plan payer, in order to be reimbursed for the services we provide to you. For example, we may release to Medicaid the service we rendered to you and your diagnosis. Your insurance company, or their business associates may, ask for information to determine when a condition was first diagnosed. **HEIDIS and the Data Collection Process. The Healthcare Effectiveness Data Information Set (HEDIS) is a tool used by more than 90 percent of America's Health Plans to measure performance on important dimensions of care and services. Data is gathered through claims and medical records to determine the effectiveness and quality of care provided by the Health Plans.**

- For Health Care Operations. We may use and disclose your PHI for our day-to-day operations and functions, such as quality assessment/improvement activities, business planning and development, and resolution of internal grievances. For example, we may compile your health information, along with that of other patients, in order to allow a team of our health care professionals to review that information and make suggestions concerning how to improve the quality of care provided at our St. Martin Parish School-Based Health Centers. We may also disclose information to doctors, nurses, technicians, medical students, and other St. Martin Parish School-Based Health Centers personnel for review and learning purposes and to improve the quality and effectiveness of the services you receive.

- To Business Associates. We may contract with individuals or entities known as Business Associates to perform various functions on our behalf or to provide certain types of services. In order to perform these functions or to provide these services, Business Associates will receive, create, maintain and/or transmit PHI about you, but only after they agree in writing with us to implement appropriate safeguards regarding your PHI.

- Health-Related Benefits and Services. We may contact you about health-related benefits or services, such as disease management programs and community-based activities in which we participate, that may be of interest to you.

- For Communications. We may contact you to provide appointment reminders, information about treatment alternatives or request that you contact us to discuss medical information. We will leave these messages with whoever answers your phone, if you are unavailable, or on your answering machine.

- Research. Under certain circumstances, we may use and disclose health information about you for research purposes through a special approval process designed to protect patient safety, welfare, and confidentiality. This process evaluates a proposed research project and its use of medical information, trying to balance the research needs with patients' need for privacy of their medical information. For example, a research project may involve comparing the health and recovery of all patients who received one medication to those who received another, for the same condition. We may also disclose health information about you to people preparing to conduct a research project, for example, to help them look for patients with specific medical needs, so long as the information they review does not leave the St. Martin Parish School-Based Health Centers.

- Required by Law. As required by federal, state or local law, we may use and disclose your PHI.

- To Avert a Serious Threat of Health or Safety. We may use and disclose health information about you when necessary to prevent a serious threat to your health and safety or the health and safety of the public or another person. Any disclosure, however, would only be to someone able to help prevent the threat.

- For Specialized Government Functions. We may disclose your PHI for military, national security, prisoner, and government health plan benefits purposes.

- For Marketing. For Fundraising Activities: We may contact you as part of our effort to raise funds for our St. Martin Parish School-Based Health Centers. You have a right to opt out of receiving fundraising communications and all fundraising communications will include information about how you may opt out of future communications.

  For Marketing Services provided by St. Martin Parish School-Based Health Centers: We may contact you by mail, email or telephone.

- Change of Ownership. In the event that St. Martin Parish School-Based Health Centers is sold or merged with another St. Martin Parish School-Based Health Centers, your PHI will become the property of the new owner.

SPECIAL SITUATIONS

- Organ and Tissue Donation. If you are an organ donor, we may disclose your PHI to organizations that handle organ procurement or organ, eye or tissue transplantation or to an organ donation bank, as necessary to facilitate organ or tissue donation and transplantation.

- Military and Veterans. If you are a member of the armed forces, we may disclose your PHI as required by military command authorities. We may also release health information about foreign military personnel to the appropriate foreign military authority.

- Workers' Compensation. We may disclose your PHI for workers' compensation or similar programs. These programs provide benefits for work-related injuries or illness.

- Public Health Risks. We may disclose your PHI for public health activities to state and/or federal health departments. such as the Louisiana Department of Health, Office of Public Health(OPH), OPH laboratory, and the Centers for Disease Control, including the LA Dept. of Health Infectious Disease Epidemiology section via LDH's Electronic Reporting System(ELR). These activities generally include the following:
    - To prevent or control disease, injury or disability
    - To report births and deaths
    - To report to state and federal tumor and/or specialty registries
    - To report child abuse or neglect
    - To report reactions to medications or problems with products
    - To notify people of recalls of products they may be using
    - To notify a person who may have been exposed to a disease or may be at risk for contracting or spreading a disease or condition
    - To provide proof of immunization to a school that is required by state or other law to have such proof with agreement to the disclosure by a parent or guardian of, or other person acting in loco parentis for an unemancipated minor

- Victims of Abuse, Neglect or Domestic Violence. We may notify the appropriate government authority if we believe a patient has been the victim of abuse, neglect or domestic violence. We will only make this disclosure if you agree or when required or authorized by law.

- Health Oversight Activities. We may disclose your PHI to a health oversight agency for activities authorized by law. These oversight activities include, for example, audits, investigations, inspections and licensure. These activities are necessary for the government to monitor the health care system, government programs and compliance with civil rights laws. **HEIDIS and the Data Collection Process: The Healthcare Effectiveness Data Information Set (HEDIS) is a tool used by more than 90 percent of America's Health Plans to measure performance on important dimensions of care and services. Data is gathered through claims and medical records to determine the effectiveness and quality of care provided by the Health Plans.**

- Law Enforcement. We may disclose your PHI if asked to do so by a law enforcement official:
    - In response to a court order, subpoena, warrant, summons or similar process
    - To identify or locate a suspect, fugitive, material witness, or missing person
    - About the victim of a crime if, under certain limited circumstances, we are unable to obtain the victim's agreement
    - About a death we suspect may be the result of criminal conduct
    - About criminal conduct at the St. Martin Parish School-Based Health Centers
    - In emergency circumstances to report a crime, the location of the crime or victims; or the identity, description or location of the person who committed the crime

- Judicial and Administrative Proceedings. We may disclose your PHI in the course of any judicial or administrative proceeding in response to an order of a court or administrative tribunal to the extent expressly authorized by such order. We may also disclose your PHI in response to a subpoena, discovery request, or other lawful process by someone else involved in the dispute after we have received assurances that efforts have been made to tell you about the request or to obtain an order protecting the information requested.

- Coroners, Medical Examiners and Funeral Directors. We may disclose your PHI to coroners, medical examiners, or funeral directors as necessary to carry out their duties.

We may also use or disclose your PHI in the following circumstances. However, except in emergency situations, we will inform you of our intended action prior to making any such uses and disclosures and will, at that time, offer you the opportunity to object.

- Individuals Involved in Your Care or Payment for Your Care. We may disclose your PHI to a friend or family member who is involved in your medical care. We may also give information to someone who helps pay for your care. We may also tell your family or friends your condition and that you are in the St. Martin Parish School-Based Health Centers. In addition, we may disclose your PHI to an entity assisting in a disaster relief effort so that your family can be notified about your condition, status and location.

With few exceptions, we must obtain your written authorization for uses and disclosures of your PHI involving (1) certain marketing communications about a product or service and whether financial remuneration is involved, (2) a sale of protected health information resulting in remuneration not permitted under HIPAA; and (3) psychotherapy notes, except for certain treatment, payment and health care operations purposes, if the disclosure is required by law or for health oversight activities, or to avert a serious threat.

WHEN WE MAY NOT USE OR DISCLOSE YOUR PROTECTED HEALTH INFORMATION

Except as described above, disclosures of your PHI will be made only with your written authorization. You may revoke your authorization at any time, in writing, unless we have taken action in reliance upon your prior authorization, or if you signed the authorization as a condition of obtaining insurance coverage.

YOUR HEALTH INFORMATION RIGHTS

You have the following rights regarding health information we maintain about you:

- Right to Request Restrictions. You have the right to request restriction or limitation on the health information we use or disclose about you for treatment, payment or health care operations. You also have the right to request a limit on the health information we disclose about you to someone who is involved in your care or the payment for your care, like a family member or friend. For example, you could ask that we not use or disclose information about a surgery you had.

  Except as provided below, we are not required to agree to the restriction that you request. If we do agree, we will comply with your request unless the information is needed to provide you emergency treatment.

  Effective September 23, 2013, we will comply with any restriction request if (1) except as otherwise required by law, the disclosure is to a health plan for purposes of carrying out payment or health care operations (and is not for purposes of carrying out treatment); and (2) the protected health information pertains solely to a health care item or service for which the St. Martin Parish School-Based Health Centers has been paid out-of-pocket in full. The St. Martin Parish School-Based Health Centers is not responsible for notifying subsequent health care providers of your request for restrictions on disclosures to health plans for those items and services, so you will need to notify other providers if you want them to abide by the same restriction.

  To request restrictions, you must make your request in writing. 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.

- Right to Request Confidential Communications. You have the right to receive your PHI through a certain way or at a certain location. For example, you can ask that we only contact you by mail. Requests must be in writing and specify how and where you wish to be contacted. You will be responsible for the additional costs, if applicable.

- Right to Inspect and Copy Health Information. You have the right to inspect and receive a copy of your PHI. Usually, this includes medical and billing records, but does not include psychotherapy notes, information compiled in anticipation of or for use in civil, criminal or administrative proceedings, or certain information that is governed by the Clinical Laboratory Improvement Act. If the requested PHI is maintained electronically and you request an electronic copy, we will provide access in an electronic format you request, if readily producible, or, if not, in a readable electronic form and format we mutually agree upon. We may charge a reasonable cost-based fee consistent with HIPAA and Louisiana law.

  - **Timeliness in Providing Access**
    In providing access to the individual, a covered entity must provide access to the PHI requested, in whole, or in part (if certain access may be denied as explained below), no later than 30 calendar days from receiving the individual's request. See 45 CFR 164.524(b)(2).

  Despite your general right to access your PHI, access may be denied in limited circumstances. For example, access may be denied if you are a participant in a research program that is still in progress. Access may be denied if the federal Privacy Act applies. Access to information that was obtained from someone other than a health care provider under a promise of confidentiality can be denied if allowing you access would reasonably be likely to reveal the source of the information. The decision to deny access under these circumstances is final and not subject to review. Otherwise, we will provide a written explanation of the basis for the denial and your review rights.

  To inspect and copy medical information that may be used to make decisions about you, you must submit your request in writing. If you request a copy of the information, in accordance with Louisiana state law, you will be charged a fee for the costs of copying, mailing or other supplies associated with your request.

- Right to Request Amendment. You have a right to request that we amend your PHI that, in your judgment, is incorrect or incomplete for as long as the information is kept by or for the St. Martin Parish School-Based Health Centers.

  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 for 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 information kept by or for the St. Martin Parish School-Based Health Centers;
  - Is not part of the information which you would be permitted to inspect and copy; or
  - Is accurate and complete.

  To request an amendment, your request must be made in writing. In addition, you must provide a reason that supports your request. If we deny your request, you have the right to file a statement of disagreement with us and any future disclosures of the disputed information will include your statement.

- Right to an Accounting of Disclosures. You have a right to receive an accounting of certain disclosures of your PHI made during the six-year period preceding the date of your request. The accounting will include the date of each disclosure, the name of the entity or person who received the information and that person's address (if known), and a brief description of the information disclosed and the purpose of the disclosure. We do not have to account for the following disclosures: (i) disclosures made for the purpose of carrying out treatment, payment or health care operations unless HIPAA provides otherwise; (ii) disclosures made to you; (iii) disclosures of information maintained in our patient directory, or disclosures made to persons involved in your care, or for the purpose of notifying your family or friends about your whereabouts; (iv) disclosures for national security or intelligence purposes; (v) disclosures to correctional institutions or law enforcement officials who had you in custody at the time of disclosure; (vi) disclosures that occurred prior to April 14, 2003; (viii) disclosures made pursuant to an authorization signed by you; (viii) disclosures that are part of a limited data set; (ix) disclosures that are incidental to another permissible use or disclosure; or (x) disclosures made to a health oversight agency or law enforcement official, but only if the agency or official asks us not to account to you for such disclosures and only for the limited period of time covered by that

request. We will charge you for the costs of providing the list. We will notify you of the cost involved and you may choose to withdraw or modify your request at that time before any costs are incurred.

- Right to a Paper Copy of This Notice. You have a right to a paper copy of this Notice of Privacy Practices.

OUR DUTIES

- We are required by law to maintain the privacy of your PHI.
- We are required to provide you this Notice of Privacy Practices, which describes our legal duties and privacy practices with respect to PHI.
- We are required to notify you in the event that we discover a breach of unsecured protected health information, as that term is defined under federal law.
- We are required to follow the terms of this Notice of Privacy Practices. We reserve the right to amend this Notice of Privacy Practices at any time in the future and to make those changes applicable to all PHI that we maintain. Prior to October 1, 2013, if we make any material changes to this Notice of Privacy Practices, we will provide you a copy of the revised Notice of Privacy Practices. After October 1, 2013, any revised Notice of Privacy Practices will be posted on our website, and the revised Notice of Privacy Practices will be available from us upon request.

FOR MORE INFORMATION OR TO REPORT A CONCERN

How to Exercise a Right

If you would like to have a more detailed explanation of these rights contact St. Martin Parish School-Based Health Centers at (337)909-3040. If you would like to exercise any of your rights please submit a request in writing to:

St. Martin Parish School-Based Health Centers
P.O. Box 1344
Breaux Bridge, LA 70517

Complaints

Complaints about this Notice of Privacy Practices or how we handle your PHI should be directed to the Adrienne Huval, Coordinator/ Privacy Officer at (337)909-3040. You may also submit a complaint to the Office for Civil Rights of the U.S. Department of Health and Human Services if you believe your privacy rights have been violated. You will not be penalized, or in any other way retaliated against, for filing a complaint.

Contact Information
For further information about the complaint process or for further information about this Notice of Privacy Practices, contact Adrienne Huval, Coordinator/ Privacy Officer at (337)909-3040 or submit a request in writing to: St. Martin Parish School-Based Health Centers, Coordinator, P.O. Box 1344 Breaux Bridge, LA 70517. Our physical location is 328 N. Main St. Breaux Bridge, LA 70517.

This Notice of Privacy Practices was published and became effective on July 1, 2013. Updated July 1, 2025.