

**LAKOTA LOCAL SCHOOL DISTRICT  
5572 PRINCETON ROAD  
LIBERTY TOWNSHIP, OH 45011  
ORGANIZED HEALTH CARE ARRANGEMENTS**

## **PRIVACY NOTICE**

**YOUR INFORMATION. YOUR RIGHTS. OUR RESPONSIBILITIES.**  
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.**

The Health Insurance Portability and Accountability Act of 1996 (“HIPAA”) imposes numerous requirements on employer health plans regarding how certain individually identifiable health information, known as protected health information (or “PHI”), may be used and disclosed. Other applicable law might impose more stringent privacy standards (including “Part 2” – see Pages 5-6). If more stringent laws apply to the plan, the plan will comply with the more stringent law.

Contact information for questions or complaints is available at the end of this notice.

### **Your Rights**

You have the right to:

- Get a copy of your health and claims records
- Correct your health and claims records
- Request confidential communication
- Ask us to limit the information we share
- Get a list of those with whom we’ve shared your information
- Get a copy of this privacy notice
- Choose someone to act for you
- File a complaint if you believe your privacy rights have been violated

### **Your Choices**

You have some choices in the way that we use and share information as we:

- Answer coverage questions from your family and friends
- Provide disaster relief
- Market our services and sell your information

### **Our Uses and Disclosures**

We may use and share your information as we:

- Help manage the health care treatment you receive
- Run our organization
- Pay for your health services
- Administer your health plan
- Help with public health and safety issues
- Do research

- Comply with the law
- Respond to organ and tissue donation requests and work with a medical examiner or funeral director
- Address workers' compensation, law enforcement, and other government requests
- Respond to lawsuits and legal actions

Uses and disclosures other than those described in this notice require your written authorization. Your written authorization is required for most uses and disclosures of psychotherapy notes; uses or disclosures of PHI for marketing purposes; and disclosures that are a sale of PHI. You may revoke your authorization at any time, but your revocation will not affect any use or disclosure made pursuant to your authorization when it was in effect.

When we disclose your PHI as permitted or required by HIPAA - such as when you authorize a disclosure or ask us to send your information to another person or organization - the information may be subject to redisclosure by the recipient. If the recipient of your PHI is not required to comply with HIPAA, the information may no longer be protected by HIPAA and may be used or disclosed in ways not permitted under this notice.

## **Your Rights**

**When it comes to your health information, you have certain rights.** This section explains your rights and some of our responsibilities to help you.

### **Get a copy of health and claims records**

- You can ask to see or get a copy of your health and claims records and other health information we have about you. Ask us how to do this.
- We will provide a copy or a summary of your health and claims records, usually within 30 days of your request. We may charge a reasonable, cost-based fee.

### **Ask us to correct health and claims records**

- You can ask us to correct your health and claims records if you think they are incorrect or incomplete. Ask us how to do this.
- We may say “no” to your request, but we’ll tell you why in writing within 60 days.

### **Request confidential communications**

- You can ask us to contact you in a specific way (for example, home or office phone) or to send mail to a different address.
- We will consider all reasonable requests and must say “yes” if you tell us you would be in danger if we do not.

### **Ask us to limit what we use or share**

- You can ask us not to use or share certain health information for treatment, payment, or our operations.
- We are not required to agree to your request, and we may say “no” if it would affect your care.

### **Get a list of those with whom we've shared information**

- You can ask for a list (accounting) of the times we've shared your health information for six years prior to the date you ask, who we shared it with, and why.
- We will include all the disclosures except for those about treatment, payment, and health care operations, and certain other disclosures (such as any you asked us to make). We'll provide one accounting a year for free but will charge a reasonable, cost-based fee if you ask for another one within 12 months.

### **Get a copy of this privacy notice**

You can ask for a paper copy of this notice at any time and we will provide you with a paper copy promptly.

### **Choose someone to act for you**

- If you have given someone medical power of attorney or if someone is your legal guardian, that person can exercise your rights and make choices about your health information.
- We will make sure the person has this authority and can act for you before we take any action.

### **File a complaint if you feel your rights are violated**

- You can complain if you feel we have violated your rights by contacting us using the information at the end of this notice.
- You can file a complaint with the U.S. Department of Health and Human Services Office for Civil Rights by sending a letter to 200 Independence Avenue, S.W., Washington, D.C. 20201, calling 1-877-696-6775, or visiting [www.hhs.gov/ocr/privacy/hipaa/complaints/](http://www.hhs.gov/ocr/privacy/hipaa/complaints/).
- We will not retaliate against you for filing a complaint.

## **Your Choices**

**For certain health information, you can tell us your choices about what we share.** If you have a clear preference for how we share your information in the situations described below, talk to us. Tell us what you want us to do, and we will follow your instructions.

In these cases, you have both the right and choice to tell us to:

- Share information with your family, close friends, or others involved in payment for your care
- Share information in a disaster relief situation

*If you are not able to tell us your preference, for example if you are unconscious, we may go ahead and share your information if we believe it is in your best interest. We may also share your information when needed to lessen a serious and imminent threat to health or safety.*

In these cases, we *never* share your information unless you give us written permission:

- Marketing purposes
- Sale of your information

## **Our Uses and Disclosures**

### **How do we typically use or share your health information?**

We typically use or share your health information in the following ways.

#### **Help manage the health care treatment you receive**

We can use your health information and share it with professionals who are treating you.

*Example: A doctor sends us information about your diagnosis and treatment plan so we can arrange additional services.*

#### **Run our organization**

- We can use and disclose your information to run our organization and contact you when necessary.
- We are not allowed to use genetic information to decide whether we will give you coverage and the price of that coverage. This does not apply to long term care plans.

*Example: We use health information about you to develop better services for you.*

#### **Pay for your health services**

We can use and disclose your health information as we pay for your health services.

*Example: We share information about you with your dental plan to coordinate payment for your dental work.*

#### **Administer your plan**

We may disclose your health information to your health plan sponsor for plan administration.

*Example: Your company maintains the health plan, and the health plan provides your company (employer) with certain statistics to determine costs and the portion of the premiums (costs) participants pay, as well as plan design changes.*

### **How else can we use or share your health information?**

We are allowed or required to share your information in other ways – usually in ways that contribute to the public good, such as public health and research. We have to meet many conditions in the law before we can share your information for these purposes.

For more information see: [www.hhs.gov/ocr/privacy/hipaa/understanding/consumers/index.html](http://www.hhs.gov/ocr/privacy/hipaa/understanding/consumers/index.html).

#### **Help with public health and safety issues**

We can share health information about you for certain situations such as:

- Preventing disease
- Helping with product recalls
- Reporting adverse reactions to medications
- Reporting suspected abuse, neglect, or domestic violence
- Preventing or reducing a serious threat to anyone's health or safety

## **Do research**

We can use or share your information for health research.

## **Comply with the law**

We will share information about you if state or federal laws require it, including with the Department of Health and Human Services if it wants to see that we're complying with federal privacy law.

## **Respond to organ and tissue donation requests and work with a medical examiner or funeral director**

- We can share health information about you with organ procurement organizations.
- We can share health information with a coroner, medical examiner, or funeral director when an individual dies.

## **Address workers' compensation, law enforcement, and other government requests**

We can use or share health information about you:

- For workers' compensation claims
- For law enforcement purposes or with a law enforcement official
- With health oversight agencies for activities authorized by law
- For special government functions such as military, national security, and presidential protective services

## **Respond to lawsuits and legal actions**

We can share health information about you in response to a court or administrative order, or in response to a subpoena.

## **Our Responsibilities**

- We are required by law to maintain the privacy and security of your protected health information.
- We will let you know promptly if a breach occurs that may have compromised the privacy or security of your information.
- We must follow the duties and privacy practices described in this notice and give you a copy of it.
- We will not use or share your information other than as described here unless you tell us we can in writing. If you tell us we can, you may change your mind at any time. Let us know in writing if you change your mind.

For more information see: [www.hhs.gov/ocr/privacy/hipaa/understanding/consumers/noticepp.html](http://www.hhs.gov/ocr/privacy/hipaa/understanding/consumers/noticepp.html).

## **Special Protections for Substance Use Disorder Records**

If we receive or maintain records about you from a substance use disorder treatment program that is subject to 42 CFR Part 2 ("Part 2"), additional heightened federal confidentiality applies, in addition to HIPAA. These records are referred to below as "Part 2 Records." This section applies to Part 2 Records.

- **How We May Use Part 2 Records:** Part 2 Records may be used by the plan for treatment, payment, and health care operations, or as otherwise described in this notice, consistent with HIPAA and other applicable law that may be more restrictive (including Part 2). The plan may disclose Part 2 Records only with your written consent or as otherwise permitted by Part 2.

- **Your Rights Regarding Part 2 Records:** You have the right to (i) request access to your Part 2 Records, (ii) request restrictions on certain uses or disclosures, when allowed by law, (iii) receive an accounting of certain disclosures, and (iv) file a complaint if you believe your privacy rights have been violated.

Exercising these rights will not affect your ability to receive treatment, payment, or benefits under the plan.

- **Our Responsibilities:** We are required by law to (i) protect the privacy and security of your Part 2 Records, (ii) limit use and disclosure of Part 2 Records to what is permitted by federal law, and (iii) notify you if a breach of your unsecured Part 2 Records occurs, as required by law.
- **Enhanced Confidentiality:** Part 2 Records may not be used or disclosed in civil, criminal, administrative, or legislative proceedings against you unless:
  - You provide prior written consent, or
  - A court issues an order authorizing the use or disclosure (accompanied by a subpoena or other legal requirement compelling disclosure) after you receive notice and an opportunity to be heard.

These protections also apply to testimony or other evidence derived from Part 2 Records.

## **Changes to the Terms of this Notice**

We can change the terms of this notice, and the changes will apply to all information we have about you. The new notice will be available on our web site and will also be provided to you upon request (by email or by mailing a paper copy to you, whichever you prefer).

## **Effective Date and Contact Information**

- 02/16/2026
- Contact: Human Resources, at telephone number (513) 874-5505 or email address [HRQuestions@lakotaonline.com](mailto:HRQuestions@lakotaonline.com).