



Student Assistance Program

Notice of Privacy Practices

This notice explains how your personal health information (PHI) may be used or shared, and outlines your rights regarding that information. Please read it carefully and reach out with any questions. Effective: July 10, 2026

Your health information is personal and private, and we must protect it. This notice tells you how the law requires or permits us to use and disclose your health information. It also tells you what your rights are and what we must do to use and disclose your health information. All Riverside Unified School District/ Dept. of Wellness and Engagement employees, staff, volunteers and others who have access to client health information will follow this notice. This includes other entities that form an Organized Health Care Arrangement (OHCA) and are listed at the end of this notice.

Legal Responsibilities

We are required by law to:

- Protect the privacy and security of your PHI.
- Provide you with this notice explaining our practices.
- Follow the terms described in this document.
- Let you know if your information is ever accessed in a way that compromises your privacy.

How We Use and Share Your Information

- For Treatment: We may share information with doctors, therapists, and other providers involved in your care to coordinate services and make sure you receive the right support.
- For Payment: We may use or share your information to bill insurance companies or other programs that help pay for your services. This includes submitting information about the care you received to get reimbursed.
- For Health Care Operations: We may use your information to review the quality of care you're receiving, train staff, and make sure we're meeting legal and professional standards.
- To Other Agencies Providing Services: If you're receiving services from other government or social service agencies, we may share information as needed to help coordinate your care.
- To Keep You Informed: We may call, text, or mail you reminders about appointments or updates about services and resources that may benefit you.

Other Times We May Share Your Information

We may also release your PHI:

- When required by law, such as to report abuse or neglect.
- To prevent a serious threat to your health or safety, or the safety of others.
- For public health purposes, like reporting disease outbreaks.
- For workers' compensation claims if you are injured on the job.
- In legal proceedings, like court orders or subpoenas.
- With law enforcement, when required or allowed by law.
- To coroners or medical examiners, for identification or cause of death.
- For national security or government investigations.
- To correctional facilities, if you are incarcerated.
- To military authorities, if you are in the armed forces.



When We Need Your Permission

We will always ask for your written consent before:

- Sharing your PHI for marketing purposes.
- Selling your information.
- Releasing most psychotherapy notes.
- Using your information for purposes not listed in this notice.

Note: Other uses and disclosures of your PHI, not covered by this Notice or the laws that apply to us, will be made only with your written authorization. If you have a clear preference for how we share your information let us know. We will never share your information for marketing purposes, sale of your information or sharing of most psychotherapy notes unless you notify your service provider in writing. If you change your mind, we will stop using or disclosing your PHI, but we cannot take back anything already given out. We must keep records of the care that we gave you.

Your Rights

You have the right to:

- View or request a copy of your health records (some limitations apply).
- Request corrections if you believe any information is wrong or incomplete.
- Get a list of who we've shared your information with, outside of routine care or payment.
- Ask us to limit how we use or share your information, though we may not be required to agree.
- Request private communications, such as only contacting you by mail or at a specific phone number.
- Restrict information shared with your health plan if you paid in full for a service out of pocket.
- Receive a paper copy of this notice, even if you previously agreed to receive it electronically.
- Appoint someone to act for you, such as a parent, legal guardian, or power of attorney holder.

Changes to this Notice

We have the right to make changes to this Notice and to apply those changes to your PHI. If we make changes, you have the right to receive a copy of them in writing. To obtain a copy, you may ask your service provider or any RUSD Department of Wellness and Engagement administrative staff.

Filing a Complaint

If you believe your privacy rights have been violated, you may file a complaint with us or with the U.S. Department of Health and Human Services. You will not be penalized or denied services for filing a complaint.

Contact Information:

Lekisha Reese, CHC, RHIT - Riverside County Privacy
Office Compliance and Privacy Officer
26520 Cactus Avenue
Moreno Valley, CA 92555
Phone: (951) 486-4659

U.S. Department of Health and Human Services – Office
for Civil Rights
Phone: (800) 368-1019 |
TTY: (800) 537-7697
Website: <https://www.hhs.gov/ocr/privacy/>

For additional information (800) 368-1019, (800) 537-7697 (TDD) or (415) 437-8310, (415) 437-8311 (TDD), or fax the U.S. Office of Civil Rights at (415) 437-8329.