TYRONE AREA SCHOOL DISTRICT
Soaring Forward to Explore, Challenge and Succeed

Human Resources
701 Clay Avenue, Tyrone, PA 16686
Phone: 814-684-0710 Ext. 4142
Fax: 814-684-8408
Email: humanresources@tyrone.k12.pa.us

TYRONE AREA SCHOOL DISTRICT
POSITION VOLUNTEER REQUIREMENTS

The following paperwork is required to be a Position Volunteer for the Tyrone Area School District. It is the volunteer's responsibility to apply for clearances and submit all required paperwork to Human Resources. Upon completion of these requirements, position volunteers must also be approved by the School Board.

1. **Position Volunteer Disclosure Form**
   a. Complete attached form

2. **Arrest/Conviction Report and Certification Form (under Act 24 of 2011 and Act 82 of 2012)**
   a. Sign and return attached form

3. **Act 126 Mandated Child Abuse Recognition and Reporting Training**
   a. Please see instructions to complete training. Submit certificate of completion.

4. **Act 34 State Police Criminal Record Check**
   a. Please see instructions.

5. **Act 151 Child Abuse History Clearance**
   a. Please see instructions

6. **Act 114 Federal Criminal History Record Check**
   a. Please see instructions

7. **TB Test -** Please contact your PCP or Med-Express for a TB test and submit the result. TB tests dated within 90 days will be accepted. Submit TB Test results.

8. **HIPAA Form**
   a. Sign and return attached form

Submit completed paperwork and clearances to Human Resources, 701 Clay Avenue, Tyrone, PA 16686 or email to humanresources@tyrone.k12.pa.us

NOTE: Clearances and Training must be updated every 5 years.

It is the policy of the Tyrone Area School District not to discriminate on the basis of sex, handicap, race and national origin in its educational and vocational programs, activities, or employment as required by Title IX, Section 504, and Title VI.
Please direct questions about this policy to the Superintendent of Schools, at 814.684.0710 Ext. 4123.

TYRONE
AREA SCHOOL DISTRICT
Soaring Forward to Explore, Challenge and Succeed
www.tyrone.k12.pa.us

Central Administration Offices
Human Resources
701 Clay Avenue • Tyrone, PA 16686
Phone: 814-684-0710, ext. 4142
Fax: 814-684-8408
krraling@tyrone.k12.pa.us

POSITION VOLUNTEER DISCLOSURE FORM

Position Volunteer – An adult applying for or holding an unpaid position with a school or a program, activity or service, as a person responsible for the child's welfare or having direct volunteer contact with children. Examples include, but are not limited to, tutors, coaches, activity advisor, recess or library aides, field trip chaperones with supervision duties, etc.

Name:_____
Last First Middle Initial

Present Address:_____City:_____

State:_____Zip:_____ Social Security No: xxx-xx-_____Home/Cell Phone:_____

Resident of Pennsylvania since (Month/Day/Year):_____Email:_____

Volunteer for:_____Teacher: _____

Description of Duties:_____

I apply for the position of volunteer with full understanding of the following:

1. This is not a paid position through the Tyrone Area School District and will not become a paid position.

2. I agree to read/review the following Tyrone Area School District Policies and Procedures
   a. School Volunteers
   b. Sexual Harassment Against Students and Employees
   c. Student Accidents
   d. Hazing
   e. Drugs and Alcohol
   f. Student Discipline
   g. Coaches Safety Guidelines

3. I understand that while I am a volunteer, I am subject to supervision by the School District and if at any time, the School District feels it necessary to terminate my service, they may do so.

I swear and affirm that I have not been named as a perpetrator of a founded report for child abuse or founded a report for school employees as defined in the Child Protective Services Law.

I swear and affirm that I have not been convicted of any violations of Title 18 of the Pennsylvania Consolidated Statutes or equivalent crimes in another state.

The information I have provided on this application is true and complete to the best of my knowledge and any falsified information may be justification for my removal if discovered later.

Volunteer's Signature:_____ Date:_____

Supervisor's Signature:_____ Date:_____

Administrator/Athletic Director:_____ Date:_____

Policy Appr: 11/12/2019
Policy Revised: 09/08/20
02/05/2020
TASD/flg

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POSITION VOLUNTEER CLEARANCE INSTRUCTIONS

Act 126 Mandated Child Abuse Recognition and Reporting Training

a. The training can be completed online at no cost through the Pennsylvania Child Welfare Resource Center: *www.reportabusepa.pitt.edu*. Please be sure to print the certificate of completion when you have finished the training and provide a copy to Human Resources.

Act 34 State Police Criminal Record Check

a. Go to https://epatch.pa.gov/home click on Request a Criminal History Record
b. Click on Pennsylvania Access to Criminal History (PATCH) Website
c. Click on "New Record Check Volunteers Only"; the fee is waived for unpaid volunteers
d. Enter your information and print out the record check, provide a copy to Human Resources

Act 151 Child Abuse History Clearance

a. Visit www.compass.state.pa.us/cwis (Child Welfare Portal) click on Create Individual Account and enter the information to create your Individual Login. Login and follow the instructions. For purpose of clearance, select Volunteer. The fee is waived for unpaid volunteers. Applicants can receive their results via email. Print record check results and provide a copy to Human Resources.

Act 114 Federal Criminal History Record Check - New fingerprint vendor, IDEMIA - This clearance only needs completed IF a position volunteer HAS NOT been a resident of Pennsylvania during the entirety of the previous ten (10) year period. If you HAVE BEEN a resident of Pennsylvania during the entirety of the previous ten (10) year period please complete and return the Disclosure Statement Application for Unpaid/Volunteer Position included in the volunteer packet.

1. You must pre-register before being fingerprinted. (If you don't have internet access call 1-844-321-2101 to pre-register).
2. Go to https://uenroll.identogo.com **During the registration process applicants will need an email address and be asked to create a security question and a security answer. It is very important to retain this information in order to retrieve your results electronically. If you do not have a record, you will receive an email with a link to retrieve your results using the email address and security question and security answer you created during registration. When you access your results, be prepared to download, save and print your clearance results. There is no second access to this electronic result. Three unsuccessful attempts to access your results will prevent you from retrieving your results electronically and your security information cannot be reset. All applicants will receive their Act 114 record check results via US Mail in 7-10 days.**
3. Enter the Service Code **1KG6ZJ** for DHS Volunteer
4. Click on Schedule or Manage Appointment; complete the fields and click on Next until all registration pages are complete.
5. When registering you have the option to schedule an appointment to have your fingerprints taken. Appointments are not required but are recommended.
6. Payment is due at the time of fingerprinting, $22.95, which can be paid by money order, cashier check, or major credit card.
7. Provide a copy of clearance to Human Resources.

It is the policy of the Tyrone Area School District not to discriminate on the basis of sex, handicap, race and national origin in its educational and vocational programs, activities, or employment as required by Title IX, Section 504, and Title VI.
Please direct questions about this policy to the Superintendent of Schools, at 814.684.0710 Ext. 4123.

ARREST/CONVICTION REPORT AND CERTIFICATION FORM

(under Act 24 of 2011 and Act 82 of 2012)

Section 1. Personal Information

Full Legal Name: _____

Date of Birth: ____/____/_____

Other names by which you have been identified: _____

Section 2. Arrest or Conviction

☐ By checking this box, I state that I have NOT been arrested for or convicted of any Reportable Offense.

☐ By checking this box, I report that I have been arrested for or convicted of an offense or offenses enumerated under 24 P.S. §§1-111(e) or (f.1) ("Reportable Offense(s)"). See Page 3 of this Form for a list of Reportable Offenses.

Details of Arrests or Convictions

For each arrest for or conviction of any Reportable Offense, specify in the space below (or on additional attachments if necessary) the offense for which you have been arrested or convicted, the date and location of arrest and/or conviction, docket number, and the applicable court.

_____

_____

Section 3. Child Abuse

☐ By checking this box, I state that I have NOT been named as a perpetrator of a founded report of child abuse within the past five (5) years as defined by the Child Protective Services Law.

☐ By checking this box, I report that I have been named as a perpetrator of a founded report of child abuse within the past five (5) years as defined by the Child Protective Services Law.

Section 4. Certification

By signing this form, I certify under penalty of law that the statements made in this form are true, correct and complete. I understand that false statements herein, including, without limitation, any failure to accurately report any arrest or conviction for a Reportable Offense, shall subject me to criminal prosecution under 18 Pa.C.S. §4904, relating to unsworn falsification to authorities.

_____

Signature *Date*

INSTRUCTIONS

Pursuant to 24 P.S. §1-111(c.4) and (j), the Pennsylvania Department of Education developed this standardized form (PDE-6004) to be used by current and prospective employees of public and private schools, intermediate units, and area vocational-technical schools.

As required by subsection (c.4) and (j)(2) of 24 P.S. §1-111, this form shall be completed and submitted by all current and prospective employees of said institutions to provide written reporting of any arrest or conviction for an offense enumerated under 24 P.S. §§1-111(e) and (f.1) and to provide notification of having been named as a perpetrator of a founded report of child abuse within the past five (5) years as defined by the Child Protective Services Law.

As required by subsection (j)(4) of 24 P.S. §1-111, this form also shall be utilized by current and prospective employees to provide written notice within seventy-two (72) hours after a subsequent arrest or conviction for an offense enumerated under 24 P.S. §§1-111(e) or (f.1).

In accordance with 24 P.S. §1-111, employees completing this form are required to submit the form to the administrator or other person responsible for employment decisions in a school entity. Please contact a supervisor or the school entity administration office with any questions regarding the PDE 6004, including to whom the form should be sent.

PROVIDE ALL INFORMATION REQUIRED BY THIS FORM LEGIBLY IN INK.

LIST OF REPORTABLE OFFENSES

- **A reportable offense enumerated under 24 P.S. §1-111(e) consists of any of the following:**

(1) An offense under one or more of the following provisions of Title 18 of the Pennsylvania Consolidated Statutes:

- Chapter 25 (relating to criminal homicide)
- Section 2702 (relating to aggravated assault)
- Section 2709.1 (relating to stalking)
- Section 2901 (relating to kidnapping)
- Section 2902 (relating to unlawful restraint)
- Section 2910 (relating to luring a child into a motor vehicle or structure)
- Section 3121 (relating to rape)
- Section 3122.1 (relating to statutory sexual assault)
- Section 3123 (relating to involuntary deviate sexual intercourse)
- Section 3124.1 (relating to sexual assault)
- Section 3124.2 (relating to institutional sexual assault)
- Section 3125(relating to aggravated indecent assault)
- Section 3126 (relating to indecent assault)
- Section 3127 (relating to indecent exposure)
- Section 3129 (relating to sexual intercourse with animal)
- Section 4302 (relating to incest)
- Section 4303 (relating to concealing death of child)
- Section 4304 (relating to endangering welfare of children)
- Section 4305 (relating to dealing in infant children)
- A felony offense under section 5902(b) (relating to prostitution and related offenses)
- Section 5903(c) or (d) (relating to obscene and other sexual materials and performances)
- Section 6301(a)(1) (relating to corruption of minors)
- Section 6312 (relating to sexual abuse of children)
- Section 6318 (relating to unlawful contact with minor)
- Section 6319 (relating to solicitation of minors to traffic drugs)
- Section 6320 (relating to sexual exploitation of children)

(2) An offense designated as a felony under the act of April 14, 1972 (P.L. 233, No. 64), known as "The Controlled Substance, Drug, Device and Cosmetic Act."

(3) An offense SIMILAR IN NATURE to those crimes listed above in clauses (1) and (2) under the laws or former laws of:

- the United States; or
- one of its territories or possessions; or
- another state; or
- the District of Columbia; or
- the Commonwealth of Puerto Rico; or
- a foreign nation; or
- under a former law of this Commonwealth.

- **A reportable offense enumerated under 24 P.S. §1-111(f.1) consists of any of the following:**

(1) An offense graded as a felony offense of the first, second or third degree, other than one of the offenses enumerated under 24 P.S. §1-111(e), if less than (10) ten years has elapsed from the date of expiration of the sentence for the offense.

(2) An offense graded as a misdemeanor of the first degree, other than one of the offenses enumerated under 24 P.S. §1-111(e), if less than (5) five years has elapsed from the date of expiration of the sentence for the offense.

(3) An offense under *75 Pa.C.S. § 3802(a)*, (b), (c) or (d)(relating to driving under influence of alcohol or controlled substance) graded as a misdemeanor of the first degree under *75 Pa.C.S. § 3803* (relating to grading), if the person has been previously convicted of such an offense and less than (3) three years has elapsed from the date of expiration of the sentence for the most recent offense.

DISCLOSURE STATEMENT
APPLICATION FOR UNPAID/VOLUNTEER POSITION

Required by the Pennsylvania Child Protective Service Law
23 Pa.C.S. § 6344.2 (relating to volunteers having contact with children)

I swear/affirm that I am seeking an unpaid/volunteer position and I **AM NOT** required to obtain the Federal Bureau of Investigations (FBI) Criminal History Clearance as:

- I have been a resident of Pennsylvania during the entirety of the previous 10-year period; **OR**
- I have received the FBI Criminal History Clearance from the Pennsylvania Department of Human Services (DHS) at any time since establishing residency in Pennsylvania and provided a copy of my result to the person responsible for the selection of volunteers.

I understand that the above exceptions do not apply to volunteers in a child day-care center, group day-care home or family child-care home.

I swear/affirm that I have not been convicted of one or more of the following offenses under Title 18 (relating to crimes and offenses) or an equivalent crime under federal law or the law of another state:

Chapter 25	(relating to criminal homicide)
Section 2702	(relating to aggravated assault)
Section 2709.1	(relating to stalking)
Section 2901	(relating to kidnapping)
Section 2902	(relating to unlawful restraint)
Section 3121	(relating to rape)
Section 3122.1	(relating to statutory sexual assault)
Section 3123	(relating to involuntary deviate sexual intercourse)
Section 3124.1	(relating to sexual assault)
Section 3125	(relating to aggravated indecent assault)
Section 3126	(relating to indecent assault)
Section 3127	(relating to indecent exposure)
Section 4302	(relating to incest)
Section 4303	(relating to concealing death of child)
Section 4304	(relating to endangering welfare of children)
Section 4305	(relating to dealing in infant children)
Section 5902(b)	(relating to prostitution and related offenses)
Section 5903(c) (d)	(relating to obscene and other sexual material and performances)
Section 6301	(relating to corruption of minors)
Section 6312	(relating to sexual abuse of children)

The attempt, solicitation or conspiracy to commit any of the offenses set forth above.

I swear/affirm that I have not been convicted of a felony offense under Act 64 of April 14, 1972 (relating to the controlled substance, drug device and cosmetic act) committed within the past five (5) years.

I swear/affirm that I have not been named in the Statewide database as a perpetrator of a founded report of child abuse within the past five (5) years.

I understand that I shall not be approved for service if I am named as a perpetrator of a founded report of child abuse within the past five (5) years or have been convicted of any of the crimes listed above or of offenses similar in nature to those crimes under the laws or former laws of the United States or one of its territories or possessions, another state, the District of Columbia, the Commonwealth of Puerto Rico or a foreign nation, or under a former law of this Commonwealth.

I understand that, if I am arrested for or convicted of an offense listed on the previous page or am named as perpetrator in a founded or indicated report of child abuse, I must provide the administrator or designee with written notice not later than 72 hours after my arrest, conviction or notification that I have been listed as a perpetrator in the Statewide database. I understand that, if I willfully fail to disclose this information, I commit a misdemeanor of the third degree and shall be subject to discipline up to and including termination from or denial of a volunteer position.

I understand that, if the person responsible for employment decisions or the administrator of a program, activity or service has a reasonable belief that I was arrested for or convicted of an offense listed on the previous page or was named as perpetrator in a founded or indicated report of child abuse, or I have provided written notice of a new arrest, conviction, or notification of substantiated child abuse as described above, the person responsible for employment decisions or administrator of a program, activity or service shall immediately require me to submit current certifications and the cost of certifications shall be borne by the employing entity or program, activity or service.

I understand that certifications obtained for volunteering purposes may only be used to apply to volunteer or to serve as a volunteer and cannot be used for employment purposes.

I understand that nothing in the Child Protective Services Law (23 Pa.C.S. Chapter 63) shall be interpreted to otherwise interfere with the ability of the employer or other person responsible for a program, activity or service from making employment, discipline or termination decisions or from establishing additional standards as part of the hiring or selection process for employees or volunteers.

I understand that the employer, administrator, supervisor, other person responsible for employment decisions or other person responsible for the selection of volunteers is required to maintain a copy of my certifications.

I hereby swear/affirm that the information as set forth above is true and correct. I understand that false swearing is a misdemeanor pursuant to 18 Pa.C.S. § 4903 (relating to crimes and offenses).

Applicant:		Signature:		Date:	
Witness:		Signature:		Date:	

If the volunteer is a minor:

Parent or Guardian:		Signature:		Date:	

TYRONE AREA SCHOOL DISTRICT

Health Insurance Portability and Accountability Act (HIPAA)
Acknowledgement of Receipt

Effective April 14, 2004

I, _____ have received a copy of the Tyrone Area School District's Notice of Privacy Practices.

_____ _____

Signature Date

_____

Print Name Legible

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.

1. Purpose of this Notice:

Pursuant to the Health Insurance Portability and Accountability Act of 1996, this notice explains how the Tyrone Area School District may use and disclose YOUR PROTECTED HEALTH INFORMATION. This NOTICE describes the types of information that is collected and YOUR rights with regards to that information.

2. Definitions:

As used in this NOTICE, the following capitalized terms shall have the meanings ascribed to them unless the context clearly indicates otherwise:

INCLUDES and/or INCLUDING means inclusive of and not limited to and by way of example and not limitation.

"NOTICE" means this Notice of Privacy Practices.

"PROTECTED HEALTH INFORMATION" means your individually identifiable health information maintained in any form or medium by the Tyrone Area School District. PROTECTED HEALTH INFORMATION INCLUDES the following: health history; medical records; name, address, and date of birth; marital status; sex; social security number; information regarding dependents, and; other similar information that relates to past, present or future medical care. PROTECTED HEALTH INFORMATION does **not** include individually identifiable health information maintained in education records, as defined by the Family Education Rights and Privacy Act.

"PROVIDER" refers to all employees, agents and subcontractors of the Tyrone Area School District who provide medical care or health services for which the Tyrone Area School District seeks reimbursement through electronic means. For the purposes of this Notice and YOUR rights under the Health Insurance Portability and Accountability Act of 1996, PROVIDER refers to the health care component designated as the PROVIDER by the Tyrone Area School District.

"YOU" and "YOUR" refers to the individual whose PROTECTED HEATLH INFORMATION is covered by this NOTICE. In the case of an unemancipated minor, "YOU" and "YOUR" refer to the unemancipated minor, or the parents or other legal guardians entitled to exercise rights under this NOTICE, as the context requires.

3. Permitted Uses and Disclosures of Protected Health Information:

A. Uses and Disclosures for Treatment:

The PROVIDER may use or disclose YOUR PROTECTED HEALTH INFORMATION without YOUR authorization for all treatment purposes as allowed by law, INCLUDING to doctors, nurses, laboratory technicians, medical students, psychologists, physical therapists, speech therapists, and other health care and personnel involved in YOUR treatment.

B. Uses and Disclosure for Payment:

The PROVIDER may use and disclose YOUR PROTECTED HEALTH INFORMATION with YOUR authorization for its own payment activities as allowed by law, INCLUDING to obtain reimbursement for eligible medical and health services under the Medical Assistance program.

C. Uses and Disclosures for Operations:

The PROVIDER may use and disclose YOUR PROTECTED HEALTH INFORMATION without YOUR authorization for all of its own health care operations as allowed by law, INCLUDING the provision of "related services" as required by the Individuals with Disabilities Education Act.

4. Other Uses and Disclosures for Which Your Authorization is Not Required:

In the situations described below, Tyrone Area School District may disclose YOUR PROTECTED HEALTH INFORMATION without obtaining YOUR authorization:

- When requested by public health authority for the purpose of preventing or controlling disease, injury, or disability;
- When requested by a public health authority in connection with reporting of child abuse or neglect;
- To a government authority of the PROVIDER: (1) reasonably believes that YOU may be the victim of abuse, neglect, or domestic violence; (2) is required by law to make the disclosure; (3) YOU are unable to consent to the disclosure; and, (4) the PROVIDER reasonably believes, in the exercise of professional judgment, that informing YOU of the disclosure would place YOU at risk of serious harm;
- To a health oversight agency for oversight activities authorization by law, including; audits; civil, administrative, or criminal investigations; inspections; licensure or disciplinary actions; civil, administrative, or criminal proceedings or actions; or other activities necessary for appropriate oversight of the health care system;
- In response to an order of court or administrative tribunal, but only to the extent required by the order;
- In response to a subpoena, discovery request, or other lawful process, if the requesting party demonstrates that it made a good faith attempt to notify you of the request;
- To a law enforcement official, as required by law, pursuant to a warrant, subpoena, or other administrative summons;
- To a law enforcement official, upon request for the purpose of identifying or locating a suspect, fugitive, material witness, or missing person;
- To a law enforcement official, upon request, of identification of a victim of a crime, where you are unable to consent, where such information is not intended to be used against you, where immediate law enforcement activity depends upon the disclosure, and where the PROVIDER determines that it is in YOUR best interest to make the disclosure;
- To a law enforcement official, for the purpose of alerting law enforcement of the death of the individual if the PROVIDER has a suspicion that such death may have resulted from criminal conduct;
- To a law enforcement official, where the PROVIDER believes in good faith that the protected health information constitutes evidence of criminal conduct that occurred on the premises of the Tyrone Area School District;
- To a law enforcement official to avert a serious threat to health and safety;
- To a coroner, medical examiner or funeral director as required by, or consistent with, applicable law;
- To organ procurement organizations or other entities engaged in the procurement, banking, or transplantation of cadaveric organs, eyes, or tissue for the purpose of facilitating organ, eye, or tissue donation and transplantation;

- To military, national security, and intelligence officials, as required by law.

5. Statement of Privacy Policy and Practices:

It is the policy and practice of the Tyrone Area School District to maintain YOUR PROTECTED HEALTH INFORMATION confidential and to not use or disclose YOUR PROTECTED HEALTH INFORMATION unless YOU authorize such use or disclosure, or such use or disclosure is permitted or required by law as described in the "Permitted Uses and Disclosures of Protected Health Information." Any use or disclosure of YOUR PROTECTED HEALTH INFORMATION by the Tyrone Area School District other than as listed in the "Permitted Uses and Disclosures of Protected Health Information" or "Other Uses and Disclosures for Which Your Authorization is Not Required" sections of this NOTICE will only be made with YOUR prior written authorization. In situations where YOU authorize the Tyrone Area School District to disclose YOUR PROTECTED HEALTH INFORMATION, YOU may revoke that authorization. Such revocation must be in writing to the Contact Person designated in this NOTICE. If YOU provide proper written notice of revocation of authorization, the Tyrone Area School District is bound by that revocation except to the extent that is has acted in reliance on the authorization.

The Tyrone Area School District has adopted appropriate administrative, technical and physical safeguards to prevent unauthorized uses and disclosures of YOUR PROTECTED HEALTH INFORMATION.

6. Your Rights Under the Health Insurance Portability and Accountability Act of 1996:

A. Restrictions.

You have the right to request restrictions on how the PROVIDER uses or discloses YOUR PROTECTED HEALTH INFORMATION. Such requests must be in writing to the Contact Person designated in this NOTICE. The Tyrone Area School District is not bound by YOUR request, and may refuse to accept the requested restriction. If the Tyrone Area School District agrees to YOUR request for a restriction, the Tyrone Area School District will notify YOU in writing of its acceptance of the restriction.

B. Communication.

YOU may request to receive communications of YOUR PROTECTED HEALTH INFORMATION by reasonable alternative means or at reasonable alternative locations, if disclosure of all or part of that information could endanger YOU. Such request must be made in writing to the Contact Person designated in this NOTICE, must specify how the alternative communication is to be made, and must explain that the reasonable alternative means or reasonable alternative locations are requested because disclosure of all or part of the information could endanger YOU.

C. Right to Inspect.

YOU have the right to inspect and/or copy YOUR PROTECTED HEALTH INFORMATION that is maintained in a designated record set by the Tyrone Area School District. A request to inspect or copy must be made in writing to the Contact Person designated in this NOTICE. The Tyrone Area School District will act on YOUR request within 30 days of receipt. If the Tyrone Area School District grants YOUR request, YOU may be charged a reasonable fee for copying and postage. If the Tyrone Area School District denies YOUR request, the Tyrone Area School District will inform YOU in writing and will explain how YOU may contest the denial.

D. Right to Amend.

YOU have the right to request an amendment of YOUR PROTECTED HEALTH INFORMATION maintained by the Tyrone Area School District. A request for an amendment of YOUR PROTECTED HEALTH INFORMATION must be made in writing to the Contact Person designated in this NOTICE and must explain in sufficient detail the reason for the amendment. The Tyrone Area School District will act on the request for amendment within 60 days of receipt. If the Tyrone Area School District denies YOUR request for amendment,

the Tyrone Area School District will inform YOU in writing of the denial and will explain how YOU may contest the denial.

E. Right to An Accounting.

YOU have the right to request and accounting of all disclosures by the Tyrone Area School District of YOUR PROTECTED HEALTH INFORMATION in the six years prior to the date on which the accounting is requested, or since April 14, 2003, whichever period is shorter. A request for an accounting must be made in writing to the Contact Person designated in this NOTICE. The Tyrone Area School District will provide an accounting of all disclosures of YOUR PROTECTED HEALTH INFORMATION, except those that it is not required by law to disclose.

F. Right to Receipt of this Notice.

YOU have the right to receive a written copy of this NOTICE by requesting a copy form the Contact Person designated in this NOTICE.

7. Tyrone Area School District's Duties.

The Tyrone Area School District is required by law to maintain the privacy of PROTECTED HEALTH INFORMATION and to provide individuals with notice of its legal duties and privacy practices with respect to PROTECTED HEALTH INFORMATION.

The Tyrone Area School District will abide by the terms of the NOTICE in effect at the time action is taken.

8. Right to Change Notice.

The Tyrone Area School District reserves the right to change the terms of its NOTICE and to make the new NOTICE provisions effective for all PROTECTED HEALTH INFORMATION that it maintains. If the Tyrone Area School District revises its NOTICE in any substantive manner, the Tyrone Area School District will notify YOU by regular mail of the revision. YOU may obtain a copy of the revised NOTICE by requesting it from the Contact Person designated in this NOTICE.

9. Complaint Procedure.

YOU may complain to the Tyrone Area School District and to the Secretary of the United States Department of Health and Human Services if YOU believe that the Tyrone Area School District has violated YOUR privacy rights. If YOU wish to initiate a complaint with the Tyrone Area School District, YOU may do so by writing to the Contact Person designated in this NOTICE, stating the grounds for YOUR complaint and the individual(s) or entity(ies) that YOU believe violated YOUR privacy rights. The Tyrone Area School District will investigate YOUR complaint and will take appropriate action.

The Tyrone Area School District will not retaliate against YOU for filing a complaint, either with or with the Secretary of the United States Department of Health and Human Services.

10. Contact Person.

The Contact Person for the Tyrone Area School District designated by this NOTICE is: Leslie A. Estep, Superintendent. In the event that YOUR complaint concerns actions by the Contact Person, YOU may alternatively contact the Privacy Officer: Derrick Soellner, Business Administrator.

11. Effective Date.

The effective date of this NOTICE is April 14, 2003.