

THE SONIA SHANKMAN ORTHOGENIC SCHOOL
at The University of Chicago Operated by The Leslie Shankman School Corporation

NOTICE OF HEALTH AND EDUCATIONAL INFORMATION AND CONSENT PRACTICES

This notice describes the Sonia Shankman Orthogenic School's practices regarding protected health information and educational information. It also describes the Orthogenic School's practices regarding consents for treatment and participation in School activities. These policies apply to the activities of all School employees, staff, interns, and other professionals including our business associates and consultants.

"Protected health information" is information about the Student, including demographic information that may identify the Student that relates to present, or future, physical and mental health related health care services. The Orthogenic School is committed to treating and using students' educational and protected health information responsibly. We restrict access to nonpublic personal information about students and their family members to those requiring information in providing treatment and educational services. We maintain physical, electronic, and procedural safeguards that comply with the Health Insurance Portability and Accountability Act of 1996 (HIPAA) and other federal and state laws governing both health and educational information.

Information Release Forms

We ask families of applicants to complete two releases that allow us to receive and to exchange information with a student's current or previous school(s), evaluators and health care providers. In accordance with state and federal laws, applicants over 12 years old are also asked to sign the releases.

When the Student enrolls at the School, additional releases will be required to allow the School's staff to exchange information with the Student's home school district and/or other local and state agencies (e.g., the Illinois Department of Human Services Individual Care Grant Program) responsible for the Student. Parents/guardians and Students will be asked to sign forms documenting their consent to treatment and involvement in specific School activities. We will ask Students and Parents to update these forms at least once each year in conjunction with enrollment procedures for the following School year or near the anniversary date of the Student's enrollment.

Policy and Practices Regarding Protected Health Information

The Sonia Shankman Orthogenic School may use or disclose protected health information for the following reasons:

➤ **Student's care and treatment and means of communication among the professionals who contribute to the Student's care and education**

We may use protected health information about Students to provide mental health treatment and services. Additionally, we use that information to develop an effective treatment plan, to discuss treatment options, for purposes of assessment and to enhance all services rendered. We may disclose this information to the persons involved in treating a Student, which may include consultants, clinicians, dormitory personnel, interns, supervisors, administrators, nurses, and any other Orthogenic School personnel who are involved in providing services to a Student.

➤ **To obtain payments and reimbursements**

We may use and disclose protected health information and educational information so that the treatment and educational services a Student receives may be billed and collected from the responsible family member, public agency, insurance company or other third party.

➤ **Quality assurance and evaluation activities**

We may use and disclose protected health information to review treatment and services and to evaluate the performance of staff in treating a Student. We may also combine protected health information about many Students to determine what additional services



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the School should offer, what services are not needed, and whether certain new services are effective. Information used in this way is “de-identified” to protect privacy. We may also disclose this information to clinicians, interns, and other personnel for review and learning purposes.

➤ **Authorizations**

You may give us written authorization to use your protected health information or to disclose it to anyone for any purpose. If you give us authorization, you may revoke it in writing at any time. Your revocation will not affect any use or disclosures permitted by your authorization while it was in effect. Unless you give us a written authorization, we cannot use or disclose your medical information for any reason except those described in this notice.

➤ **Disclosures to parents/guardians and other personal representative**

We may disclose protected health information to a Student’s parent/guardian or personal representative (individual authorized by law) except in cases when in our professional judgment such disclosure would endanger the Student. If a Student is present, then prior to use or disclosure of the information, we will obtain the Student’s agreement to disclose the information. In the alternative, we will provide the Student an opportunity to object to the disclosure, or reasonably infer from the circumstances, based on the exercise of professional judgment, that the Student does not object to the disclosure. In the event of the Student’s incapacity or in emergency circumstances, we will disclose a Student’s personal health information that is directly relevant to the person’s involvement in the Student’s care.

➤ **Other Applicable Laws**

We will not use or disclose personal health information if it is prohibited or materially limited by other applicable law including, but not limited to, the Illinois Medical Practice Act; Illinois Mental Health and Developmental Disabilities Code; Act; Illinois Mental Health and Developmental Disabilities Confidentiality Act; Illinois AIDS Confidentiality Act; Genetic Information Privacy; the Federal Drug Abuse, Prevention, Treatment, and Comprehensive Alcohol Abuse and Alcoholism Prevention, Treatment; Rehabilitation Act of 1973, Illinois School Student Records Act; the Individual with Disabilities Education Improvement Act of 2004; and, the Family Educational Rights and Privacy Act.

➤ **Research**

Under certain circumstances (e.g., only with express authorization of the Student and/or parent/guardian), we may use and disclose protected health information, only in formats that preserve anonymity, for research purposes. All research projects are subject to a special approval process. This process evaluates a proposed research project and its use of information, balancing the research needs with Students’ need for privacy of their protected health information. Before we use or disclose protected health information for research, the project will have been approved through the Institutional Review Board.

➤ **As Required By Law**

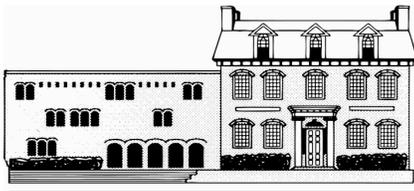
We will disclose protected health information about you when required to do so by federal, state, or local law.

➤ **To Avert a Serious Threat to Health or Safety**

We may use and disclose personal health information about the Student when necessary to prevent a serious threat to the Student or another person. Any disclosure would only be made to prevent a serious threat to the Student or another person.

➤ **Public Health Risks**

We may disclose protected health information about Students for public health activities and to fulfill certain legal requirements to report information. These activities generally include the prevention or control of disease, injury or disability, the reporting of child abuse and neglect, or 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.



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➤ **Health Oversight Activities**

We may disclose protected health information to an oversight organization for activities required to maintain agency licensure and certification. These activities include, but are not limited to audits, site visits, and inspections. These activities are necessary to monitor agency performance and compliance with civil rights laws and child welfare requirements.

➤ **Lawsuits and Disputes**

If a Student or the Student's family are involved in a lawsuit or a dispute, we may disclose protected health information about a Student in response to a court or administrative order. We may also disclose protected information about a Student in response to an order by a court, but only if good faith efforts have been made to notify you of the request.

➤ **Law Enforcement**

We may release protected health information if required to do so by law in response to a court order, a law that requires disclosure (e.g., in a case where child abuse is indicated), in response to an administrative request (if a parent/guardian makes a complaint against a state agency).

➤ **Medical Examiners and Funeral Directors**

We may release protected health information to a medical examiner or funeral director. This may be necessary to allow a medical examiner or funeral director to identify a deceased person or determine the cause of death, as necessary, to expedite necessary arrangements.

➤ **National Security Activities**

We may release protected health information about a Student or a former Student to authorized federal officials for national security activities as required by law.

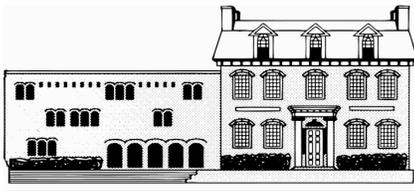
➤ **Fundraising**

We may use protected health information to contact parents/guardians and former Students for our fund-raising purposes. We will limit our use and disclosure to your demographic information (e.g., age, address, etc.) and the dates of receipt of services at the School. We may disclose this information to a business associate to assist us in our fund-raising activities.

RIGHTS OF STUDENTS AND FAMILIES

Although the actual physical and/or computerized record contains a Student's protected health information, and remains the School's property, Students and parents/guardians have the rights to:

- Request a restriction on certain uses and disclosures of your information
- Obtain a paper copy of this notice of information practices upon request
- Inspect and copy your health record
- Amend your health record
- Obtain an accounting of disclosures of your health information
- Request communications of your health information by alternative means or at alternative locations
- Revoke your authorization to use or disclose health information except to the extent that action has already been taken.



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OUR RESPONSIBILITIES

The Sonia Shankman Orthogenic School shall:

- Maintain the privacy of protected health information
- Provide students and parents/guardians copies of notices as to our legal duties and privacy practices with respect to information we collect and maintain
- Abide by the terms of this notice
- Notify you if we are unable to agree to a requested restriction
- Accommodate reasonable requests you may have to communicate health information by alternative means or at alternative locations.

As previously noted, we reserve the right not to disclose protected health care information to a Student's personal representative (i.e., parent/guardian or other person authorized by law) when in our professional judgment such disclosure would endanger the Student.

We reserve the right to change our practices and to make the new provisions effective for all protected health information we maintain. Should our information practices change, we will mail a revised notice to the address you have supplied us.

We will not use or disclose your health information without your authorization, except as described in this notice.

Other uses and disclosures of protected health information not covered by this notice or the laws that apply to the Sonia Shankman Orthogenic School will be made only with your written permission. If you provide the Orthogenic School with permission to use or disclose protected health information, you may revoke that permission, in writing, at any time. If you revoke your permission, the Orthogenic School will no longer use or disclose protected health information for the reasons covered by your written authorization. You understand that the Orthogenic School is unable to take back any disclosures that have already been made with your permission, that the Orthogenic School is required to retain records of the treatment that has been provided, and that failure to consent to the release and exchange of information could result in an incomplete understanding of the Student's needs and result in inadequate treatment.

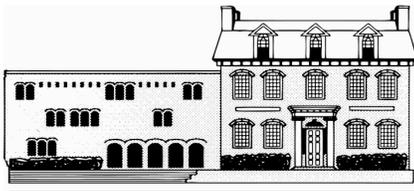
FOR MORE INFORMATION OR TO REPORT A PROBLEM

If you have questions and would like additional information, you may contact the Sonia Shankman Orthogenic School's Privacy Officer, Ellie Badesch, at 773.420.2892.

If you believe your privacy rights have been violated, you can file a complaint with the Privacy Officer or with the Office of Civil Rights, U.S. Department of Health and Human Services. There will be no retaliation for filing a complaint. The address for the Office for Civil Rights is listed below:

Office for Civil Rights
U.S. Department of Health and Human Services
Region V
233 North Michigan Avenue, Suite 240
Chicago, Illinois 60601

(312) 886-2359
(312) 866-1807 (FAX)
(312) 353-5693 (TDD)



**ACKNOWLEDGEMENT OF RECEIPT OF
NOTICE OF HEALTH AND EDUCATIONAL
INFORMATION AND CONSENT PRACTICES**

I(we) acknowledge receipt of the NOTICE OF HEALTH AND EDUCATIONAL INFORMATION AND CONSENT PRACTICES OF THE SONIA SHANKMAN ORTHOGENIC SCHOOL. Its contents were explained to me and I(we) fully understand them.

SIGNED: _____
Parent or Guardian

SIGNED: _____
Student (Where Student is over 12)

Date Signed: _____

WITNESS: _____

Method of Distribution: mail fax in person

N.B. For students 18 years-of-age and older, signature of the parent or guardian indicates that the individual has been designated the “personal representative” of the student and is entitled to full disclosure of healthcare information as provided by the Health Insurance Portability and Accountability Act of 1996 (HIPAA).

Yes, I request restrictions to the Orthogenic School’s routine use and/or disclosure of PHI as described in their Notice (as outlined below)

I, _____, request the following restrictions:

_____ Please attaché page 2 (Orthogenic School’s
Response to Restriction Request)

No, I am not requesting any restrictions to the Orthogenic School’s routine use and/or disclosure of PHI as described in their notice at this time.