

NOTICE OF PRIVACY PRACTICES

Protected Health Information

Effective: *June 1, 2005*

**THIS NOTICE DESCRIBES HOW HEALTH INFORMATION ABOUT YOU MAY BE USED AND SHARED AND HOW YOU CAN ACCESS THIS INFORMATION.
PLEASE REVIEW IT CAREFULLY.**

How The Vista School Uses and Discloses Your Health Information

The Vista School provides a variety of services. If you receive services through the Vista School, the school may use your Protected Health Information for treatment, billing or health care operations such as:

- Plan and provide your care and treatment
- Communicate with other health care professionals who care for you
- Describe the care you receive
- Obtain Reimbursement from government programs or other private insurers
- Confirm that services billed were actually provided
- Pay for services you receive
- Educate health professionals
- Oversee health activities such as licensure, audits, investigations and inspections
- Assess and improve the services we provide and outcomes achieved
- Inform you about other public problems and services
- Provide information in an emergency situation

Others Who May Receive Your Health Information

Business Associates: There are some services provided through contracts with other providers. When these services are contracted, we may disclose your health information only to the extent needed for our business associate to perform the job we've asked him/her to do. However, we require the business associate to appropriately safeguard your information.

Public Health: We may disclose your Protected Health Information to public health or legal authorities authorized to prevent or control public risk to disease, injury, or disability.

Public Safety: We may disclose your Protected Health Information when necessary to prevent a serious threat or injury to your safety or the safety of another person.

Law Enforcement: We may disclose health information for your health and the health and safety of others for law enforcement purposes.

Research: We may disclose information to researchers only when the information does not identify you personally and/or when their research has been approved by an institutional review board that has reviewed the research proposal and established procedures to ensure the privacy of your health information.

When Pennsylvania State law requires your signed authorization/consent to release any of the above information, your treatment professional will explain this to you. You may then be requested to sign an authorization/consent before the information can be sent.

Examples of Disclosure for Treatment, Payment and Health Operations

We will use your health information for treatment.

For example: A member of your support team may receive information about your health condition and record it in your record. This information may be used to determine the course of care that should work best for you.

We will use your health information for payment.

For example: A bill may be sent to you or any private or public source of health coverage you have identified. The information on or accompanying the bill may include information that identifies you, as well as your diagnosis, procedures, and supplies used.

We will use your health information for regular health operations.

For example: Members of a quality assurance team may use information in your health record to evaluate the care and outcomes in your services and others like it. This information will then be used in an effort to continually improve the quality and effectiveness of the healthcare and services we provide.

The Vista School will not use or disclose your Protected Health Information except as described in this notice, or otherwise authorized by law.

Your Health Information Rights

Your have the right to:

- Inspect and copy your Protected Health Information
- Request a restriction on certain uses and disclosures of your Protected Health Information
- Request amendments to your Protected Health Information
- Obtain an accounting of disclosures of your Protected Health Information
- Request communications of your Protected Health Information by alternative means or at an alternative address
- Revoke any authorization/consent you have signed to use or disclose Protected Health Information to the extent that it has not already been relied upon.
- File a complaint with the Privacy Officer of The Vista School and/or the Office for Civil Rights, U.S. Department of Health and Human Services if you believe your privacy rights have been violated.

The Vista Schools' Duties

The Vista School has a duty to:

- Maintain the privacy of your Protected Health Information
- Provide you with this notice as to our legal duties and privacy practices with respect to the Protected Health Information we collect and maintain about you
- Consistently follow 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 an alternative address
- Provide an accounting of disclosures of your Protected Health Information

The Vista School may change its privacy practices within the limits of the law and make new privacy practices effective for all Protected Health Information we maintain. Should our privacy practices change, we will provide you with a revised notice to the address you have supplied us.

For More Information or to Report a Problem

If you have questions and would like additional information, you may contact Sabrina Bodmer, Privacy Officer for The Vista School at (717) 835-0310.

If you believe your privacy rights have been violated, you may file a complaint with:

The Vista School
Attn: Privacy Officer
1249 Cocoa Avenue
Hershey, PA 17033

You may also file a complaint with the Office of Civil Rights, United States
Department of Health and Human Services at:

Region III, Office for Civil Rights
U.S. Department of Health and Human Services
150 South Independence Mall West
Suite 372
Public Ledger Building
Philadelphia, PA 19106-9111
(215) 861-4441
Toll Free (800) 368-1019

There will be no retaliation for filing a complaint.