

**LE MONDE FRENCH IMMERSION PUBLIC CHARTER SCHOOL  
PRIVACY PRACTICES**

**THIS NOTICE DESCRIBES HOW INFORMATION ABOUT YOUR STUDENT MAY BE USED  
AND DISCLOSED AND HOW YOU CAN GET ACCESS TO THIS INFORMATION.**

Your student's record may contain personal information about your student's health. This information may identify your student and relate to your student's past, present or future physical or mental health condition and related health care services and is called Protected Health Information (PHI). This Notice of Privacy Practices describes how we may use and disclose your PHI in accordance with applicable law. It also describes your rights regarding how you may gain access to and control your PHI. We are required by law to maintain the privacy of PHI and to provide you with notice of our legal duties and privacy practices with respect to PHI. We are required to abide by the terms of this Notice of Privacy Practices. We reserve the right to change the terms of our Notice of Privacy Practices at any time. Any new Notice of Privacy Practices will be effective for all PHI that we maintain at that time. We will provide you with a copy of the revised Notice of Privacy Practices by sending a copy to you in the mail upon request.

How we may use and disclose health care information about your student:

**For Care:** Your PHI may be used and disclosed to any parties that are involved in your care.

**Federal and State law require your written consent to release mental health/health information about your student.** The Consent will specify who is to receive the information, the purpose of the release of information, and a time period after which the Consent will terminate. You may modify or revoke a Consent at any time. If we are unable to fulfill our requirements related to your care, we may choose to discontinue providing your student with services. In some instances, we may need specific, written authorization from you in order to disclose certain types of specifically protected information such as HIV, substance abuse and genetic testing information.

**For Business Operations:** We may use or disclose, as needed, your PHI in order to support our business activities including, but not limited to, quality assessment activities or employee review activities. We may also disclose PHI in the course of providing you with appointment reminders or leaving messages on your phone or at your home about questions you asked. ***Example:*** *We may share your PHI with third parties that perform various business activities (e.g., information technology services, provided we have a written contract with the business that requires it to safeguard the privacy of your PHI).*

**Required by Law:** Under the law, we must make disclosures of your PHI available to you upon your request. In addition, we must make disclosures to the Secretary of the Department of Health and Human Services for the purpose of investigating or determining our compliance with the requirements of the Privacy Rule, if so required.

**Without Authorization:** Applicable law and ethical standards permit us to disclose information about you without your authorization only in a limited number of other situations. Examples of some of the types of uses and disclosures that may be made without your authorization are those that are:

- Required by Law, such as the mandatory reporting of child abuse or neglect or mandatory government agency audits or investigations (such as the Health Department)
- Required by Court Order
- Necessary to prevent or lessen a serious and imminent threat to the health or safety of a person or the public. If information is disclosed to prevent or lessen a serious threat it will be disclosed to a person or persons reasonably able to prevent or lessen the threat, including the target of the threat.

**Verbal Permission:** We may use or disclose your information to family members that are directly involved in your receipt of services with your verbal permission.

**With Authorization:** Uses and disclosures not specifically permitted by applicable law will be made only with your written authorization, which may be revoked. Your explicit authorization is required to release psychotherapy notes and PHI for the purposes of marketing, subsidized treatment communication and for the sale of such information.

### **Your rights regarding your PHI**

You have the following rights regarding PHI we maintain about your student. To exercise any of these rights, please submit your request in writing to our Director of Student Support:

- **Right of Access to Inspect and Copy.** You have the right, which may be restricted only in exceptional circumstances or with documents released to us, to inspect and copy PHI that may be used to make decisions about services provided.
- **Right to Amend.** If you feel that the PHI we have about you is incorrect or incomplete, you may ask us to amend the information although we are not required to agree to the amendment.
- **Right to an Accounting of Disclosures.** You have the right to request an accounting of certain of the disclosures that we make of your PHI.
- **Right to Request Restrictions.** You have the right to request a restriction or limitation on the use or disclosure of your PHI for services, payment, or business operations. We are not required to agree to your request.
- **Right to Request Confidential Communication.** You have the right to request that we communicate with you about PHI matters in a specific manner (e.g., telephone, email, postal mail, etc)
- **Right to a Copy of this Notice.** You have the right to a copy of this notice.

### **Breaches:**

You will be notified immediately if we receive information that there has been a breach involving your PHI.

### **Complaints:**

If you believe we have violated your privacy rights, you have the right to file a complaint in writing with the Executive Director of Le Monde Immersion.