 **No. 513**

 **SECTION: OPERATIONS**

**TITLE: PRIVACY OF MEDICAL RECORDS- HIPPA**

**MEDICAL ACADEMY ADOPTED: 10/8/13**

**CHARTER SCHOOL REVISED:**

 513. PRIVACY OF MEDICAL RECORDS- HIPPA

It shall be the policy of the school to protect and safeguard the protected health information (PHI) created, acquired, and maintained by the school consistent with the Standards for Privacy of Individually Identifiable Health Information (the "Privacy Rule") promulgated pursuant to the Health Insurance Portability and Accountability Act of 1996 (HIPAA), any case law arising from the interpretation thereof, and applicable state laws.

For purposes of this policy, all health information created and maintained by the school and its agents that is considered part of a student's "education record" under FERPA ("Family Educational Rights and Privacy Act") is not subject to this policy.

The Board and administration recognize that, as an employer and health plan sponsor, and as a provider of health care services, certain components within the school engage in HIPAA-covered functions and must comply with the HIPAA Privacy Rule; however, there are other components of the school that engage in non-covered functions and are not required to comply with the HIPAA Privacy Rule. Therefore, the Board hereby designates itself as a "Hybrid Covered Entity" under HIPAA and its rules and regulations.

The Board will appoint a Privacy Officer, who will, with individuals appointed by the Principal/CEO as members of a Privacy Team, undertake the following tasks to ensure compliance with the HIPAA Privacy Rule:

1. Conduct a thorough initial assessment of all existing policies, procedures, and practices for

 creating, maintaining, using, disclosing, and destroying health information to determine

 where the gaps may be with respect to meeting HIPAA and/or FERPA standards and as to

 whether there are reasonable administrative, technical, and physical safeguards to protect the

 privacy of PHI.

2. Adopt and maintain administrative policies and procedures to allow the school to meet the

 requirements of the HIPAA Privacy Rule as they may apply to the employee health plan

 and/or its health care provider.

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3. Adopt a "Notice of Privacy Practices" that describes, among other things, the uses and

 disclosures that the school is permitted or required to make under the HIPAA Privacy Rule,

 its obligations under HIPAA, and the rights related thereto for employees and students who

 may receive services from the school's health care provider.

4. Adopt HIPAA-compliant written authorizations to use or disclose PHI for purposes unrelated

 to treatment, payment, health care operations, and other designated purposes under the

 HIPAA Privacy Rule.

5. Identify Business Associates and enter into Business Associate Agreements with all third

 parties that access PHI when providing services on behalf of the school in relation to its

 employee health plan and/or health care provider component(s).

6. Establish a training program for all members of the school on HIPAA and the school's

 policies and procedures related thereto "as necessary and appropriate" for said employees to

 carry out their functions. Such a training program shall include periodic refresher courses.

7. Develop a process for handling complaints, such process to include the designation of a

 specific individual to handle such complaints and appropriate procedures for documenting

 said complaints and the disposition thereof.

The Principal/CEO shall ensure the appropriate development and implementation of sanctions against those members of the workforce who fail to comply with the administrative policies and procedures developed hereunder.

In addition to ensuring that appropriate administrative policies and procedures are adopted and implemented to ensure compliance with the HIPAA Privacy Rule, the Board and administration will mitigate, to the extent possible, any harmful effects of improper disclosures of PHI and will refrain from any activity that may intimidate, threaten, coerce, discriminate against, or retaliate against an individual for exercising his/her rights under HIPAA.

This policy and the administrative policies and procedures developed and implemented under the authority of the Privacy Officer shall replace any existing policies and procedures relating to the use and disclosure of PHI. Any separate policies and procedures relating to the use and disclosure of health information can only be maintained to the extent that they do not conflict with these policies and procedures.