



# GATEWAY ACADEMY, LLC

## Notice of Privacy Practices

**THIS NOTICE DESCRIBES HOW YOUR A STUDENT'S MEDICAL INFORMATION MAY BE USED AND DISCLOSED AND HOW YOU CAN GET ACCESS TO THIS INFORMATION.**

**PLEASE REVIEW IT CAREFULLY.**

Gateway Academy is required by law to provide you with this Notice so that you will understand how we may use or share the information of you or your son, as applicable (a "Student"), from his "Designated Record Set". His "Designated Record Set" includes financial and health information referred to in this Notice as "Protected Health Information" ("PHI") or simply "health information". We are required to adhere to the terms outlined in this Notice. If you have any questions about this Notice, please contact Karen Flynn, CEO, Gateway Academy, LLC at [karenflynn@gatewayacademy.net](mailto:karenflynn@gatewayacademy.net), (801) 523-3479.

### **UNDERSTANDING YOUR SON'S HEALTH RECORD AND INFORMATION**

When a Student is admitted to Gateway Academy a record of his stay is made containing health and financial information. Typically, this record contains information about his condition, the treatment we provide and payment for the treatment. We may use and/or disclose this information to:

- Plan his care and treatment,
- Communicate with other health professional involved in his care,
- Document the care his receives,
- Educate health professionals,
- Provide information to public health officials,
- Evaluate and improve the care we provide, and/or
- Obtain payment for the care we provide.

### **Understanding what is in your son's record and how his health information is used helps you to:**

- Ensure it is accurate,
- Better understand who may access his health information, and/or
- Make more informed decision when authorizing disclosures to others.

### **HOW WE MAY USE AND DISCLOSE PROTECTED HEALTH INFORMATION ABOUT YOUR SON**

The following categories describe the ways that we use and disclose health information. Not every use or disclosure in a category will be listed. However, all of the ways we are permitted to use and disclose information will fall into one of the categories.

- **For Treatment.** We may use or disclose health information about the Student to provide you with his medical treatment. We may disclose health information about him to doctors, nurses, therapist or other Gateway Academy personnel who are involved in taking care of your son at Gateway Academy. For example, a doctor or nurse treating your son for an infection may need to know if has any medical issues that may slow the healing process. In addition, the doctor or nurse may need to tell our food coordinator if the Student has special dietary restriction so we can plan his meals. Different areas of Gateway Academy may share health information about him in order to coordinate his care and provide him medication, lab work etc. We may also disclose health information about him to people outside Gateway Academy who may be involved in his medical care during or after his stay Gateway Academy.
- **For Payment.** We may use and disclose health information about the Student so that the treatment and services he receives at Gateway Academy or other medical facility may be billed to you a Sponsor, an insurance company or a third party. For example in order to be paid, we may need to share information with a Student or Sponsor's health plan about services provided to the Student. We may also tell your health plan about a treatment he may be going to receive to obtain prior approval or to determine whether such plan will cover the treatment.
- **For Health Care Operations.** We may use and disclose health information about the Student for our day-to-day treatment options. This is necessary to ensure that all students receive quality care. For example, we may use health information for quality assessment and improvement activities and for developing and evaluating clinical protocols. We may also combine health information about many students to help determine what additional services we should

offer, what services should be discontinued, and whether certain new treatments are effective. Health information about the Student may be used for business development and planning, crisis management analyses, insurance claims management, risk management activities, and in developing and testing information systems and programs. We may also use and disclose information for professional review, performance evaluation, and for training programs. Other aspects of health care operations that may require use and disclosure of your son's health information include accreditation certification, licensing and credentialing activities, review and auditing, including compliance reviews, medical reviews, legal services and compliance programs. A Student's health information may be used and disclosed for the business management and general activities of Gateway Academy. In limited circumstances, we may disclose a Student's health information to another entity subject to HIPAA for its own health care operations. We may disclose the Student's age, birth date and general information about him on the Gateway Academy information board and on activity calendars to wish the Student a happy birthday or commemorate his achievements on special occasions.

#### **OTHER ALLOWABLE USES OF YOUR SON'S HEALTH INFORMATION**

- **Business Associates.** There are some services provided at Gateway Academy through contracts with business associates. Examples include a medical director, nurses, outside attorneys, repair and cleaning personnel, and copy services. When these services are contracted, we may disclose the Student's health information so that they can perform the job we've asked them to do and bill the applicable payer for services rendered. To protect the Student's health information, however we require the business associate to sign a contract and to appropriately safeguard the Student's information.
- **Providers.** Many services provided to the Student, as part of his care at Gateway Academy, are offered by participants in one our organized healthcare arrangements. These participants include a variety of providers such as physicians (e.g., MD, Podiatrists, Dentists, Optometrists), therapists (e.g., Physical therapists, Speech therapists), portable radiology units, clinical labs, pharmacies, and psychologists.
- **Individuals Involved in Your Son's Care or Payment for His Care.** With applicable permission, we may disclose health information to a friend or family member who is involved in the Student's care. We may also give information to someone who helps pay for his care. In addition, we may disclose health information about the Student to an entity assisting in a disaster relief effort so that the Student's family can be notified about the Student's condition, status and location.
- **As Required By Law.** We will disclose health information about the Student when required to do so by federal, state or local law.
- **To Avert a Serious Threat to Health and Safety.** We may use and disclose health information about the Student to prevent a serious threat to his health and safety or the health and safety of the public or another person. We would do this only to help prevent the threat.
- **Reporting.** Federal and state laws may require or permit Gateway Academy to disclose certain health information related to the following:
  - **Public Health Risks.** We may disclose health information about the Student for public health purposes, including:
    - Prevention or control of disease, injury or disability;
    - Reporting child abuse or neglect; and/or
    - Reporting reactions to medications or problems with products;
  - **Health Oversight Activities.** We may disclose health information to a health oversight agency for activities authorized by law. These oversight activities may include audits, investigations, inspections and licensure. These activities are necessary for the government to monitor the health care system, government programs, and compliance with civil rights laws.
  - **Judicial and Administrative Proceedings.** If the Student is involved in a lawsuit or a dispute, we may disclose health information about the Student in response to a court or administrative order. We may also disclose health information about the Student in response to a subpoena, discovery request or other lawful process by someone else involved in the dispute, but only if efforts have been made to tell you about the request or for you to obtain an order protecting the information requested.
  - **Reporting Abuse or Neglect:** Notifying the appropriate government agency if we believe a student has been the victim of abuse or neglect.
    - **Law enforcement.** We may disclose health information when requested by a law enforcement official:
      - In response to a court order, subpoena warrant, summons or similar process;
      - To identify or locate a suspect, material witness, or missing person;
      - If the Student is the victim of a crime, under certain limited circumstances, we are unable to obtain

- your agreement;
- About criminal conduct at Gateway Academy; and/or
- In emergency circumstances to report a crime, the location of the crime or victims, or the identity, description or location of the person who committed the crime.

## OTHER USES OF HEALTH INFORMATION

Other uses and disclosures of health information not covered by this Notice, or the laws that apply to us, will be made only with your written permission. Your authorization will be required for most uses and disclosures of psychotherapy notes, uses and disclosures for marketing purposes, and disclosures that constitute a sale of protected health information. Your provision to us of this permission to use or disclose health information about the Student may be revoked, in writing, at any time. If you revoke your permission, we will no longer use or disclose health information about the Student for the reasons covered by your written authorization. You understand that we are unable to take back any disclosures we have already made with your permission, and that we are required to retain our records of the care that we provided to the Student. Unless as allowed by law, we may not condition a Student's treatment on his provision of the authorization contained herein.

## YOUR RIGHTS REGARDING HEALTH INFORMATION ABOUT THE STUDENT

Although the Student's health record is the property of Gateway Academy, the information belongs to you. You have the following rights regarding the Student's health information:

- **Right to Inspect and Copy.** With some exceptions, you have the right to review and copy the Student's health information for up to seven years from the date the record was created. You must submit your request in writing to Karen Flynn, CEO, Gateway Academy at [karenflynn@gatewayacademy.net](mailto:karenflynn@gatewayacademy.net). We may charge a fee for the costs of copying, mailing or other supplies associate with your request.
- **Right to Amend.** If you feel that health information in the Student's record is incorrect or incomplete, you may ask us to amend the information for up to seven years from the date the record was created. You have this right for as long as the information is kept by or for Gateway Academy. You must submit your request in writing to the Karen Flynn, CEO, Gateway Academy at [karenflynn@gatewayacademy.net](mailto:karenflynn@gatewayacademy.net). In addition, you must provide a reason for your request. We may deny your request for an amendment if it is not in writing or does not include a reason to support the request. In addition, we may deny your request if you ask us to amend information that:
  - Was not created by us, unless the person or entity that created the information is no longer available to make the amendment;
  - Is not part of the health information kept by or for Gateway Academy; or
  - Is accurate and complete.
- **Right to Request Restrictions.** You have the right to request a restriction or limitation on the health information we use or disclose about the Student. For example you may request that we limit the health information we disclose to someone who is involved in the Student's care or the payment for his care. You could ask that we not use or disclose information about treatment he had to a family member or friend. Gateway Academy is not required to agree to a requested restriction if it would affect the Student's care.
- **Right to Request Alternate Communications.** You have the right to request that we communicate with you about medical matters in a confidential manner or a specific location. For example, you may ask that we only contact you at a particular phone number. Unless otherwise requested in writing, we will contact you at the number(s) provided in the Admissions Agreement, including leaving messages regarding the Student's care on voicemail or answering machines.
- **Right to Get a List of Disclosures:** You have the right to ask Gateway Academy for a list of disclosures made regarding the Student's health information. You must make the request in writing. This list will not include the times that health information was disclosed for treatment, payment or health care operations or as required by law. The list will not include information provided directly to you or your family or information that was sent with your authorization.
- **Right to file a Complaint:** You have the right to file a complaint if you do not agree with how Gateway Academy has used or disclosed health information. Your complaint must be submitted in writing to Karen Flynn, CEO, Gateway Academy at [karenflynn@gatewayacademy.net](mailto:karenflynn@gatewayacademy.net). The Student's treatment will not be affected by any complaints you make. Gateway Academy cannot retaliate against you for filing a complaint, cooperating in an investigation or refusing to agree to something that you believe to be unlawful.

## CHANGES TO THIS NOTICE

We reserve the right to change this Notice. We reserve the right to make the revised or changed Notice effective for health information we already have about the Student as well as any information we receive in the future. We will post a copy of the current Notice at Gateway Academy and on our website. The Notice will specify the effective date on the first page, in the top right-hand corner. In addition, if material changes are made to this Notice, the Notice will contain an effective date for the revisions. Copies can be obtained by contacting Gateway Academy's HIPPA Privacy Officer, Karen Flynn, CEO, Gateway Academy at [karenflynn@gatewayacademy.net](mailto:karenflynn@gatewayacademy.net).



# GATEWAY ACADEMY, LLC

## Acknowledgement or Receipt of Notice of Privacy Practices; Authorization to Disclose Protected Health Information

I/We have been given a copy of Gateway Academy's *Notice of Privacy Practices* ("Notice"), which describes how my protected health information is used and shared. I/We understand that Gateway Academy has the right to modify and amend the Notice at any time. I/We may obtain a current copy of the Notice by contacting Gateway Academy or by visiting [gatewayacademy.net](http://gatewayacademy.net). I hereby authorize the disclosure of the Student's protected health information as provided in the Notice.

My/Our signature below acknowledges that I/we have been provided with a copy of the *Notice of Privacy Practices*, and acknowledge and agree to the disclosure of the protected health information as provided therein:

Signed this \_\_\_ day of \_\_\_\_\_, 20\_\_

\_\_\_\_\_  
Parent/Guardian (as applicable)

Signed this \_\_\_ day of \_\_\_\_\_, 20\_\_

\_\_\_\_\_  
Parent/Guardian (as applicable)

Signed this \_\_\_ day of \_\_\_\_\_, 20\_\_

\_\_\_\_\_  
Student