

Notice of Rights to Confidentiality

This notice describes how information about you may be used and released and how you get access to this information. Please read carefully.

At NorthStar Learning Centers, we are committed to protecting the confidentiality of your records in keeping with state and federal confidentiality laws, including the privacy rules of the Health Insurance Portability and Accountability Act—known by its acronym *HIPAA*. No personal information will be released to or requested from other organizations without your informed written consent, except as provided below.

HOW YOUR INFORMATION IS PROTECTED. NorthStar must:

- Inform you of your rights over your personal information and how your information may be used and shared.
- Have in place safeguards to protect your personal information and ensure we do not use or disclose it improperly.
- Limit uses and disclosures to the minimum necessary to accomplish the intended purpose.
- Have procedures in place to limit who can see your personal information as well as provide staff training about how to protect it.
- Ensure that our “business Associates” also have in place safeguards to protect your personal information and do not use or disclose your information improperly.

YOUR RIGHTS. You have rights to:

- See and get a copy of your records, with limited exceptions.
- Know who has seen your records.
- Ask to amend your records. You may submit a written request to NorthStar’s Privacy Officer to change any wrong information in your file or add information if you think something is missing or incomplete. We will provide you with a prompt response. If we deny your request, we will give you a written explanation. You may respond with a statement of disagreement. We may also prepare a written rebuttal to your statement of disagreement and give you a copy. If we accept your request to amend the information, we will make do our best to inform others, including people you name, of the amendment and to include the changes in any future disclosures of that information.
- Take back, at any time, your authorization to release your information. Your revocation must be in writing. It isn’t effective with respect to actions we took while your authorization was in effect and valid.
- Ask to be reached by alternative means or at alternative locations. For example, you can ask that we call you at work instead of your home. You must specify in writing how and where we are to contact you, though you don’t have to explain the reason behind your request. We will honor all reasonable requests.
- Be notified of any breach of your unsecured personal information.
- Obtain a paper copy of this notice.
- File a complaint. See procedures below.

HOW WE MAY USE YOUR INFORMATION. We may use and share your information for:

- Providing services. We will use your personal service information to provide, coordinate, or manage services you receive from us. We will disclose on a need-to-know basis the minimum amount of personal information necessary to achieve service and support goals.

- Payment. We may use and disclose your personal service information so that we can receive payment from you, your insurance company, or other funding sources.
- Improving the quality of our services. We may use your records when evaluating the services we provide. Your name and other information that would identify you will not be used in any reports. Personal information that doesn't contain your personal identifiers may be used for training purposes. We may also disclose your records to outside accrediting organizations to the extent they need the records in the accrediting process.
- Business associates. Running NorthStar operations involves services provided by third-party "business associates" such as financial auditors, answering services, and social service specialists. The requirement that business associates comply with the same disclosure restrictions as us is typically incorporated in any business associate contractual agreement between them and us.
- Government requirements. We are required to share program participants' records with state and federal government agencies for licensing, inspections, audits, and investigations.
- Appointments and communication. We may contact you at the phone number you provide about appointments and/or other matters that relate to the services you are receiving.
- Reporting abuse of child and vulnerable adults. Staff are required to report probable child abuse, elder abuse, or abuse of a vulnerable adult (for example, someone who is developmentally disabled or mentally ill, or who has a disabling illness).
- Reporting danger to others or criminal activity. If a crime is committed on our premises or against our staff, we may share information with law enforcement to apprehend the criminal. We also have the right to involve law enforcement when we believe an immediate danger may occur to someone.
- Public interest. This would include situations where we have a court ordered subpoena or are mandated to provide public health information such as communicable diseases.

FILING A COMPLAINT. If you believe that NorthStar has violated your privacy rights, you can:

- File a complaint with NorthStar. Bring it to the attention of the Privacy Officer (whose contact information is on the key contact list posted in each facility). NorthStar also has internal complaint process—included in our program participant/family handbooks.
- File a complaint with the Office of Civil Rights (OCR), U.S. Department of Health and Human Services. Your complaint can be filed by mail, fax, e-mail, or via the OCR Complaint Portal. It should be filed within 180 days of when you knew the act or omission complained of occurred. OCR may extend the 180-day period if you show good cause. Further information may be accessed at <http://www.hhs.gov/ocr/filing-with-ocr/index.html>

I, _____, have received notice of my rights to confidentiality. Date _____
(program participant)

I, _____, have received notice of my rights to confidentiality. Date _____
(parent/guardian)

NorthStar staff member: I, _____, have explained this notice to the program participant and their parent/guardian. Date _____