

**Department of Elementary and Secondary Education
Division of Special Education, First Steps
Privacy Notice/HIPAA/Applicable to Families**

THIS NOTICE DESCRIBES HOW YOUR CHILD'S MEDICAL INFORMATION (MEDICAID AND PRIVATE INSURANCE BILLING FOR SERVICES WE PROVIDE TO YOUR CHILD) MAY BE USED AND DISCLOSED AND HOW YOU CAN GET ACCESS TO THIS INFORMATION. PLEASE REVIEW IT CAREFULLY.

This notice applies to any Medicaid or private insurance billing information that we have about your child. This billing information is considered protected health information under the Health Insurance Portability and Accountability Act (HIPAA), unlike your child's educational records, which are not considered protected health information under HIPAA, but are protected as confidential under the Family Educational Rights and Privacy Act (FERPA). With some exceptions, we must obtain your authorization to disclose (or release) such protected health care information. If you have any questions, please contact our Privacy Officer.

Who has access to protected billing information?

Certain billing information will be used to submit claims to Medicaid or private insurance.

Without your permission, we may use your billing information:

- To exchange information with other State agencies as required by law.
- To provide you services.
- To provide you services when there is something that prevents us from communicating with you.
- To send you appointment reminders.
- To inform you about possible treatment options.
- For agencies involved in a disaster situation.
- For certain types of research.
- When there is a serious public health or safety threat to you or others.

Without your permission, we may use your billing information:

- As required by State, Federal, or local law. This includes investigations, audits, inspections, and licensure.
- When ordered to do so by a court.
- To communicate with law enforcement if you are a victim of a crime, involved in a crime at our facility, or you have threatened to commit a crime.
- To communicate with coroners, medical examiners, and funeral homes when necessary for them to do their jobs.
- To communicate with federal officials involved in security activities authorized by law.

What are your rights?

- To see and get a copy of your child's insurance billings (with some exceptions).

- To appeal if we decide not to let you see all or some parts of your record.
- To ask for the record to be changed if you believe you see a mistake or something that is not complete.
- You must make this request in writing. We may deny your request if:
 - We did not create the entry that is wrong; or
 - the information is not part of the file we keep; or
 - the information is not part of the file that we would let you see; or,
 - we believe the record is accurate and complete.
- To know to whom we have sent billing information about your child for up to the last six years. The first request in a 12 month period is free. We may charge you for additional requests.
- To limit how we use or disclose billing information about your child. For example – not to release information to your spouse or a particular provider agency. This must be made in writing, and we are not required to agree to the request.
- To have a paper copy of this notification of our Privacy Practices.
- To file a complaint if you believe any of your rights have been violated. All complaints must be in writing. You will not be penalized if you file a complaint.

If you wish to exercise any of these rights, or to file a complaint, you should contact the Privacy Officer, for the program your child is enrolled in, or you may file a complaint with the Secretary of the United States Health and Human Services Department.

Privacy Officer:

First Steps Program: Pam Thomas, Coordinator of Early Intervention Services, Department of Elementary and Secondary Education, Division of Special Education, 205 Jefferson Street, Jefferson City, MO 65102, (573) 751-4385.

Please complete and return the attached acknowledgment.

Child's Name: _____ **SPOE Region #** _____

Please return this portion to the appropriate program your child is enrolled in, and check box for that program:

Pam Thomas, Coordinator of Early Intervention Services
Department of Elementary and Secondary Education
Division of Special Education
PO Box 480
Jefferson City, MO 65102-0480

I received notification of my HIPAA privacy rights. _____

Parent Signature

Parent Name (Printed)