



EXHIBIT "D"

Head Start and Early Head Start Notice of Privacy Practices Effective January 1, 2014

This notice describes how medical information about Head Start and Early Head Start children may be used and disclosed, and how you can get access to this information. Please review it carefully.

Summary. The SUBRECIPIENT/PROVIDER is required by federal and state laws to maintain the privacy of personal information that we may receive about your child's health or the health of other family members. The law also requires us to give you a notice telling you about the law, your rights and our privacy practices. This notice applies to individually identifiable Protected Health Information (PHI) that is created or received by us, and applies to all agency employees, volunteers and other personnel who may have access to PHI.

This notice of is intended to inform you of the ways we may use your information and when it may be disclosed to others. Before we make any material change in the privacy practices described in this notice, we will write a new notice that includes the change and an effective date. We will give or mail the new notice to all Head Start children's parents or legal guardians within 60 days of the effective date.

Use and Disclosure of Your Child's Protected Health Information (PHI)

The SUBRECIPIENT/PROVIDER will make every effort to obtain written permission anytime there is a need to release information to outside organizations. We will not use or disclose your child's PHI any more than is necessary to accomplish the purpose of the use or disclosure. However, the program may at times use your child's information, or disclose it to someone else, without written permission. Examples of how we might use or disclose this information include the following:

1. **Treatment.** The SUBRECIPIENT/PROVIDER may disclose your child's PHI to a health care SUBRECIPIENT/PROVIDER to assist with your child's treatment. This information may include your child's developmental and social emotional screenings or assessments, physical and dental exams, and vision and hearing screening. Information only will be disclosed to SUBRECIPIENT/PROVIDERs or organizations involved with your child's health and development, which may include forwarding your child's records to the school that he or she will be attending.
2. **Payment.** The SUBRECIPIENT/PROVIDER may contact others to discuss your child's condition in order to bill or arrange for payment for health care services your child receives.
3. **Health Care Operations.** The SUBRECIPIENT/PROVIDER may use and disclose your child's PHI for activities that are necessary to operate this organization. This includes reading or discussing PHI to review the performance of our staff, and to train employees for the purpose of improving the quality of services. We also may use your child's information when obtaining legal services, for auditing of financial statements, and for the planning and development of our centers.



Other Uses and Disclosures

The SUBRECIPIENT/PROVIDER may provide information without your consent to government officials who:

- Are responsible for public health (disease reporting).
- Provide health oversight (nursing homes, physician licensing and research).
- Respond to judicial requests (subpoenas, trials, court hearings).
- Provide law enforcement services.
- Report and investigate deaths (the medical examiner).
- Are authorized by workers' compensation laws.
- Respond to threats to public safety of any person or to the public.
- Protect against abuse, neglect, domestic violence and other crimes.

The SUBRECIPIENT/PROVIDER may provide information without your consent to:

- Other SUBRECIPIENT/PROVIDER staff who are directly involved with your child's treatment or care.
This may include teaching staff and other education staff.
- Researchers or care groups, who are under strict rules regarding how they use and disclose protected health care information,
- Others involved in your or your child's care.
- Responders in emergency situations.
- Funeral directors.
- Organizations that handle organ procurement or transplants as necessary to facilitate organ or tissue donation and transplantation.
- Comply with laws relating to workers' compensation or similar programs.
- Others as required by law.

The SUBRECIPIENT/PROVIDER will not use or disclose your child's PHI in any way other than those listed above unless we get your written authorization. If you sign such an authorization, you have the right to cancel it at any time. We are unable to take back any disclosures we have already made with your permission.

Your Rights

To protect your child's privacy, you and your child have certain rights that the SUBRECIPIENT/PROVIDER is committed to upholding

1. **Restrict.** You may request in writing restrictions on the use and disclosure of your child's health information. These restrictions can go beyond the restrictions already in the law. However, SUBRECIPIENT/PROVIDER may not always agree to implement these additional restrictions.
2. **Confidential Communications.** You have the right to request that we communicate your child's PHI to you by alternative means or to an alternative location if our ordinary way of communicating with you could endanger your child.



3. **Access (Inspect and Copy).** You have the right to inspect and copy your child's PHI that is held by the SUBRECIPIENT/PROVIDER by making a request in writing to the SUBRECIPIENT/PROVIDER. The SUBRECIPIENT/PROVIDER may charge a reasonable fee to cover the cost of providing this information. If you are denied access to your child's PHI, you will be given written notice, and you may request a review of that denial.
4. **Amend.** If you believe that the PHI, we maintain about your child is incomplete or incorrect, you may request in writing that we amend or change it. You may request an amendment for as long as we maintain the PHI. To make such a change, The SUBRECIPIENT/PROVIDER will ask you to provide a description of the requested amendment and the reason you want your child's record changed. The SUBRECIPIENT/PROVIDER may not always agree to such requests.
5. **Accounting of Disclosures.** You have a right to receive an accounting of any disclosures of your child's PHI that were not authorized by you and were unrelated to treatment, payment or the SUBRECIPIENT/PROVIDER operations. To request an accounting of disclosures, you must submit your request in writing, and signed by the parent or legal guardian. Your request must state a time period.
6. **Right to a Paper Copy of this Notice.** You have the right to receive a paper copy of this notice.

Questions and Complaints

If you have any questions or complaints about the way SUBRECIPIENT/PROVIDER handles your child's protected health care information, or if you believe your child's privacy rights have been violated, you may complain by contacting **GRANTEE office in person at the appropriate Head Start Grantee Office (See below)**. You also may contact Lutheran Services Florida the Grantee at 727-547-5900 to resolve the matter. Please note that there will be no retaliation against you for filing a complaint, for making requests regarding your child's care information or if you disagree with the SUBRECIPIENT/PROVIDER's related decisions.

GRANTEE OFFICES

Duval Head Start Early Head Start 3027 San Diego Road Ellis Building, Jacksonville, FL 32207
Hillsborough Early Head Start 3615 W Waters Ave Tampa, FL 33614
Palm Beach Head Start Early Head Start 3230 Commerce Place Suite A, W Palm Beach, FL 33407
Pinellas Head Start Early Head Start 2210 Tall Pines Drive Suite 220 Largo, FL 33771