

**FORM 2-01**  
**NOTICE OF MEDICAL INFORMATION USE, DISCLOSURE, AND ACCESS**

**THIS NOTICE DESCRIBES HOW MEDICAL INFORMATION ABOUT YOU MAY BE USED AND DISCLOSED, AND HOW YOU CAN GET ACCESS TO THIS INFORMATION**

**Please Review Carefully**

**This Notice Is Required by the Health Insurance Portability and Accountability Act of 1996**

We, the \_\_\_\_\_ Health Center, are required by law to maintain the privacy of your protected health information and to provide you, the Job Corps student, with notice of our legal obligations and privacy practices with respect to your protected health information. We are required to abide by the terms of this Notice (or any Revised Notice currently in effect). We have the right to change the terms of the Notice and to make those changes effective for all protected health information that we maintain. If we make changes to the Notice, we will issue you a Revised Notice at your assigned Job Corps location. This Notice is effective as of April 14, 2003. We may use and disclose medical information about you under certain circumstances listed below. In each case, we will share only the minimum information necessary.

**Treatment, Payment, and Health Care Operations**

**Treatment.** We may share the contents of your medical files, including date of visits, symptoms presented, diagnosis, medications prescribed, treatment given or recommended, and referrals to other health providers with other health center staff members so that we may effectively treat you and follow up on your care. In addition to sharing this information with health center nurses, doctors, dentists, mental health professionals, Trainee Employee Assistance Program (TEAP) specialists, or other health providers, we may share this information with health center clerks, receptionists, or other persons responsible for filing and entering data within the health center, and organizing patient flow and/or contacting you to set appointments or inform you of prescription availability or other medical information. We may share your prescription and other medical information with pharmacists or other providers of medicines or devices, and with center drivers who pick up medications at pharmacies or other stores, for the purpose of obtaining prescriptions, other medications, and devices for you. We may share information with medical laboratories necessary in identifying specimens for the purpose of testing. Center health care providers also may share your health information with specialists or other off-center health care providers for purposes of consultation or referral.

**Payment and Health Care Operations.** We may share the contents of your medical files, including referral and other information about care you received off center, with Medicaid and/or private insurance companies for the purposes of facilitating your access to health services not provided or paid for by Job Corps. We also may share information about illness or injuries you may incur in the performance of your duties with workers' compensation coordinators, for the

purpose of determining your eligibility for benefits, the payment to you of benefits, and the provision of care to you under those benefits.

**Other Uses and Disclosures for Which Consent, Authorization, or Opportunity to Agree or Object Is Not Required**

In addition to the above uses and disclosures of your medical information, federal law permits us to disclose medical information about you under the following circumstances:

- We may use or share any information required by law;
- We may share information about infection, disease, or other conditions with public health department authorized to receive such health information, as well as information about failure to follow prescribed treatments for these cases of infection or disease, to assist them in preventing or controlling health conditions and tracking vital events;
- We may contact you to provide appointment reminders or information about treatment alternatives or other health-related benefits and services;
- We may share information for certain public health activities, including for purposes related to the quality, safety, or effectiveness of products regulated by the Food and Drug Administration;
- We may share information with government authorities about individuals we believe may be victims of abuse, neglect, or domestic violence;
- We may share information for health oversight activities, including audits, licensing, and inspections of the health center, and determinations of our compliance with the medical privacy rules by the U.S. Department of Health and Human Services;
- We may share information in certain court proceedings;
- We may share information for law enforcement purposes;
- We may share information with a coroner, medical examiner, or funeral director to enable those people to perform their jobs with respect to people who have died;
- We may share information with organ donor organizations as necessary to allow authorized organ, eye, or tissue donations from people who have died;
- We may share information for certain approved limited research purposes;
- We may share information to avert a serious threat to health or safety;

- We may share information for workers' compensation purposes;
- We may share information for certain specialized government functions, including certain military or national security uses.

Other uses and disclosures will be made only with your written authorization. Job Corps requires you to authorize certain other uses and disclosures of your protected health information as a condition of enrollment in Job Corps. Those uses and disclosures are outlined in a written authorization form that you have signed already, or that we will ask you to sign. You may revoke your authorization for these uses and disclosures, in writing, at any time, unless we have relied on the Authorization. Please note, however, that federal law permits Job Corps to condition enrollment in its programs on receiving a valid authorization from you of certain uses and disclosures of your protected health information. Although the health center must honor any withdrawal of authorization you make, and cannot condition treatment on your authorization, such a withdrawal may affect your continued enrollment in Job Corps. Also, you may be asked to sign other voluntary authorizations. You may revoke a voluntary authorization, in writing, at any time, unless we have relied on that authorization.

### **Your Rights**

**The right to request restrictions.** You have the right to request restrictions on certain uses and disclosures we make of your protected health information for treatment, payment, or health care operations, and may request restrictions on disclosures to family members or friends relevant to your care. However, in most instances the health center is not required to agree to your request. Generally, your health information will not be disclosed to family members or friends if you object to such disclosure, but in an emergency or other circumstance in which we cannot obtain your agreement, we may disclose limited information if it appears necessary for your care, consistent with state law. In addition, in case of a disaster, your health information may be shared with the Red Cross or other public or private entities assisting in disaster relief efforts for the purpose of notifying your family members or other loved ones of your location, general condition, or death. Furthermore, if you are a minor, we may be required to share health information about you with your parent or guardian, although some types of information you may be able to restrict us from sharing with your parent or guardian. (We will follow state laws in those instances.)

**The right to receive your health information confidentially.** You have the right to receive your health information privately. For example, if you are expecting a letter containing information from your doctor to arrive at your mailbox, and you share a mailbox with others and do not wish for others to discover the letter, you may request that the letter be delivered to you in another way or at another location, or you may arrange to pick up the letter.

**The right to inspect and copy your health information.** You have the right to look at and get a copy of your health information for as long as we maintain those records. However, under the law, we may deny you access to certain types of information, including psychotherapy notes kept by mental health professionals, information compiled in anticipation of a civil, criminal, or administrative action, certain information related to clinical or research studies, and classified information. Denials of this nature are final. In addition, we may deny you access to your health

information if a health care provider believes that providing the information is likely to endanger the life or physical safety of you or someone else, or, if your information refers to someone else, the access requested is likely to cause substantial harm to that person. Also, if your personal representative requests access to your health information, we may deny that person access if a health care provider believes the access is likely to cause substantial harm to you or another person. You may have denials of this nature reviewed by another health provider who was not involved in the initial denial decision, and we will abide by the decision of that reviewer.

**The right to amend your health information.** You have the right to have us amend (correct or clarify) your health information that we keep in our records, for as long as we maintain those records. In most circumstances, however, if you ask us to change, add, or delete certain information that we did not create, or that is not a part of your record, or that you are not permitted to access, we do not have to make the amendment. Furthermore, we do not have to make any changes you request that would cause your record to be anything other than accurate and complete.

**The right to be informed of disclosures we make of your health information.** You have the right to know what health information we have given to others about you for the 6 years prior to the date of your request. Certain exceptions apply. For instance, we do not have to tell you of instances in which we have disclosed information for purposes of treatment, payment, or health care operations, or information that we gave directly to you or your representative, or certain directory information and information given to persons involved in your care, or information disclosed for national security purposes, or to law enforcement or corrections officials, or disclosures we made before we were required to comply with these notice standards.

**The right to receive a paper copy of this Notice.** You have the right to request and receive a paper copy of this notice.

**The right to complain about our use of your health information pursuant to the Health Insurance Portability and Accountability Act of 1996.** You may complain to us and to the Secretary for the U.S. Department of Health and Human Services if you believe your privacy rights pursuant to the Health Insurance Portability and Accountability Act of 1996 have been violated. To file a complaint with us or to request further information regarding your rights to privacy in your health information, please contact

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(designated health center privacy official: name, title, phone number)

In addition, you may file a complaint with the Secretary for Health and Human Services within 180 days of the date you learn of our objectionable action or omission. You must put your complaint in writing, you must name us specifically (including the name of your Job Corps center), and you must describe what we have done to which you object.

**Where to File Complaints Concerning Health Information Privacy:**

If your Job Corps center is located in Connecticut, Maine, Massachusetts, New Hampshire, Rhode Island, or Vermont:

Office for Civil Rights  
U.S. Department of Health and Human Services  
Government Center  
J.F. Kennedy Federal Building, Room 1875  
Boston, MA 02203  
Voice Phone: (617) 565-1340  
FAX: (617) 565-3809  
TDD: (617) 565-1343

If your Job Corps center is located in New Jersey, New York, Puerto Rico, or Virgin Islands:

Office for Civil Rights  
U.S. Department of Health and Human Services  
Jacob Javits Federal Building  
26 Federal Plaza, Suite 3312  
New York, NY 10278  
Voice Phone: (212) 264-3313  
FAX: (212) 264-3039  
TDD: (212) 264-2355

If your Job Corps center is located in Delaware, District of Columbia, Maryland, Pennsylvania, Virginia, or West Virginia:

Office for Civil Rights  
U.S. Department of Health and Human Services  
Public Ledger Building  
150 S. Independence Mall West, Suite 372  
Philadelphia, PA 19106-9111  
Main Line: (215) 861-4441  
Hotline: (800) 368-1019  
FAX: (215) 861-4431  
TDD: (215) 861-4440

If your Job Corps center is located in Alabama, Florida, Georgia, Kentucky, Mississippi, North Carolina, South Carolina, or Tennessee:

Office for Civil Rights  
U.S. Department of Health and Human Services  
Atlanta Federal Center, Suite 3B70  
61 Forsyth Street, SW  
Atlanta, GA 30303-8909  
Voice Phone: (404) 562-7886  
FAX: (404) 562-7881  
TDD: (404) 331-2867

If your Job Corps center is located in Illinois, Indiana, Michigan, Minnesota, Ohio, or Wisconsin:

Office for Civil Rights  
U.S. Department of Health and Human Services  
233 N. Michigan Avenue, Suite 240  
Chicago, IL 60601  
Voice Phone: (312) 886-2359  
FAX: (312) 886-1807  
TDD: (312) 353-5693

If your Job Corps center is located in Arkansas, Louisiana, New Mexico, Oklahoma, or Texas:

Office for Civil Rights  
U.S. Department of Health and Human Services  
1301 Young Street, Suite 1169  
Dallas, TX 75202  
Voice Phone: (214) 767-4056  
FAX: (214) 767-0432  
TDD: (214) 767-8940

If your Job Corps center is located in Iowa, Kansas, Missouri, or Nebraska:

Office for Civil Rights  
U.S. Department of Health and Human Services  
601 East 12th Street, Room 248  
Kansas City, MO 64106  
Voice Phone: (816) 426-7278  
FAX: (816) 426-3686  
TDD: (816) 426-7065

If your Job Corps center is located in Colorado, Montana, North Dakota, South Dakota, Utah, or Wyoming:

Office for Civil Rights  
U.S. Department of Health and Human Services  
1961 Stout Street, Room 1185 FOB  
Denver, CO 80294-3538  
Voice Phone: (303) 844-2024  
FAX: (303) 844-2025  
TDD: (303) 844-3439

If your Job Corps center is located in American Samoa, Arizona, California, Guam, Hawaii, or Nevada:

Office for Civil Rights  
U.S. Department of Health and Human Services  
50 United Nations Plaza, Room 322  
San Francisco, CA 94102  
Voice Phone: (415) 437-8310  
FAX: (415) 437-8329  
TDD: (415) 437-8311

If your Job Corps center is located in Alaska, Idaho, Oregon, or Washington:

Office for Civil Rights  
U.S. Department of Health and Human Services  
2201 Sixth Avenue, Suite 900  
Seattle, WA 98121-1831  
Voice Phone: (206) 615-2287  
FAX: (206) 615-2297  
TDD: (206) 615-2296

If you would like to file a complaint by e-mail, send it to: [OCRComplaint@hhs.gov](mailto:OCRComplaint@hhs.gov) or go to <https://ocrportal.hhs.gov/ocr/smartscreen/main.jsf>.

For more information, please contact the Office for Civil Rights, Department of Health and Human Services, Mail Stop Room 506F, Hubert H. Humphrey Building, 200 Independence Avenue, SW, Washington, DC 20201. Telephone number: (202) 205-8725.

**The right to complain about our use of your health information pursuant to the Rehabilitation Act of 1973.** You may complain to the Director of the Civil Rights Center, U.S. Department of Labor, if you believe your rights pursuant to the Rehabilitation Act of 1973 have been violated. To file a complaint or to request further information regarding your rights to privacy in your health information, please contact:

Director  
Civil Rights Center  
U.S. Department of Labor  
200 Constitution Avenue, NW, Room N-4123  
Washington, DC 20210  
Voice Phone: (202) 693-5602  
TTY: (202) 693-6515  
E-mail Address: [CRCEXTERNALCOMPLAINTS@DOL.GOV](mailto:CRCEXTERNALCOMPLAINTS@DOL.GOV)

We are here to help you succeed and we will not take any negative action against you for making a complaint, whether you complain to us, to the Secretary for Health and Human Services, to the U.S. Department of Labor, or all three.

**ACKNOWLEDGMENT OF RECEIPT OF NOTICE**

I, \_\_\_\_\_, have received a copy of this Notice. I have read this Notice and I understand that it explains how my health information may be used and shared with others, and what my rights are with respect to my health information.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date