

ACCESSIBLE ACADEMICS USA, INC.  
NOTICE OF PRIVACY PRACTICES

Effective August 7, 2018, Updated April 7, 2019

The purpose of this notice is to explain how information protected by law, pursuant to the Health Information Portability and Accountability Act (HIPAA), will be handled, during and after your time receiving services and supports from Accessible Academics. Please note that unless a student has a legal guardian, pursuant to article 17a of the Surrogate Court, the student has full authority over his/her own protected health information and must sign separate consents, with Accessible Academics and their respectively enrolled educational institution, to allow the accessing and sharing of said information.

**PLEASE REVIEW THIS NOTICE FULLY AND CAREFULLY**

If you have any questions about this notice or would like further information, please contact Accessible Academics' CEO, Anne Showers, at (716) 492-8656.

**OUR PRIVACY COMMITMENT TO YOU**

At Accessible Academics, we understand that information about you and your family is personal. We are committed to protecting your privacy and sharing information only with those who need to know and who are authorized by you, in writing, to view such information. This notice describes how Accessible Academics uses and discloses information about you. It describes your rights and how Accessible Academics maintains the privacy of your personal information in daily practices.

**Parties covered by these privacy practices ("Covered Entities"):**

The CEO, Transition Coordinator, Coaches, Tutors, Volunteers, and Peer Mentors are all subject to the privacy practices contained herein. Any breach of confidentiality will be immediately reported to the student, the CEO, and an incident report will be filed, investigated, and resolved. Disciplinary action up to and including termination of employment and criminal charges can and may occur if such breach of confidentiality is willful or intentional, or was the result of careless action that has the possibility of producing harmful effects on the student involved. As Accessible Academics continues to grow, covered parties include all necessary business partners, funding constituents, grant givers, compliance personnel, and any entities that require such information to ensure maximum operation for all students.

**What information is protected ("Protected Information")**

All information we create or maintain record of that pertains specifically to use as a service recipient. This includes all of the following areas:

- the fact that you are a participant at, or receiving services from, our agency;

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- information about any current or past condition(s), including specific diagnoses, prognosis, psychological evaluations, physical and medical records, medication information, surgical history, educational records
- information about you or your family's financial situation, including household composition and income, public benefits received, wages reported, assets reported, and financial assistance needed (via student loans, public benefits, or other source of financial assistance).
- *Personally Identifiable Information*, such as your name, date of birth, social security number, Medicare and/or Medicaid number, other health insurance ID numbers, public benefit identification numbers and OPWDD TABS ID (if relevant).
- We will not disclose, without proper consent, other protected information, such as your current or past residential addresses, mailing address, photographs, video, or other images, without your explicit consent in writing.

*Note, the information above is NOT protected when use is solely for statistical purposes and cannot be traced back to being tied to a specific person or entity, by way of removal of personally identifiable information prior to its use.*

### **Incidental Disclosures**

While we will take reasonable steps to safeguard the privacy of your information, certain disclosures of your information may occur during or as an unavoidable result of our otherwise permissible uses or disclosures of your information. For example, during the course of a treatment session, other students in participation with our program may overhear discussion of your information.

### **Group Participation**

Information that you chose to share with us during group programmatic experiences is also not protected information covered in this notice during the time in which it is revealed, for the purposes of group discussions, activities and curriculum practice. Any information you share during group programmatic experiences is, however, subject to these privacy practices immediately following the commencement of said experience.

### **What Are Your Rights & How to Exercise Your Rights**

You have the following rights concerning your protected health information. Depending on your circumstances and in accordance with state law, the term "You" used in this section this may refer to you and/or your legal guardian. These rights are important because they will help you make sure that the health information we have about you is accurate. They may also help you control the way we use your information and share it with others, or the way we communicate with you about your protected health information record. Should a family member request information about you that is

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not your legal guardian, You will be required to provide explicit written consent via our “Caregiver HIPAA Form” prior to release of such information to them.

**To Access Your Clinical Information**

You generally have the right to inspect and copy your clinical information. You have the right to inspect and obtain a copy of any of any health information that may be used to make decisions about you and your participation in our programming for as long as we maintain this information in our records. This includes medical and billing records. To inspect or obtain a copy of your health information, please submit your request in writing to the CEO and mail to the address: PO Box 590, Amherst, NY 14226. If you request a copy of the information, we may charge a fee for the costs of copying, mailing or other supplies we use to fulfill your request. We ordinarily will respond to requests for copies within 30 days if the information is located in the CEO or Transition Coordinator’s offices, and within 60 days if it is located off-site at another facility. If we need additional time to respond to a request for copies, we will notify you in writing within the time frame above to explain the reason for the delay and when you can expect to have a response to your request.

Under certain very limited circumstances, we may deny your request to inspect or obtain a copy of information that pertains to you. This is not relevant for third party information that we’ve obtained in order to support you. Any third party documentation we receive that you request, you will be privy to a copy of. There may be times that we need to deny your request to inspect or obtain a copy of documentation we create and/or other documents that may contain other student’s personal information. We also may deny part but not all of your request. If we have reason to deny only part of your request, we will provide complete access to the remaining parts after excluding the information we cannot let you inspect or copy.

Examples of such information include: original incident reports, investigation summaries that affect more than one party, group projects that identify other students’ HIPAA protected information; direct and personal correspondence between Accessible Academics’ staff, including internal and external communication with other parties necessary to collaborate or coordinate support provided to you.

**To Correct Your Clinical Information**

You have the right to request that we amend your clinical information if you believe it is inaccurate or incomplete.

If you believe that the protected health information or programmatic data we have on record about you is incorrect or incomplete, you may ask us to amend the information. You have the right to request an amendment for as long as the information is kept in our records. To request an amendment, please write to CEO, Anne Showers, via postal mail to: PO Box 590, Amherst, NY 14226, or by emailing at [ashowers@accessibleacademics.org](mailto:ashowers@accessibleacademics.org). This does not pertain, however, to documentation that is outdated or is not relevant to current services being provided. For example,

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if you disagree with the data that a coach is collecting on your progress in our program(s), you can request a review of the documentation and submit your reasoning for the review in writing, to the CEO, at which time the documentation will be reviewed with your input in mind. However, no requests for a review of progress data to be altered or reconsidered will be honored after the school year in which the data was collected has surpassed. Your request should include the reasons why you think we should make the amendment.

Ordinarily we will respond to your request within 60 days. If we need additional time to respond, we will notify you in writing within 60 days to explain the reason for the delay and when you can expect to have a final answer to your request. If we deny part or all of your request, we will provide a written notice that explains our reasons for doing so. You will have the right to have certain information related to your requested amendment included in your records. For example, if you disagree with our decision, you will have an opportunity to submit a statement explaining your disagreement which we will include in your records. We will also include information on how to file a complaint with us or with the Secretary of the Department of Health and Human Services. These procedures will be explained in more detail in a written notice we send you.

**To Keep Track of The Ways Your Health Information Has Been Shared with Others.**

You have the right to receive a list from us, called an accounting list, which provides information about when and how we have disclosed clinical information about you to outside persons or organizations. *Many routine disclosures we make will not be included on this accounting list, but the accounting list will identify non-routine disclosures of your information.* As of August 7, 2018, you have a right to request an accounting of disclosures, which is a list that contains certain information about how we have shared your information with others. An accounting list, however, will not include any information about:

- Disclosures we made to you directly;
- Disclosures we made for treatment, payment or health care operations;
- Disclosures made to Accessible Academics' staff involved in your care
- Disclosures made to those responsible for payment of your participation in Accessible Academics
- Disclosures made without Personally Identifiable Information
- Disclosures made to federal officials for national security and intelligence activities;
- Disclosures that were incidental to permissible uses and disclosures of your clinical information;
- Disclosures for purposes of research, public health or our normal business operations that do not directly identify you;
- Disclosures about inmates to law enforcement officers;
- Disclosures made before August 8, 2018.

To request this accounting list, please write to us at PO Box 590, Amherst, NY 14226 to the attention of the Transition Coordinator. Your request must state a time period on or after August 8, 2018 to present for the disclosures you want us to include. For example, you may request a list of the disclosures that we made between August 8, 2018 and present day. You have a right to receive

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one accounting list within every 12 month period for free. However, we may charge you for the cost of providing any additional accounting list in that same 12 month period. We will always notify you of any cost involved so that you may choose to withdraw or modify your request before any costs are incurred. Ordinarily we will respond to your request for an accounting list within 60 days. If we need additional time to prepare the accounting list you have requested, we will notify you in writing about the reason for the delay and the date when you can expect to receive the accounting list. In rare cases, we may have to delay providing you with the accounting list without notifying you because a law enforcement official or government agency has asked us to do so.

### **To Request Additional Privacy Protections**

You have the right to request further restrictions on the way we use protected health information about you or share it with others. You may also request that we limit how we disclose information about you to parents or caretakers involved in your life. For example, you could request that we not disclose specific information about your education or social life. There is a separate consent box that you are required to check off during the intake process that allows you to select the specific information that you are willing to allow your parent/caregiver that you've selected to have designated as your "Trusted Adult". However, if your parent/caregiver is your legal guardian, they will have full access to protected health information to be able to act on your behalf and in your best interests as ordered by law.

**Please note, however, that in some cases, the law may not permit us to accept your restriction request.** Such situations in which we cannot accept your restriction are: *the release of records is required by law; the release of information is needed to provide you emergency treatment; the release has already occurred prior to your request for restriction.*

### **To Request More Confidential Communications**

You have the right to request that we contact you in a way that is more confidential for you, such as at home instead of at work. We will try to accommodate all reasonable requests. You have the right to request that we communicate with you in a more confidential way by requesting that we communicate with you by alternative means or at alternative locations. The intake application has a place to specify what types of communication you prefer. Accessible Academics' staff will communicate with you any and all ways you approve on this application unless you specify otherwise. If at a later date, you want to change how we communicate with you (for example, you want to only communicate via text message instead of phone call), we will make every effort to accommodate this. You can send this request in writing to the Transition Coordinator via email or mail to: PO Box 590, Amherst, NY 14226.

### **Special Protections for HIV, Alcohol and Substance Abuse, And Genetic Information**

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Special privacy protections apply to HIV-related information, alcohol and substance abuse treatment information, and genetic information. Some parts of this general Notice of Privacy Practices may not apply to these types of information. If your health information records include this type of information, you will be provided with separate notices explaining how the information will be protected. To request copies of these other notices now, please contact CEO Anne Showers at (716) 492-8656.

**To Obtain a Copy of this Notice**

You have the right to a paper copy of this notice. You may request a paper copy at any time, even if you have previously agreed to receive this notice electronically. **A copy of our current notice will be provided to you prior to being provided services by Accessible Academics. You can also find a copy on our website at [www.accessibleacademics.org](http://www.accessibleacademics.org) or request a copy in writing, via email, to the CEO, at: [ashowers@accessibleacademics.org](mailto:ashowers@accessibleacademics.org) or by asking for one from your Coach or the Transition Coordinator. We reserve the right to update any portions of this Notice at any time. Any updated versions will be immediately sent out to students (automatically) and applicable parents/advocates (upon request) as well as posted on our website at: [www.accessibleacademics.org](http://www.accessibleacademics.org)**

**OUR RESPONSIBILITY IN PROTECTING YOUR HEALTH INFORMATION**

**All Covered Entities must:**

- Maintain the privacy of your information in accordance with federal and state laws.
- Provide you with a copy of this notice of our legal duties and practices concerning the protected health information we have about you.
- Follow the rules in this notice.
- Inform you and provide you with an updated copy of our Notice of Privacy Practices. The most updated version will always be posted onto our website at [www.accessibleacademics.org](http://www.accessibleacademics.org). The most current version only will be available this way.

**REGULAR USE OF HEALTH INFORMATION FOR DAILY OPERATIONS:**

It is anticipated that on a regular basis, Accessible Academics will require use of and access to your protected health information in order to perform daily functions in providing the best possible support and programmatic experience possible to you. This may include entities that communicate with us in order to provide services to you, or working with us to plan for services for you if this

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communication is about **programmatic planning, payment, business matters** or agency **operations**.

- **Programmatic planning** means that we will use your protected health information to ensure our program is appropriate to meet your needs; to ensure you will be served in a way that is conducive to helping you meet your goals; to ensure proper training to staff to support you in the most effective way we are able to; to ensure we can support you toward your best possible physical and mental health treatment and follow up.
- **Payment** means that we may use protected health information about you, or share it with others, so that we obtain payment for your services. *Note this does not apply if you currently pay privately.*
- **Business Matters** refer to sharing your protected health information with our vendors and agents who create, receive, maintain or transmit PHI for certain functions or activities on behalf of Accessible Academics. These are called our “Business Associates”. To protect and safeguard your health information, we require our Business Associates and subcontractors to appropriately safeguard your information. Our Business Associates include, but are not necessarily limited to: Google, LLC
- **Operations** refer to staff of Accessible Academics using protected health information about you in order to conduct our normal business operations. For example, we may use protected health information about you to evaluate the performance of our staff in providing services to you, or to educate our staff on how to improve the care they provide for you.

## **OTHER USES AND DISCLOSURES THAT DO NOT REQUIRE YOUR PERMISSION**

In addition to treatment, payment and health care operations, Accessible Academics will necessarily use your clinical information without your permission for the following reasons:

- When we are **required to do so by federal or state law**;
- For **public health reasons**, including prevention and control of disease, injury or disability, reporting births and deaths, reporting child abuse or neglect, reporting reactions to medication or problems with products, and to notify people who may have been exposed to a disease or are at risk of spreading the disease;
- To report **domestic violence and adult abuse or neglect** to government authorities if necessary and/or to prevent serious harm;
- For **health oversight activities**, including audits, investigations, surveys and inspections, and licensure. These activities are necessary for government to monitor the health care system, government programs, and compliance with civil rights laws. Health oversight activities do not include investigations that are not related to the receipt of health care or receipt of government benefits in which you are the subject ;
- For **judicial and administrative proceedings**, including hearings and disputes. If you are involved in a court or administrative proceeding we will disclose clinical information if the judge or presiding officer orders us to share the information;

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- For **law enforcement purposes**, in response to a court order or subpoena, to report a possible crime, to identify a suspect or witness or missing person, to provide identifying data in connection with a criminal investigation, and to the district attorney in furtherance of a criminal investigation of client abuse;
- To **prevent or lessen a serious and imminent threat** to your health & safety or someone else's
- To authorized federal officials for intelligence and other **national security** activities authorized by law or to provide **protective services to the President** and other officials;
- To **correctional institutions** or **law enforcement officials** if you are an inmate and the information is necessary to provide you with health care, protect your health and safety or that of others, or for the safety of the correctional institution;
- To **governmental agencies that administer public benefits** if necessary to coordinate the covered functions of the programs;
- In the event **disaster relief** efforts are underway and disclosure of protected health information is necessary to assist in such efforts.
- To comply with laws **regarding workers' compensation** or similar programs.
- To comply with required disclosure of protected health information to **military command authorities** in the event that you are or were a member of the armed forces.
- In the event of your death, we may release this information to **coroners** and **medical examiners** for identification purposes or to determine cause of death, and to **funeral directors** as necessary to carry out their duties;
- In the event of your death, we may disclose your health *information* to **organizations that procure or store organs, eyes or other tissues** so that these organizations may investigate whether donation or transplantation is appropriate and possible under applicable laws. Your organs and/or tissue would not be used for transplant without written consent by a legally authorized person.

## USES AND DISCLOSURES THAT REQUIRE YOUR AGREEMENT

Accessible Academics may disclose protected health information and program data to the following persons if you have signed a consent for us to communicate with them and did not restrict such information from being disclosed:

- To **family members and personal representatives** who are involved in your care if the information is relevant to their involvement and to notify them of your condition, participation, progress, and location; or
- To **disaster relief organizations** that need to notify your family about your condition and location should a disaster occur.
- **Special Situations:**
  - **Fundraising.** We may use demographic information about you (such as your name, age, gender, where you live or work, and the dates that you received services) in order to contact you to raise money to help us operate. We may also share this information with any entities that are assisting us in participating in fundraising efforts, requesting your assistance in raising money on our behalf. If you do not want to be contacted for these fundraising efforts, please write to the CEO, Anne Showers, at PO Box 590, Amherst, NY 14226.



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- **Research.** In most cases, we will ask for your written authorization before using clinical information about you or sharing it with others in order to conduct research. However, under some circumstances, we may use and disclose your clinical information without your authorization:
  - if we obtain approval through a special process to ensure that research without your authorization poses minimal risk to your privacy.
  - if we do not allow researchers to use your name or identity publicly.
  - to people who are preparing a future research project, so long as any information identifying you does not leave our facility. In the unfortunate event of your death, we may share your clinical information with people who are conducting research using the information of deceased persons, as long as they agree not to remove from our facility any information that identifies you.

## **AUTHORIZATION REQUIRED FOR ALL OTHER USES AND DISCLOSURES**

For all other types of uses and disclosures not described in this Notice, Accessible Academics will use or disclose protected health information only with a written authorization signed by you that states who may receive the information and what information is to be shared. Written authorizations are always required for use and disclosure of staff documentation and marketing purposes.

**Note:** If you cannot give permission due to an emergency, Accessible Academics may release protected health information in your best interest. We must tell you as soon possible after releasing the information.

You may revoke your authorization at any time. If you revoke your authorization in writing we will no longer use or disclose your protected health information to the entity identified in the originally signed authorization or request documentation from them. We will also cease all communication with the entity contained in the authorization that you revoked. We cannot, however, take back disclosures we made before you revoked and we must retain protected health information that indicates the services we have provided to you.

## **BREACH OF CONFIDENTIALITY**

We will notify you by first class mail or by email (if you have indicated a preference to receive information by email), of any breaches of Unsecured Protected Health Information as soon as possible, but in any event, no later than 60 days following the discovery of the breach. A “Breach” means the unauthorized access, acquisition, use, or disclosure of Protected Health Information which compromises the security or privacy of Protected Health Information, except: (1) an unauthorized person to whom such information is disclosed would not reasonably have been able to retain such information; (2) any unintentional acquisition, access, or use of protected health

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information by an employee or individual acting under the authority of a covered entity or business associate (a) was made in good faith and within the course and scope of employment or other professional relationship of such employee, or individual, respectively, with the covered entity or business associate and, (b) such information is not further acquired, accessed, or used or disclosed by any person; or (3) any inadvertent disclosure from an individual who is otherwise authorized to access protected health information at a facility operated by a covered entity or business associate to another similarly situated individual at the same facility provided that any such information received as a result of such disclosure is not further acquired, accessed, used, or disclosed without authorization. You are required to be notified of any breach unless we can demonstrate, based on a risk assessment, that there is a low probability that the protected health information has been compromised. Any reported or discovered breach of confidentiality is required to be filed as an Incident per Accessible Academics' Incident Policy.

To help avoid breaches of confidentiality, Accessible Academics is committed to using business practices that ensure HIPAA compliance at all times. This includes, but is not limited to, uses of specialized apps and technology in the discussion of and sharing of protected health information, such as Google Suite for Education.

Accessible Academics has entered in a Business Associate Addendum ("BAA") with Google, LLC. The following applications within Google Suite for Education are included in the BAA: Accessible Academics' email, Calendar, Drive (including Docs, Sheets, Slides, and Forms), Apps Script, Keep, Sites, Jamboard, Hangouts (chat messaging feature only), Hangouts Meet, Google Cloud Search, and Vault, Cloud Identity Management.

The Transition Coordinator (TC) also is the primary holder of paper record for all students, including intake forms and documentation, any printed versions of the student's Support Plan, any printed versions of staff data and documentation, printed versions of Accessible Academics' policies and procedures, including HIPAA release forms, approved forms used by Accessible Academics' staff in daily operations, and marketing materials. This list is not exhaustive. The Transition Coordinator has a locked file cabinet to which only TC and CEO have keys to. These file cabinet(s) are locked in the TC's residence where the office is situated. For more specific information, please contact the CEO, Anne Showers, at (716) 492-8656. Students and Trusted Adults (within the confines of authorized, shareable information) can request copies of documentation on file as contained within this notice.

## COMPLAINTS

If you believe your privacy rights have been violated, it is your right to file a complaint.

- You may file a complaint with the CEO of Accessible Academics at (716) 492-8656 or by mailing your notice to Accessible Academics, CO: **CEO, PO Box 590, Amherst, NY 14226**. Or, you may contact the Secretary of the Department of Health and Human Services. You may call them at (202) 619-0403 or write to them at 20 Independence Ave. S.W., HHH Building Room 509F, Washington DC, 20201.
- You may file a grievance with the Office of Civil Rights by calling 866-OCR-PRIV or (866) 627- 7748; or (TTY) (886) 788-4989; or by e-mail [www.hhs.gov/ocr](http://www.hhs.gov/ocr)

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All complaints must be submitted in writing. **You will not be penalized for filing a complaint.**

**SIGNATURE**

*By signing below, I acknowledge that I have been provided a copy of the Accessible Academics' Notice of Privacy Practices and have therefore been advised of how clinical information about me may be used and disclosed by Accessible Academics and how I may obtain access to this information.*

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*Signature of Student or Legal Guardian*

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*Print Name of Student or Legal Guardian*

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*Date*