





## Notice of Privacy Practices

This notice describes how medical information about the consumer may be used and disclosed and how you can get access to this information. Please review carefully.

This notice takes effect on \_\_\_\_\_ and remains in effect until we replace it.

### 1. OUR PLEDGE REGARDING MEDICAL INFORMATION

The privacy of the consumer's medical information is important to us. We understand that this medical information is personal and we are committed to protecting it. We create a record of the care and services the consumer receives at our office. We need this record to provide the consumer with quality care and to comply with certain legal requirements. This notice will explain the ways we may use and share medical information.

### 2. OUR LEGAL DUTY

Law requires us to:

- a. Keep each consumer's medical information private.
- b. Give this notice describing our legal duties, privacy practices, and the consumer's rights regarding medical information.
- c. Follow the terms of the current notice.

We have the right to:

- a. Change our privacy practices and the terms of this notice at any time, provided the changes are permitted by law.
- b. Make changes in our privacy practices and the new terms of our notices effective for all medical information that we keep, including information previously created or received before the changes.

Notice of Change to Privacy Practices:

- a. Before we make an important change in our privacy practices, we will change this notice and make the new notice available upon request.

### 3. USE AND DISCLOSURE OF MEDICAL INFORMATION

The following section describes different ways that we use and disclose medical information. Not every use of disclosure will be listed. However, we have listed all of the different ways we are permitted to use and disclose medical information. We will not use or disclose the consumer's medical information for any purpose not listed below, without your specific written authorization. Any specific written



authorization you provide may be revoked at any time by writing us at the address provided at the end of this notice.

**FOR TREATMENT:** We may use medical information about the consumer in order to provide medical treatment or services. We may disclose medication information about the consumer to doctors, nurses, technicians, medical students, or other people who are taking care of the consumer. We may also share medical information about the consumer to other health care providers to assist them in treating the consumer.

**FOR PAYMENT:** We may use and disclose the consumer's medical information for payment purposes. A bill may be sent to you or a third-party payer. The information on or accompanying the bill may include the consumer's medical information.

**ADDITIONAL USES AND DISCLOSURES:** In addition to using and disclosing your child's medical information for treatment, payment, and healthcare operations, we may use and disclose medical information for the following purposes:

- a. **Notification:** We may use and disclose medical information to notify or help notify a family member, your personal representative, or another person responsible for the consumer's care. We will share information about the consumer's location, general condition, or death. If you are present, we will get your permission if possible before we share, or give you the opportunity to refuse permission. In case of emergency, and if you are not able to give or refuse permission, we will share only the health information that is directly necessary for your health care, according to our personal judgment.
- b. **Public Health Activities:** As required by law, we may disclose the consumer's medical information to public health or legal authorities charged with preventing or controlling disease, injury or disability, including child abuse or neglect. We may also, when we are authorized to do so, notify a person who may have been exposed to a communicable disease or otherwise be at risk of contracting or spreading a disease or condition.

**VICTIMS OF ABUSE, NEGLECT, OR DOMESTIC VIOLENCE:** We may use and disclose medical information to appropriate authorities if we reasonably believe that the consumer is a possible victim of abuse, neglect, or domestic violence or the possible victim of other crimes. We may share the consumer's medical information if it is necessary to prevent a serious threat to the consumer's health or safety or the health or safety of others. We may share medical information when necessary to help law enforcement officials capture a person who has admitted to being part of a crime or has escaped from legal custody.

**WORKERS COMPENSATION:** We may disclose health information when authorized or necessary to comply with laws relating to workers compensation or other similar programs.

**HEALTH OVERSIGHT ACTIVITIES:** We may disclose medical information to an agency providing health oversight for oversight activities authorized by law, including audits, civil, administrative, or



criminal investigations or proceedings, inspections, licensure or disciplinary actions, or other authorized activities.

**LAW ENFORCEMENT:** Under certain circumstances, we may disclose health information to law enforcement officials. These circumstances include reporting required by certain laws (such as the reporting of certain types of wounds), pursuant to certain subpoenas or court orders, reporting limited information concerning identification and locations at the request of a law enforcement official, reports regarding suspected victims of crimes at the request of a law enforcement official, reporting death, crimes on our premises, and crimes in emergencies.

#### 4. YOUR INDIVIDUAL RIGHTS

You have the right to:

- a. Look at or get copies of the consumer's medical information. You may request that we provide photocopies of the consumer's medical information. You must make your request in writing. Please allow five (5) business days for your request to be completed. If you request copies, we will charge you \$.50 for each page, and postage if you want the copies mailed to you.
- b. Receive a list of all the times our business shares the consumer's medical information for purposes other than treatment, payment, and health care operations.

#### 5. QUESTIONS AND COMPLAINTS

If you have questions about this notice or think that we may have violated the consumer's privacy rights, please contact our office. You may also submit a written complaint to the U.S. Department of Health and Human Services. You may contact us to submit a complaint or submit requests involving any of the consumer's rights in Section 4 of this notice by writing to the following address:

Lauren's Institute For Education  
3341 E. Queen Creek Road, Suite 109  
Gilbert, Arizona 85297

We will provide you with the address to file your complaint with the U.S. Department of Health and Human Services. We will not retaliate in any way if you choose to file a complaint.



Lauren's Institute For Educaiton  
3341 E. Queen Creek Road, Suite 109  
Gilbert, AZ 85297  
Phone: 480-621-6605  
Fax: 480-621-8513

## Privacy Practices Acknowledgement

I have received the Notice of Privacy Practices from Lauren's Institute For Education and have been provided an opportunity to review it.

Consumer's Name: \_\_\_\_\_ DOB \_\_\_\_\_  
(Please print)

\_\_\_\_\_  
Print Name of Parent/Consumer Representative

\_\_\_\_\_  
Signature of Parent/Consumer Representative

\_\_\_\_\_  
Date

\*Lauren's Institute For Education reserves the right to modify the Privacy Practices outlined in the notice.



## Consumer Pick-Up Authorization

Consumer's Name \_\_\_\_\_

Person(s) other than yourself authorized to pick up consumer from L.I.F.E.:

Name	Relationship To Consumer	Phone Number
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

Responsible Party Consent:

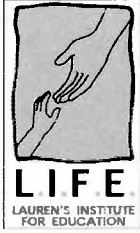
I give my consent to Lauren's Institute For Education to release the consumer into the custody of the individual(s) names above.

\_\_\_\_\_

Responsible Party Signature

\_\_\_\_\_

Date



## Video Surveillance Policy and Release Form

In order to provide our consumers and staff member with the highest level of security and peace of mind, it is Lauren's Institute For Education's policy to use video surveillance cameras in all of our treatment environments. Waiting rooms, break rooms, restrooms, conference rooms, and offices are not monitored by this system. These cameras record continuous video that is captured and then archived to a hard drive. Audio is not captured by our surveillance system. Access to live and archived video is limited strictly to the information technology department. Archived video is stored for up to 10 days before it is overwritten by more current data.

Should an incident occur that requires video files to be reviewed, a written request must be submitted to one of the clinical directors and approved prior to the files being made accessible.

### Waiver:

I, \_\_\_\_\_, have read the Lauren's Institute For Education Video Surveillance Policy and agree to its terms and conditions, and therefore give my full permission for L.I.F.E. to record and archive video of the consumer (s) listed below.

\_\_\_\_\_

Parent/Responsible Party signature

\_\_\_\_\_

Date

\_\_\_\_\_

Consumer Name

\_\_\_\_\_

Consumer Name

\_\_\_\_\_

Consumer email address



**LIFE**  
LAUREN'S INSTITUTE  
FOR EDUCATION

## Release of Information

Consumer's Name \_\_\_\_\_

Address \_\_\_\_\_

Date of Birth \_\_\_\_\_ Parent/Guardian Name \_\_\_\_\_

### Authorization for Disclosure of Information

I am currently a consumer of Lauren's Institute For Education. To work with me, Lauren's Institute For Education providers need information about my disability(s) and information about how that disability affects my current ability to complete tasks and activities of daily living. The requested information will be used in the administration of my Individual Service Plan (ISP) or Individual Family Service Plan (IFSP). For this purpose I authorize the sharing of information to Lauren's Institute For Education's providers only.

1. ISP/IFSP    2. PCP (person centered plan)    3. Habilitation Objectives

This authorization shall be in force until either written notice is given by the Consumer or Consumer file is no longer active with Lauren's Institute For Education.

Consumer's Signature \_\_\_\_\_ Date \_\_\_\_\_

Parent/Guardian Signature \_\_\_\_\_ Date \_\_\_\_\_

L.I.F.E. Representative \_\_\_\_\_ Date \_\_\_\_\_

3341 East Queen Creek Road, #109  
Gilbert AZ. 85297  
Phone: 480-621-8361  
Fax: 480-621-8513  
[www.laurensinstitute.org](http://www.laurensinstitute.org)





### Provider Transportation Release

Please be advised that (client being served) \_\_\_\_\_ has my permission to be transported by Lauren's Institute For Education providers and may ride on public transportation, as Lauren's Institute For Education may deem necessary and appropriate.

\_\_\_\_\_  
*Parent Signature*

\_\_\_\_\_  
*Date*

### Golf Cart Transportation Release

Please be advised that (client being served) \_\_\_\_\_ has my permissions to be transported by Lauren's Institute For Education providers and Academy teachers and may ride on the L.I.F.E. Golf cart to and from the private school located at Building 3 and our therapy center at buildings 1 and 2, as Lauren's Institute For Education may deem necessary and appropriate.

\_\_\_\_\_  
*Parent Signature*

\_\_\_\_\_  
*Date*

Further, in case of an emergency and I cannot be contacted, Lauren's Institute For Education providers have my permission to see to emergency care on behalf of the above named.

### Emergency Information

Name \_\_\_\_\_ Phone \_\_\_\_\_

Address \_\_\_\_\_

Insurance & ID Number \_\_\_\_\_

Doctor \_\_\_\_\_

Allergies \_\_\_\_\_

Current Medication \_\_\_\_\_

Emergency Contact \_\_\_\_\_

Emergency Phone Number \_\_\_\_\_

Other \_\_\_\_\_

Person Being Served \_\_\_\_\_

Parent/Guardian \_\_\_\_\_ Date \_\_\_\_\_