

## NOTICE OF PRIVACY PRACTICES FOR CHILDREN AND PARENTS RECEIVING SERVICES THROUGH THE EARLY INTERVENTION PROGRAM

THIS NOTICE DESCRIBES HOW MEDICAL INFORMATION ABOUT YOU MAY BE USED AND DISCLOSED AND HOW YOU CAN GET ACCESS TO THIS INFORMATION. PLEASE REVIEW IT CAREFULLY.

Once your child is enrolled in a Thom Early Intervention Program, the program must follow specific procedures to protect the privacy and confidentiality of information concerning you and your child. These procedures are required under laws and regulations from the Massachusetts Department of Public Health and the United States Department of Education, which require that Early Intervention Programs protect the information concerning you and your child in accordance with standards established under the Family Educational Rights and Privacy Act of 1974 (FERPA).<sup>1</sup> Because the privacy and confidentiality of this information is already protected under the standards provided in FERPA, the information is not subject to the privacy and confidentiality requirements under the Health Insurance Portability and Accountability Act of 1996 (HIPAA).<sup>2</sup>

You have received a separate notice explaining in further detail the rights that you and your child have throughout your involvement in the Thom Early Intervention program. That notice provides more information about the Early Intervention Program's obligation to maintain the privacy and confidentiality of information about you and your child and your rights to access and correct that information.

If you have questions or complaints about this notice or the program's privacy practices, please contact the Thom Early Intervention Program's Privacy Officer at 508-655-5222, extension 130.

Massachusetts Department of Public Health Early Intervention Services Operational Standards; Individuals With Disabilities Education Act of 1988, 20 U.S.C. 1400 et seq., and implementing regulations at 34 C.F.R. Part 300 and Part 303; Family Educational Rights and Privacy Act of 1974, 20 U.S.C. § 1232g, and implementing regulations at 34 C.F.R. Part 99.

<sup>2</sup> Health Insurance Portability and Accountability Act of 1996, P.L. 104-191, and implementing regulations at 45 C.F.R. Parts 160 and 164.

### ACKNOWLEDGMENT OF RECEIPT OF NOTICE OF PRIVACY PRACTICES

By signing below, I acknowledge that I have been provided with a copy of this Notice of Privacy Practices.

\_\_\_\_\_  
Signature of Parent/Guardian

\_\_\_\_\_  
Date

\_\_\_\_\_  
Child's Name