

**IMMEDIATE REQUIREMENTS OF REGISTRATION :**

Proof of residency

Proof of required immunization

Proof of guardianship/Affidavit

Copy of Birth Certificate/Proof of Age

Discipline affidavit

**REQUIREMENTS WITH FIRST 10 DAYS OF SCHOOL ATTENDANCE:**

ESL Home Language Survey

Academic Records from former school district

Copy of birth certificate

HIPPA forms

Emergency card

Release of records to colleges/military form (high school only).

DATE \_\_\_\_\_

TO WHOM IT MAY CONCERN:

\_\_\_\_\_ GRADE  
\_\_\_\_\_ GRADE  
\_\_\_\_\_ GRADE  
\_\_\_\_\_ GRADE

will enter the Susquehanna Community School District on \_\_\_\_\_.

We would appreciate your forwarding the following records:

- Health Records
- Cumulative Records
- Report Card
- Special Test Results
- Special Education Records

Tammy Stone  
Elementary Guidance Counselor

(570)853-4921 ext. 1336 FAX-(570)853-3092

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## HOME LANGUAGE SURVEY

Civil Rights Law of 1964, Title VI requires that school districts/charter schools identify limited English proficient (LEP) students. Pennsylvania has selected the Home Language Survey as the method for the identification.

Quehanna Community School District

Date: \_\_\_\_\_

Quehanna Community High School

Student's Name: \_\_\_\_\_

Grade: \_\_\_\_\_

Please answer the questions below:

1. What was the student's first language?
2. Does the student speak a language other than English?  
If yes, specify the language \_\_\_\_\_
3. What language(s) is/are spoken in your home?

When completing this form (if other than parent): \_\_\_\_\_

Parent/Guardian Signature: \_\_\_\_\_

# Discipline Summary & Affirmation of Prior Discipline Record (As Required by Act 26 of 1995)

A willful false statement on this affirmation is a misdemeanor of the third degree and shall be immediately reported to the appropriate authorities.

Student: \_\_\_\_\_ Grade: \_\_\_\_\_ Date of Birth: \_\_\_\_\_  
(Printed Name)

Student is transferring from \_\_\_\_\_  
(School Building and School District Name)

School Address & Phone # \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

\_\_\_\_\_ My child has not been suspended and/or expelled from his/her former school or school district for an act or offense involving weapons, alcohol or drugs, or for the willful infliction of injury to another person.

\_\_\_\_\_ My child has been suspended and/or expelled from his/her former school or school district for an act or offense involving weapons, alcohol or drugs, or for the willful infliction of injury to another person.

Please describe the situation(s) that resulted in the suspension(s) and/or expulsion:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

# Practices

*ase complete, sign and return this form using the attached, self-addressed and stamped envelope.*

\_\_\_\_\_, have received and  
(Please Print your Name or other Authorized Representative)

received a copy of The Susquehanna Community School District's Notice of Medical Privacy Practices. I acknowledge that I read and understand the contents and my rights as outlined therein. I am aware that The Susquehanna Community School District's staff and personnel has implemented and completed an awareness program regarding the Medical/Health Privacy Practices and I answered my questions that I have regarding this Notice.

\_\_\_\_\_  
(Signature of Parent, Guardian or Authorized Representative)

\_\_\_\_\_  
Date

## **THIS NOTICE DESCRIBES:**

- **DESCRIBES HOW MEDICAL INFORMATION IS HANDLED**
- **ABOUT INFORMATION MAY BE USED AND DISCLOSED**
- **HOW YOU CAN GET ACCESS TO THIS INFORMATION.**

**PLEASE REVIEW IT CAREFULLY.**

**If you have any questions about this Notice, please contact the Districts' Privacy Office or the Office of the Superintendent, Susquehanna Community School District, RD 3, Box 100, Susquehanna, PA 18847-9504, (570) 853-4921.**

The Susquehanna Community School District (SCSD) understands that medical information about you and your dependent(s), employee, retiree, student, parent or guardian is personal. SCSD is required by law to take reasonable steps to ensure the privacy of your personally identifiable health information and to inform you about:

- **SCSD's uses and disclosures of Protected Health Information (PHI);**
- **You privacy right with respect to you PHI;**
- **SCSD's duties with respect to your PHI;**
- **Your right to file a complaint with the SCSD and the Secretary of the U. S. Department of Health and Human Services; and**
- **The person or Office to contact for further information about SCSD 's Privacy practices.**

The term "Protected Health Information" (PHI) included all individually identifiable health information transmitted or maintain by the SCSD and its agents, regardless of form (oral, written, electronic). The following is a list of the potential Uses and Disclosures regarding PHI and your rights:

## **A. For Treatment**

Treatment is the provision, coordination or management of health care and related services. It also includes, but not limited to, consultations and referrals between one or more of your or your dependent(s)' providers through SCSD.

For example, a health care provider agent of SCSD, like the School Nurse or a Sports Team Trainer, may disclose information regarding a medical occurrence or treatment to a hospital or physician so that the referred provider (Hospital or Physician) may ask questions about the occurrence or the injury with greater details.

## **B. For Payment**

Payment includes, but not limited to, actions to make coverage determinations and payment (Including billing, claims managements, subrogation, plan reimbursements, worker compensation review, reviews for medical necessity and appropriateness of care and utilization reviews, governmental benefits, and pre-authorizations.

An example is the SCSD or one of its health care provider agents may tell a doctor whether you are eligible for coverage of what percentage of the bill will covered by health care coverage.

## **C. For Healthcare Operations**

Health care operations include, but not limited to, quality assessment improvement, reviewing competence or qualifications of health care professions, underwriting, premiums rating, and other insurance activities relating to creating or renewing insurance contracts. It also includes disease management, case management, conducting or arranging for medical review, legal services, and auditing functions. including fraud and abuse compliance programs. business

separately files notes about your or dependent(s) conversation with your mental health professional during a counseling session. They do not include summary information about your mental health treatment. SCSD or one of its health care provider agents may use and disclose such notes when needed by SCSD or one of its health care provider agents to defend against litigation files by you or your dependent(s).

### **III. Uses and Disclosures that Require that You Be Given an Opportunity to Agree/Disagree Prior to the Use or Release**

Use and disclosure of your PHI is allowed without your consent, authorization or request under the following circumstances:

When required by law.

When permitted for purposes of public health activities, including when necessary to report defects, to permits product recalls and to conduct post-marketing surveillance. PHI may also be used or disclosed if you have been exposed to a communicable disease or are at risk of spreading a disease or condition, if authorized by law.

When authorized by law to report information about abuse, neglect, or domestic violence to public authorities if there exists a reasonable belief that you may be a victim of abuse, neglect, or domestic violence. In such case, SCSD or one of its health provider agents will promptly inform you that such a disclosure has been or will be made unless that notice would cause a risk of serious harm. For the purpose of reporting child abuse or neglect, it is not necessary to inform the minor that such a disclosure has been made. Disclosure generally may be made to the minor's parents or other representatives, although there may be circumstances under federal or state law when the parents or other representatives may not be given access to the minor's PHI.

SCSD or one of its health care provider agents may disclose your or your dependent(s) to a public health oversight agency for oversight activities authorized by law. This includes uses or disclosures in civil, administrative or criminal

objections were raised or were resolved in favor of disclosure by the court or tribunal.

When required by law enforcement purposes (for example: to report certain types of wounds).

For law enforcement purposes, including for the purposes of identifying or locating a suspect, fugitive, material witness or missing person. Also, when disclosing information about an individual who is or is suspected to be a victim of a crime, but only if the individual agrees to the disclosure or the covered entity (i.e., SCSD) is unable to obtain the individual's agreement because of emergency circumstances. Furthermore, the law enforcement official must represent that the information is not intended to be used against the individual, the immediate law enforcement activity would be materially and adversely affected by waiting to obtain the individual's agreement and disclosure is in the best interest of the individual as determined by the exercise of the SCSD or one of its health care provider agent's best judgment.

When required to be given to a coroner or medical examiner for the purpose of identifying a deceased person, determining a cause of death or other duties as authorized by law. Also, disclosure is permitted to funeral directors, consistent with applicable law, as necessary to carry out their duties with respect to the decedent.

The SCSD or one of its health care provider agent may use or disclose PHI for research, subject to conditions.

When consistent with applicable law and standards of ethical conduct, if SCSD or one of its health care provider agents, in good faith, believes the use or disclosure is necessary to prevent or lesser a serious and imminent threat to the health or safety of a person or the public and the disclosure is a person reasonably able to prevent or lesser the threat, including the target of the threat.

When authorized by and to the extent necessary to comply with workers'

## **I. Minimum Necessary Standard**

When using or disclosing PHI or which requesting PHI from another covered entity, SCSD and its health care provider agents will make reasonable efforts not to use, disclose or request more than the minimum amount of PHI necessary to accomplish the intended purpose of the use, disclosure or request, taking into consideration practical technological limitations.

However, the minimum necessary standard will not apply in the following situations:

- A. Disclosures to or requests by a health care provider for treatment;
- B. Uses or disclosures made to the individual;
- C. Disclosures made to the Secretary of the U. S. Department of Human Services;
- D. Uses or disclosures that are required by law; and
- E. Uses or disclosures that are required for the Plan's compliance with legal regulations.

## **II. Medical Information Not Subject to This Notice**

This Notice does not apply to health information that has been de-identified. De-identified information is information that does not identify any individual, and with respect to which there is no reasonable basis to believe that the information can be used to identify an individual, is not individual, is not individually identifiable health information.

In addition, SCSD and its health care provider agents may use or disclose "summary

to inspect and copy medical information that may be used to make decisions about your or your dependent(s)' care. Usually, this includes medical and billing records and also psychotherapy notes. To inspect and copy medical information that may be used to make decisions about you or your dependent(s), you must submit your request in writing to the Privacy Officer of the Susquehanna Community School District, Superintendent of School, RD 3, Box 5A, Susquehanna, PA 18847-9504, (570) 853-4921. If you request a copy of the information, , the District may charge a fee for the costs of copying, mailing or other supplies or services associated with your request. We may deny your request to inspect and copy in certain very limited circumstances. If you denied access to medical information, you may request the denial be reviewed. Another licensed health care professional chosen by SCSD or one of its health care provider agents will review your request and the denial. The person conducting the review will not be the person who denied your request. We will comply with the outcome of the review.

The requested information will be provided within thirty (30) days if the information is maintained offsite. A single thirty (30) day extension is allowed if the SCSD or its health care provider agents are unable to comply with the deadline.

You or your personal representative will be required to complete the form to the following official: The Superintendent of Schools, Susquehanna Community School District, RD 3, Box 5A, Susquehanna, PA 18847-9504, (570) 853-4921.

#### **B. Right to Amend**

If you feel that medical information we have about is incorrect or incomplete, you may ask to amend the information. You have the right to request an amendment for as long as the information is kept by, or for SCSD or one of its health care provider agents. To request an amendment, your request must be made in writing and submitted to the Superintendent of Schools, Susquehanna Community School District, RD 3, Box 5A, Susquehanna, PA 18847-9504, (570) 853-4921. In addition, you must provide a reason that supports your request. We may deny your request for an amendment if it not in writing or does not included a reason to

### C. Right to an Accounting of Disclosures

You have the right to request an “accounting of disclosures”. This is a list of the disclosures we made of medical information about you or your dependent(s). To request this list or accounting of disclosures, you must submit your request in writing to the Superintendent of Schools, Susquehanna Community School District, RD 3, Box 5A, Susquehanna, PA 18847-9504, (570) 853-4921. Your request must state a time period that may not be longer than six (6) years and not include dates before February 26, 2003. Your request should indicate in what form you want the list (i.e., on paper or electronically). The first list you request within a 12-month period will be free. For additional lists, we may charge you for the costs of providing the list. SCS D will notify you of the cost involved and you may choose to withdraw or modify your request at that time before any costs are incurred.

### D. Right to Request Restrictions

You have the right to request a restriction or limitation on the medical information we use or disclose about you for treatment, payment or health care operations. You also have the right to request a limit on the medical information we disclose about you to someone who is involved in your care or the payment for your care, like a family member or friend. For example, you could ask that we not use or disclose information about a treatment you had. **We are not required to agree to your request.** If we do agree, we will comply with your request unless the information is needed to provide you or your dependent(s) for emergency treatment. To request restrictions, you must make your request in writing to: Superintendent of Schools, Susquehanna Community School District, RD 3, Box 5A, Susquehanna, PA 18847-9504. In your request, you must tell us (1) what information you want to limit; (2) whether you want to limit our use, disclosures or both; and (3) to whom you want the limits to apply; for example, disclosures to your spouse.

### E. Right to Request Confidential Communications

or the Secretary of HHS. To file a complaint, contact the Superintendent of Schools, Susquehanna Community School District, RD 3, Box 5A, Susquehanna, PA 18847-9504, (570) 853-4921. *All complaints must be submitted in writing.* You also may file a complaint with the Secretary of the U. S. Department of Health and Human Services, Hubert H. Humphrey Building, 200 Independence Avenue S. W., Washington, D. C. 20201. **You will not be penalized or discriminated against for filing a complaint.**

#### G. Right to a Paper Copy of This Notice

You have the right to a paper copy of this Notice. You may ask us to give you a Copy of this Notice at any time. Even if you have agreed to receive this Notice electronically, you are still entitled to paper copy of this Notice. To obtain a paper of this Notice, contact the following official: the Superintendent of Schools, Susquehanna Community School District, RD 3, Box 5A, Susquehanna, PA 18847-9504, (570) 853-4921.

#### K. Applicable Federal Law and Regulations

PHI use and disclosure by SCSD and its health care provider agents is regulated by a federal law known as the Health Insurance Portability and Accountability Act, or HIPPA. You may find these rules at 45 Code of Federal Regulations Parts 160 and 164. A copy of these Regulations will be at the office of the Superintendent of Schools, Susquehanna Community School District, RD 3, Box 5A, Susquehanna, PA 18847-9504. This Notice attempts to summarize the regulations. The regulations will supersede any discrepancy between the information in this Notice and the regulations.

#### Changes to this Notice

This Notice is effective beginning April 14, 2003 and the SCSD and its health care provider agents are required to comply with the terms of this Notice. However, SCSD reserve the right to change this Notice. The SCSD also reserve the right to