

Harlem School District # 122 - Student Information Form
School Year 2018-2019

Student must be enrolled with full legal name, as shown on birth certificate. This name is used on all school records.

Student Name: _____
 (Last) (First) (Middle)

Date of Birth: _____ **Gender:** Male _____ Female _____ **Grade:** _____

Place of Birth: _____
 City, State, County and Country (Other than USA)

Mother's Maiden Name: _____

Persons listed in Family 1 and Family 2 are granted access to all student records unless otherwise prohibited. Additional persons may be granted student record access per Policy 7.340.AP-1-E-1.

Family 1: Parent/Guardian Student Resides with (at address below) LEGAL GUARDIANS ONLY

Guardian 1's phone numbers and e-mail will be used for the emergency alert system and notifications from the District Staff. Email must be provided in order to use Family Access and SendMoneyToSchool. Phone code: Home Work Cell

Street Address: _____ **City, State, Zip:** _____

Do you give consent for the District to send you non-emergency mass notification messages? Yes: _____ No: _____

(Under the Telephone Consumer Protection Act, the District must obtain consent/a send "non-emergency" mass notification messages. Consent may be revoked at any time.)

Guardian 1 Legal Name: _____ **Guardian 2:** _____

Date of Birth: _____ **Date of Birth:** _____

Relationship: _____ **Relationship:** _____

Daytime Ph: _____ H/ W/ C **Daytime Ph:** _____ H/ W/ C

Phone 2: _____ H/ W/ C **Phone 2:** _____ H/ W/ C

Email: _____ **Email:** _____

Place of Employment: _____ **Place of Employment:** _____

Sibling(s) registering or currently attending Harlem Schools:

Name & School _____ **Name & School** _____

Name & School _____ **Name & School** _____

Family 2: Other Parent/Guardian (with whom the student does not reside or resides with part time) LEGAL GUARDIANS ONLY

May be contacted in an Emergency? Yes _____ No _____ **Custodial Parent?** Yes _____ No _____ **May pick up student?** Yes _____ No _____

Do you give consent for the District to send you non-emergency mass notification messages? Yes: _____ No: _____

(Under the Telephone Consumer Protection Act, the District must obtain consent/a send "non-emergency" mass notification messages. Consent may be revoked at any time.)

Street Address: _____ **City, State, Zip:** _____

Guardian 1 Legal Name: _____ **Guardian 2:** _____

Date of Birth: _____ **Date of Birth:** _____

Relationship: _____ **Relationship:** _____

Daytime Ph: _____ H/ W/ C **Daytime Ph:** _____ H/ W/ C

Phone 2: _____ H/ W/ C **Phone 2:** _____ H/ W/ C

Email: _____ **Email:** _____

Place of Employment: _____ **Place of Employment:** _____

Sibling(s) registering or currently attending Harlem Schools:

Name & School _____ **Name & School** _____

Name & School _____ **Name & School** _____

Student Name _____

Additional Emergency Contacts (Please enter in the order you wish them to be contacted.)

Please list adults living within 15-20 minutes of the school, who will assume responsibility for the student if the parent/guardian cannot be reached. The student will only be released to these adults. Persons listed as emergency contacts are NOT granted access to any school student records, unless otherwise noted.

1. _____
(Name) _____ (Relationship) _____ Daytime Ph: H/W/C _____ Daytime Ph: H/W/C _____
*Allow access to school student records? Yes ___ No ___
2. _____
(Name) _____ (Relationship) _____ Daytime Ph: H/W/C _____ Daytime Ph: H/W/C _____
*Allow access to school student records? Yes ___ No ___
3. _____
(Name) _____ (Relationship) _____ Daytime Ph: H/W/C _____ Daytime Ph: H/W/C _____
*Allow Access to school student records? Yes ___ No ___

In case of emergency I authorize Harlem Schools to place my child in the care of:

Doctor: _____ Phone: _____ Hospital: _____

Alert Notification: Student may NEVER be released to the following person. Legal document **MUST** be presented and on file at the school.

Name: _____ Relationship: _____

Date school received legal documents: _____ Date legal documents expires: _____

*I understand that by selecting Yes I am authorizing the disclosure of school student records, information contained in school student records, and communications concerning my child by Harlem School District 122 or its representatives and employees. These disclosures are authorized by me pursuant to Policy 7.340-AP-1-E-1**. I understand that I have the right to inspect and copy the information to be disclosed, challenge its contents, and limit my consent to designated records or portions of the information contained in those records.

This consent expires one year from the date indicated below. However, I understand that I have the right to revoke this consent in writing at any time.

Initials

Date

**NOTE: Prior to the release of protected health information, health care providers may require the parent/guardian to execute an additional authorization form to comply with the Health Insurance Portability and Accountability Act (HIPAA). Alcohol and Drug Abuse patient records may not be further disclosed without specific authorization.

Has the student received Special Education Services? Yes [] No [] Does the student have a current IEP? Yes [] No []

Has the student received support services for the following:

Speech Therapy? Yes [] No []

Physical Impairment? Yes [] No []

Visual Impairment? Yes [] No []

Hearing Impairment? Yes [] No []

Does the student receive ELL services? Yes [] No []

Does the student have a current 504 Plan? Yes [] No []

Allow Demographic information to be shared with the following: Military? Yes [] No [] Higher Education? Yes [] No []

Allow Pictures to be printed in the following publications:

Newspaper/Media? Yes [] No []

District Website/District or School Publications? Yes [] No []

Yearbook? Yes [] No []

(Public)

(District)

(Local)

Google Use: Yes [] No []

I certify that to the best of my knowledge, all of the above information is accurate and I will update as necessary.

Signature of Legal Parent/Guardian

Date



Home Language Survey 2018-2019

The state requires the district to collect a Home Language Survey for every new student. This information is used to count the students whose families speak a language other than English at home. It also helps to identify the students who need to be assessed for English language proficiency.

Please answer the questions below and return this survey to your child's school.

Student's Name: _____

1. Is a language other than English spoken in your home?

Yes _____ No _____

What language? _____

2. Does your child speak a language other than English?

Yes _____ No _____

What language? _____

If the answer to either question is yes, the law requires the school to assess your child's English language proficiency.

Parent/Legal Guardian Signature

Date



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Illinois State Board of Education

New U.S. Department of Education Race and Ethnicity Data Standards

Student's Name: _____ Birthdate: _____

School: _____ School Year: 2018-2019

INSTRUCTIONS: This form is to be filled out by the student's parents or guardians, and both questions must be answered. Part A asks about the student's ethnicity and Part B asks about the student's race. If you decline to respond to either question, the school district is required to provide the missing information by observer identification.

Part A. Is this student Hispanic/Latino? (A person of Cuban, Mexican, Puerto Rican, South or Central American, or other Spanish culture or origin, regardless of race) Choose only one.

- No, not Hispanic/Latino**
- Yes, Hispanic/Latino**

The question above is about ethnicity, not race. No matter which answer you selected, continue and respond to the question below by marking one or more boxes to indicate what you consider this student's race to be.

Part B. What is the student's race? Choose one or more.

- American Indian or Alaska Native** (A person having origins in any of the original peoples of North and South America, including Central America, and who maintains tribal affiliation or community attachment)
- Asian** (A person having origins in any of the original peoples of the Far East, Southeast Asia, or the Indian subcontinent including, for example, Cambodia, China, India, Japan, Korea, Malaysia, Pakistan, the Philippine Islands, Thailand, and Vietnam.)
- Black or African American** (A person having origins in any of the black racial groups of Africa)
- Native Hawaiian or Other Pacific Islander** (A person having origins in any of the original peoples of Hawaii, Guam, Samoa, or other Pacific Islands)
- White** (A person having origins in any of the original peoples of Europe, the Middle East, or North Africa)

Note: Data collected on this form must be maintained by the school district for three years. However, when there is litigation, a claim, an audit, or another action involving this record, the original responses must be retained until the completion of the action.



HARLEM SCHOOL DISTRICT 122
PARENT SIGNATURE FORM

By initialing the specific areas and signing this form, I understand and agree to that area. I also understand that it is my responsibility to read, review and abide by the information on the forms or publications referred to on this form.

Authorization for Electronic Network Access
Initials I understand that access to the Harlem School District's electronic network (including, but not limited to, the internet) is solely for educational purposes. The School District has taken precautions to eliminate controversial material. However, I also recognize it is impossible for the School District to restrict access to all controversial materials. I will not hold the School District responsible for materials acquired on the network. I hereby request that my child be allowed access to the School District's electronic network. (School Board Policy 6:235-AP-1)

Emergency Care/Health Information
Initials School authorities have my consent to act in an emergency, in securing necessary transportation and aid for the preservation of my child's health. If school officials deem medical care to be immediately necessary, the child can be taken to the hospital listed on the Student Information Form. As parent or guardian, I agree to assume all responsibility and expense, including transportation costs, incurred while handling emergency care for my child. I give my permission to forward or disclose health information on a need to know basis to teachers and/or emergency personnel. (School Board Policy 7:285)

Student Fees
Initials I understand that the School District charges student fees. I agree to pay student fees that will be assessed for my child as requested by the School District. (School Board Policy 4:140)

Rights Concerning Student Records
Initials I have been provided a copy of the Notice to Parents/Guardians and Students of their Rights Concerning Student's School Records. (School Board Policy 7:340-AP-1-E-1)

Dress Code
Initials I have been provided a copy of the School District's Dress Code Policy, and agree to review this policy with my child. I understand that the school dress code policy must be adhered to, and that my child may be disciplined, up to and including expulsion, for violating this policy. (School Board Policy 7:160)

2018-2019 Student Handbook
Initials I acknowledge that it is my responsibility to know the policies contained within and to review the contents of the District Parent/Student Handbook which is accessible at www.harlem122.org. You may receive a printed copy of this Handbook upon request.

Student Name: (Please Print) _____ School: _____

Parent Signature: _____ Date: _____



**HARLEM SCHOOL DISTRICT #122
MILITARY CONNECTED STUDENTS
(Every Student Succeeds Act (ESSA) Requirement)**

The State requires the district to collect a Military Connected Student Survey for all of our students. It is the responsibility of the school district to ensure that families have an opportunity to disclose this information. Such information can help the school district in acquiring US Department of Defense assistance for these students. Please indicate below if you are a Legal Guardian that is a member of the Armed Forces or Full-Time National Guard on active duty. If indicated "YES", this information will then be reported to the State Board of Education.

YES

NO

Student Name:

School Name:

Parent/Guardian Signature

Date

"District Form"



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Students

Exhibit - Using a Photograph or Video Recording of a Student

*Distribute to parent/guardian at the time **they** register a child for school and/or annually at the beginning of the school year. Return to the Building Principal to be kept in the student's temporary record.*

Student _____ School Year _____

Pictures of Unnamed Students

Students may occasionally appear in photographs and video recordings taken by school staff members, student teachers, other students, or other individuals authorized by the Building Principal. The school may use these pictures, without identifying the student, in various publications, including the school yearbook, school newspaper, and school website. No consent or notice is needed or will be given before the school uses pictures of unnamed students taken while they are at school or a school-related activity.

Pictures of Named Students

Sometimes the school may want to identify a student in a school picture. For example, school officials want to acknowledge those students who participate in a school activity or who deserve special recognition.

In order for the school to publish a picture with a student identified by name, one of the student's parents or guardians must sign the consent below. Please complete and sign this form to allow the school to publish and otherwise use photographs and video recordings, with your child/children identified, while they are enrolled in this school.

I grant consent to the School District to identify a picture of my child/children, by full name and/or the school they attend, in any school sponsored material, publication, video recording, or website. This consent is valid for the entire time my child is enrolled in the District. I may revoke this consent at any time by notifying the Building Principal.

Parent/Guardian Name (*please print*)

Parent/Guardian Signature

Date

Pictures of Students Taken By Non-School Agencies

While the school limits access to school buildings by outside photographers, it has no control over news media or other entities that may publish a picture of a named or unnamed student. School staff members will not, however, identify a student for an outside photographer.

APPROVED: November 13, 2017



HARLEM TRANSPORTATION 2018-2019 SCHOOL YEAR

Please complete one form for each student.

Student Name: _____

Date of Birth: _____ School: _____

My child needs busing: Yes No

If no busing is needed, please also mark selection below:

My child is a car rider.

My child is a walker.

Please complete the information below only if busing is needed:

ALTERNATE ADDRESS (only if different from home address)*

Pick-Up Address _____ Phone (____) _____

Drop-Off Address _____ Phone (____) _____

**Day care providers must be in the home school boundary.*

My child requires special transportation, according to an IEP or Section 504 Plan.

Parent Signature

Date

District Form

Office Use Only

Entered in Skyward by: _____ Faxed to School on: _____ Busing Start Date: _____



2018-2019 Registration

HOW TO OBTAIN A CERTIFIED BIRTH CERTIFICATE

Certified Copy

A certified birth certificate is issued from the COUNTY office in the County where your student was born and it will be marked with a county stamp or crimped seal.

If you are unable to produce a certified birth certificate for your student, here are a few ways for you to complete the process.

For students born in Winnebago County

You may call the Winnebago County Clerk's Office (815-319-4250) to receive information on how to obtain a certified copy. (There is a charge to obtain a certified copy in Winnebago County).

You may visit the County Clerk's website at <http://winnebago-county-clerk.com>. This site has a form that you can download, fill-out ahead of time and walk-in or mail-in. All required documentation is noted on that form.

For students born in Illinois but living in a different County other than Winnebago

Call Springfield (217-782-6553). You will need to give them the county name where your student was born and they will give you the phone number to call for further information.

For students born in another state

You may investigate to find the appropriate county's phone number or go online to <http://vitalchek.com>. This is a SERVICE that will provide a certified copy for a fee, plus the county's fee for the copy, plus mailing costs.

(District form)

HARLEM CONSOLIDATED SCHOOL DISTRICT NO. 122
Birth Certificate Documentation

Board Policy 7:50 requires that **ALL** students enrolling in the District for the first time must present an original or certified copy of his/her birth certificate or other reliable proof of identity and age such as a passport.

Upon the failure of a person enrolling a student to provide a copy of the student's birth certificate, along with an affidavit explaining the inability to produce a copy of the birth certificate, **within 30 days** of enrollment the Superintendent or designee shall immediately notify the local law enforcement agency and shall also notify the person enrolling the student in writing that, unless he or she complies within 10 days, the case shall be referred to the local law enforcement authority for investigation. If compliance is not obtained within that 10-day period, the Superintendent or designee shall so refer the case. The Superintendent or designee shall immediately report to the local law enforcement authority any material received pursuant to this paragraph that appears inaccurate or suspicious in form or content.

TO BE COMPLETED BY PARENT OR LEGAL GUARDIAN

Student: _____ Date of Birth: _____
Place of Birth: _____ Social Security #: _____

Mother's Name: _____ Maiden Name: _____
Father's Name: _____

(A Separate Form is Required for Each Student)

Name of Parent or Legal Guardian: _____
Home Phone Number: _____ Work Phone Number: _____
Parent/Guardian Address: _____
(A Post Office Box Will NOT Be Accepted.)

I hereby certify that I have read and understand that failure to comply with Board Policy 7:50 within 10 days will result in the local authorities being notified regarding the enrollment of a minor without the proper Birth Certificate requirements being met.

(Signature of Parent or Legal Guardian) (Date)

Office Use Only

Verification of Birth Certificate Request

Receipt of Certified Mail to appropriate County Official
Date Requested _____ Place of Request _____

Request faxed by District Employee
Date Requested _____ Place of Request _____

Employee Processing Request
Other: _____

The above policy/information has been reviewed with the individual enrolling the above-mentioned student.

Signature of District Representative – **Required** (Date)



AUTHORIZATION TO RELEASE STUDENT RECORDS

Previous School Name and Address: _____

The Parent/Guardian has enrolled the following student in the Harlem School District #122

Student's Legal Name: _____ DOB: _____ Grade: _____

I, legal Parent/Guardian authorize for the Harlem School District #122 to request my student's records.

Parent/Guardian Name (Print): _____ Date: _____

Parent/Guardian Signature: _____

Please send copies only.

- | | |
|---|----------------------|
| 1. ISBE Student Transfer Form (Illinois Schools Only) | 4. ELL/LEP/ |
| 2. Transcripts/Report Cards | 5. Birth Certificate |
| 3. Medical Information | 6. Psychological |
| 4. Test Scores | |

Original records from other districts will not be stored or maintained permanently and will be returned to you. **Please return the following requested information to the school marked below:**

- | | |
|--|---|
| <input type="radio"/> Harlem High School Attn: Guidance
1 Huskie Circle, Machesney Park, IL 61115
P: 815-654-4511 / F: <u>815-633-5479</u> | <input type="radio"/> Marquette Elementary
8500 Victory Ln., Machesney Park, IL 61115
P: 815-654-4503 / F: <u>815-654-4565</u> |
| <input type="radio"/> Harlem 9th Grade Campus Attn: Guidance
1102 Evans Ave, Machesney Park, IL 61115
P: 815-654-5484 / F: <u>815-654-4580</u> | <input type="radio"/> Olson Park Elementary
1414 Minihan Dr. Machesney Park, IL 61115
P: 815-654-4504 / F: <u>815-654-4528</u> |
| <input type="radio"/> Harlem Middle School Attn: Registrar
735 Windsor Road, Loves Park, IL 61111
P: 815-654-4510 / F: <u>815-654-4540</u> | <input type="radio"/> Donald C. Parker Center
808 Harlem Road, Machesney Park, IL 61115
P: 815-654-4559 / F: <u>815-654-4613</u> |
| <input type="radio"/> Loves Park Elementary
344 Grand Ave, Loves Park, IL 61111
P: 815-654-4501 / F: <u>815-654-4553</u> | <input type="radio"/> Ralston Elementary
710 Ralston Road, Machesney Park, IL 61115
P: 815-654-4505 / F: <u>815-654-4572</u> |
| <input type="radio"/> Machesney Park Elementary
8615 North 2 nd St., Machesney Park, IL 61115
P: 815-654-4509 / F: <u>815-637-7421</u> | <input type="radio"/> Rock Cut Elementary
7944 Forest Hills Road, Loves Park, IL 61111
P: 815-654-4506 / F: <u>815-654-4574</u> |
| <input type="radio"/> Maple Elementary
1405 Maple Ave, Loves Park, IL 61111
P: 815-654-4502 / F: <u>815-654-4563</u> | <input type="radio"/> Windsor Elementary
935 Windsor Road, Loves Park, IL 61111
P: 815-654-4507 / F: <u>815-654-4585</u> |



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*****DENTAL SCREENING... PLEASE RETURN AS SOON AS POSSIBLE*****

**PLEASE COMPLETE
& RETURN A.S.A.P.**

PLEASE PRINT IN INK!!!

NAME OF SCHOOL: _____
TEACHER: _____ GRADE: _____

If you are not interested in this program, please print your child's name and put "NO" on this form.

Dear Parent or Guardian,

Crusader Community Health and OPDS have arranged for preventive dental services for eligible children. These services may include an exam, cleaning, fluoride treatment, sealants (a protective coating on the chewing surfaces of back teeth) and dental education. Licensed dentists, hygienists and assistants will come to your child's school with portable dental equipment. In order for your child to receive these services **YOU MUST PROVIDE ALL THE INFORMATION REQUESTED BELOW AND SIGN IN THE AREA INDICATED.**

Child's Name _____ Birth Date ____/____/____ Home Phone() _____ - _____ Gender Male / Female
Address: _____
Please Print City Zip

DOES YOUR CHILD HAVE ANY MEDICAL HISTORY THAT MAY COMPLICATE DENTAL TREATMENT?
Heart Murmur _____; Latex Allergy _____; Blood Disorder _____; Other _____

DENTIST'S INITIALS
Reviewed Health History _____

DOES YOUR CHILD QUALIFY FOR FREE AND REDUCED MEALS? Yes No _____

IS YOUR CHILD ENROLLED IN THE "ALL KIDS" PROGRAM (PUBLIC AID/MEDICAID/KID CARE)? Yes No _____

If YES, include your child's **RECIPIENT ID NUMBER** _____
9 DIGIT ID NUMBER ON BACK OF MEDI-PLAN CARD

IS YOUR CHILD COVERED BY PRIVATE DENTAL INSURANCE? Yes No _____

ETHNICITY: Hispanic _____ Non Hispanic _____ RACE: White _____ African American _____
American Indian/Alaska native _____ Asian/Pacific Islander _____ Other _____ Unknown _____

****Signature:** _____ **Date:** _____

PARENT OR GUARDIAN MUST SIGN TO PARTICIPATE!!!!!!

****In signing this form, you are giving permission to treat your child and it verifies that you have read the back of this form regarding HIPAA. This will also give permission for IDPH QA audits and providers to return to your school and re-check your child's sealants and for the school to release address and telephone information to Crusader Community Health and Rockford Health System's Community Health Representative. This authorization will expire in 24 months from the date signed.**

DO NOT WRITE BELOW THIS LINE (rev. 3/11)
TO BE COMPLETED BY DENTIST

Prior Restorations – Prior Sealants

_____	Sealants Present	_____ YES	_____ NO	(Prior to exam – 1 st molars only)
_____	Caries Experience	_____ YES	_____ NO	
_____	Untreated Caries	_____ YES	_____ NO	
_____	Oral Hygiene Status	_____ GOOD	_____ FAIR	_____ POOR
_____	Periodontal Status	_____ GOOD	_____ FAIR	_____ POOR

CURRENT DENTAL STATUS OF PATIENT:

TREATMENT NEEDED

<u>DECAY</u>	<u>SEALANTS</u> Placed Today	<u>SCORE</u>	<u>ORAL HEALTH ASSESSMENT RATING</u>
_____	_____	_____	1. Preventive Care (services rendered today) – There is no visual evidence of caries activity or periodontal pathology.
_____	_____	_____	2. Restorative Care – Amalgams, composites, crowns, etc.
_____	_____	_____	3. Urgent Treatment – Abscess, nerve exposure advanced disease state, signs or symptoms that include pain, infection or swelling.

Treatment Date: _____ Dentist's Signature: _____

ORLAND PARK DENTAL SERVICES, LTD (OPDS)

NOTICE OF PRIVACY PRACTICES REGARDING PROTECTED HEALTH INFORMATION

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.

Uses and Disclosures of PHI: We may use PHI for the purposes of treatment, payment and health care operations, in most cases without your written permission. Examples of our use of your PHI:

- For Treatment. This includes such things as obtaining verbal and written information about your medical condition and treatment from you as well as from others, such as doctors and nurses who give orders to allow us to provide treatment to you. We may give your PHI to other health care providers involved in your treatment, and may transfer your PHI via radio or telephone to the hospital or dispatch center.
- For Payment. This includes any activities we must undertake in order to get reimbursed for the services we provide to you, including such things as submitting bills to insurance companies, making medical necessity determinations and collecting outstanding accounts.
- For Health Care Operations. This includes quality assurance activities, licensing and training programs to ensure that our personnel meet our standards of care and follow established policies and procedures, as well as certain other management functions.

Use and Disclosure of PHI without Your Authorization. We are permitted to use PHI without your written authorization, or opportunity to object, in certain situations, and unless prohibited by a more stringent state law, including:

- For the treatment, payment or health care operations activities of another health care provider who treats you;
- For health care and legal compliance activities;
- To a family member, other relative, or close personal friend or other individual involved in your care if we obtain your verbal agreement to do so or if we give you an opportunity to object to such a disclosure and you do not raise an objection, and in certain other circumstances where we are unable to obtain your agreement and believe the disclosure is in your best interests;
- To a public health authority in certain situations as required by law (such as to report abuse, neglect or domestic violence);
- For health oversight activities including audits or government investigations, inspections, disciplinary proceedings, and other administrative or judicial actions undertaken by the government (or their contractors) by law to oversee the health care system;
- For judicial and administrative proceedings as required by a court or administrative order, or in some cases in response to a subpoena or other legal process;
- For law enforcement activities in limited situations, such as when responding to a warrant;
- For military, national defense and security and other special government functions;
- To avert a serious threat to the health and safety of a person or the public at large;
- For workers' compensation purposes, and in compliance with workers' compensation laws;
- To coroners, medical examiners, and funeral directors for identifying a deceased person, determining cause of death, or carrying on their duties as authorized by law;
- For research projects, but this will be subject to strict oversight and approvals;
- Use or disclose health information about you in a way that does not personally identify you or reveal who you are.

Any other use or disclosure of PHI, other than those listed above will only be made with your written authorization. You may revoke your authorization at any time, in writing, except to the extent that we have already used or disclosed medical information in reliance on that authorization.

Patients Rights: As a patient, you have a number of rights with respect to your PHI, including:

- The right to access, copy or inspect your PHI. This means you may inspect and copy most of the medical information about you that we maintain. We will normally provide you with access to this information within 30 days of your request. We may also charge you a reasonable fee, as state law permits, to provide a copy of any medical information you have the right to access. In limited circumstances, we may deny you access to your medical information, and you may appeal certain types of denials. We have forms available to request access to your PHI and we will provide a written response if we deny you access and let you know your appeal rights. You also have the right to receive confidential communications of your PHI. If you wish to inspect or obtain a copy of your medical information, you should contact our local privacy representative.
- The Right to Amend Your PHI. You have the right to ask us to amend written medical information we may have about you. We will generally amend your information within 60 days of your request and will notify you when we have amended the information. We are permitted by law to deny your request to amend your medical information only in certain circumstances, like when we believe the information you have asked us to amend is correct. If you wish to request an amendment of the medical information we have about you, please contact our local privacy representative to obtain an amendment request form.
- The Right to Request an Accounting. You may request an accounting from us of certain disclosures of your medical information we have made in the six years prior to the date of your request. However, your requests for an accounting of disclosures cannot precede the implementation date of HIPAA April 14, 2003. We are also not required to give you an accounting of our uses of PHI for which you have already given us written authorization. If you wish to request an accounting, contact our local privacy representative.
- The Right to Request That We Restrict the Uses and Disclosures of Your PHI. You have the right to request that we restrict how we use and disclose your medical information we have about you. We are not required to agree to any restrictions you request, but any restrictions agreed to by us in writing are binding on us.
- If you would like a paper copy of this Notice, you may contact us at the address listed below and we will provide you a paper copy of the Notice upon request.

Revisions of the Notice: We reserve the right to change the terms of this Notice at any time, and the changes will be effective immediately and will apply to all PHI we maintain. You can get a copy of the latest version of this Notice by visiting our office and picking up a copy.

Your Legal Rights and Complaints: If you have questions, would like additional information, or want to report a problem regarding the handling of your information, you may contact OPDS, Ltd. Additionally, if you believe your privacy rights have been violated, you may file a written complaint at our office by delivering the written complaint to Orland Park Dental Services, Ltd. You may also file a complaint by mailing it or e-mailing it to the Secretary of Health and Human Services.

- We cannot, and will not, require you to waive the right to file a complaint with the Secretary of Health and Human Services (HHS) as a condition of receiving treatment from the practice.
- We cannot, and will not, retaliate against you for filing a complaint with the Secretary.

Effective Date of the Notice: April 14, 2003

ORLAND PARK DENTAL SERVICES, LTD (OPDS)

809 W. DETWEILLER DR. SUITE 805A, PEORIA, IL 61615

PHONE: 309-692-1320, FAX: 309-692-1355,

EMAIL: opdsdental@comcast.net WEBSITE: www.opdsdental.com