

NOTICE OF PRIVACY PRACTICES

Vanguard Academy Employee Benefits Plan

Effective Date: January 1, 2026

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.

1. Our Commitment to Your Privacy

This Notice of Privacy Practices ("Notice") describes how Vanguard Academy (the "Plan"), as a group health plan sponsor, may use and disclose your protected health information ("PHI") to carry out treatment, payment, health care operations, and for other purposes permitted or required by law. This Notice also describes your rights regarding your PHI and how you may exercise those rights. The Plan is required by the Health Insurance Portability and Accountability Act of 1996 ("HIPAA") and its implementing regulations to maintain the privacy of your PHI, provide you with this Notice of its legal duties and privacy practices, follow the terms of the Notice currently in effect, and notify you if a breach of your unsecured PHI occurs.

2. Protected Health Information (PHI)

PHI is individually identifiable health information, including demographic information, that relates to your past, present, or future physical or mental health condition, the provision of health care to you, or the past, present, or future payment for health care, and that identifies you or for which there is a reasonable basis to believe can be used to identify you. PHI includes information held or transmitted in any form or medium, whether electronic, paper, or oral.

3. Uses and Disclosures of PHI Without Your Authorization

The Plan may use or disclose your PHI without your authorization for the following purposes:

A. Treatment

The Plan may disclose your PHI to a health care provider who requests it in connection with your treatment.

B. Payment

The Plan may use and disclose your PHI to pay claims for covered health care services, determine eligibility for benefits, coordinate benefits with other health plans, review services for medical necessity, and perform utilization management activities.

C. Health Care Operations

The Plan may use and disclose your PHI for health care operations. These activities include, but are not limited to, quality assessment and improvement, employee review activities, provider performance analysis, underwriting and premium rating, plan administration, and disease management programs.

D. Business Associates

The Plan may disclose your PHI to its business associates that perform functions on its behalf or provide services to the Plan, provided the business associates agree in writing to appropriately safeguard your information.

E. Other Permitted Uses and Disclosures

The Plan may also use or disclose your PHI without your authorization for the following purposes, to the extent permitted or required by law:

- As required by law, including laws that require the reporting of certain types of wounds or injuries.

- For public health activities, such as preventing or controlling disease, injury, or disability, or reporting adverse events with respect to food or dietary supplements.
- For reporting suspected abuse, neglect, or domestic violence.
- For health oversight activities, such as audits, inspections, and licensure actions.
- In connection with judicial or administrative proceedings, in response to a court order, subpoena, or other lawful process.
- For law enforcement purposes, such as in response to a court order or warrant.
- To avert a serious and imminent threat to health or safety.
- For government functions, such as military and veterans' activities, national security and intelligence, and protective services for the President.
- For workers' compensation purposes as authorized by, and to the extent necessary to comply with, workers' compensation laws.
- To a coroner, medical examiner, or funeral director as necessary for them to carry out their duties.
- For organ and tissue donation purposes, to organizations that handle organ procurement or organ, eye, or tissue transplantation.
- For research purposes under certain conditions.
- To the U.S. Department of Health and Human Services (HHS) for investigating or determining compliance with HIPAA requirements.

4. Uses and Disclosures That Require Your Written Authorization

The Plan will obtain your written authorization before using or disclosing your PHI for purposes other than those described above or otherwise permitted by law. Specifically, the Plan must obtain your authorization for:

- Most uses and disclosures of psychotherapy notes.
- Uses and disclosures of PHI for marketing purposes.
- Disclosures that constitute a sale of PHI.
- Other uses and disclosures not described in this Notice.

You may revoke your authorization at any time, in writing, except to the extent that the Plan has already taken action in reliance on your authorization. To revoke an authorization, you must submit your request in writing to the Privacy Officer at the address listed at the end of this Notice.

5. Your Rights Regarding Your PHI

You have the following rights regarding the PHI that the Plan maintains about you:

A. Right to Request Restrictions

You have the right to request that the Plan restrict the uses and disclosures of your PHI. The Plan is not required to agree to your request unless you request a restriction on disclosures to a health plan for payment or health care operations purposes and the PHI pertains solely to a health care item or service for which you have paid out-of-pocket in full. To request a restriction, submit your request in writing to the Privacy Officer.

B. Right to Receive Confidential Communications

You have the right to request that the Plan communicate with you about your PHI in a certain way or at a certain location. For example, you may request that the Plan contact you at a particular email address or phone number. To request confidential communications, submit your request in writing to the Privacy Officer. The Plan will accommodate all reasonable requests.

C. Right to Inspect and Copy Your PHI

You have the right to inspect and obtain a copy of your PHI maintained by the Plan, subject to certain exceptions. You may request that the Plan provide copies in a format you request if it is readily producible. The Plan may charge a reasonable, cost-based fee. To inspect or copy your PHI, submit your request in writing to the Privacy Officer.

D. Right to Amend Your PHI

You have the right to request that the Plan amend your PHI if you believe it is incorrect or incomplete. The Plan may deny your request under certain circumstances. To request an amendment, submit a written request to the Privacy Officer explaining why the information should be amended.

E. Right to an Accounting of Disclosures

You have the right to receive an accounting of certain disclosures of your PHI made by the Plan during the six (6) years prior to the date of your request. The accounting will not include disclosures made for treatment, payment, or health care operations, or disclosures you authorized in writing. To request an accounting, submit your request in writing to the Privacy Officer.

F. Right to a Copy of This Notice

You have the right to receive a paper copy of this Notice at any time, even if you have previously agreed to receive it electronically. To obtain a paper copy, contact the Privacy Officer.

G. Right to Be Notified of a Breach

You have the right to be notified if the Plan (or a business associate) discovers a breach of your unsecured PHI.

6. Minimum Necessary Standard

When using or disclosing your PHI or when requesting your PHI from another covered entity or business associate, the Plan will make reasonable efforts to limit your PHI to the minimum necessary to accomplish the intended purpose of the use, disclosure, or request.

7. Changes to This Notice

The Plan reserves the right to change the terms of this Notice at any time. Any changes will apply to all PHI the Plan maintains, including information created or received before the changes were made. A revised Notice will be posted on the Plan's website and made available upon request to the Privacy Officer.

8. Complaints

If you believe your privacy rights have been violated, you may file a complaint with the Plan or with the U.S. Department of Health and Human Services, Office for Civil Rights. To file a complaint with the Plan, contact the Privacy Officer at the address below. You will not be retaliated against for filing a complaint.

U.S. Department of Health and Human Services

Office for Civil Rights

200 Independence Avenue, S.W.

Washington, D.C. 20201

Telephone: 1-877-696-6775

9. Contact Information

For more information about this Notice or to exercise any of your rights, please contact:

Employee Name:	Abraham Gallegos
Title:	Executive Director, HR
Organization:	Vanguard Academy
Address:	2510 S. Veterans Blvd, Edinburg, TX 78539
Telephone:	956-781-1701
Email:	hr_dept@vanguardac.net

DISCLAIMER: *This template is provided for informational purposes only and does not constitute legal advice. Organizations should consult with qualified legal counsel to ensure compliance with all applicable federal and state privacy laws, including HIPAA, HITECH, and any state-specific health information privacy requirements.*