

Notice of Privacy Practices

NOTICE OF PRIVACY PRACTICES

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.

HIPAA PRIVACY RULES REQUIRE THAT WE FURNISH YOU WITH THIS NOTICE.

THIS NOTICE DESCRIBES HOW HEALTH INFORMATION ABOUT YOU MAY BE USED AND DISCLOSED AND HOW YOU CAN GET ACCESS TO THIS INFORMATION. (THE REQUIRED ACKNOWLEDGEMENT OF RECEIPT OF THIS FORM IS FOUND AT THE BOTTOM OF THE DOCUMENT.)

OUR PLEDGE REGARDING HEALTH INFORMATION:

We understand that health information about you is personal and are committed to protecting your health information. Health information is your health history, symptoms, test results, diagnosis, treatment, and claims and payment history. We create a record of the care and services you receive within USA Student Health. The record is needed in order to provide you with quality care and to comply with certain legal requirements. This notice applies to all records pertaining to your health care in possession by USA Student Health. This notice will tell you about the ways in which we may use and disclose your health information. It also describes your rights and certain obligations we have regarding the use and disclosure of health information. We are required by law to: Make sure that your health information is protected. Give you this notice of our legal duties and privacy practices with respect to your health information Follow the terms of the USA Student Health privacy notice.

HOW WE MAY USE AND DISCLOSE YOUR HEALTH INFORMATION

The following categories describe different ways that we may use and disclose your health information. Not every use or disclosure in a category will be listed.

- **General Uses and Disclosures**

Under the Privacy Rules, we are permitted to use and disclose your health information for the following purposes, without obtaining your permission or authorization:

- **Treatment:** We can use and disclose your health information to provide medical treatment or services. For example, we may disclose your health information to your primary care provider, consulting providers and to other health care personnel who have a need for such information for your care and treatment.

- **Payment:** We can use and disclose your health information for the purposes of determining coverage, billing and payment. For example, a bill sent to your insurance company may include information that identifies you, your diagnoses, procedures and supplies used in your treatment.

- **Health Care Operations:** We can use and disclose your health information for our health care operations. These include but are not limited to: quality assurance, auditing, licensing, credentialing and for educational purposes. For example, we can use your health information to internally assess our quality of care provided to patients.

- **As Required By Law:** We may use and disclose your health information when required to do so by law, including, but not limited to: reporting abuse, neglect and domestic violence; in response to judicial and administrative proceedings; in responding to a law enforcement request for information; or in order to alert law enforcement to criminal conduct on our premises or of a death that may be the result of criminal conduct.

- **Public Health Activities:** We may disclose your health information for public health reporting, including, but not limited to: child abuse and neglect; reporting communicable diseases and vital statistics; product recalls and adverse events; or notifying person(s) who may have been exposed to a disease or are at risk of contracting or spreading a disease or condition.

- **Abuse and Neglect:** We may disclose your health information to a local, state or federal government authority, if we have a reasonable belief of abuse, neglect or domestic violence.

- **Health Oversight Activities:** We may disclose your health information to a health oversight agency for activities authorized by law. These oversight activities include, for example, audits, investigations, inspections, and licensure. These activities are necessary for the government to monitor the health care system, government programs, and compliance with civil rights laws.

- **Judicial and Administrative Proceedings:** We may disclose your health information in judicial and administrative proceedings, as well as in response to an order of a court, administrative tribunal, or in response to a subpoena, summons, warrant, discovery request, or similar legal request. **Law Enforcement Purposes:** We may disclose your health information to law enforcement officials when required to do so by law.

- **Coroners, Medical Examiners and Funeral Directors:** We may release your health information to a coroner or medical examiner. This may be necessary, for example, to identify a deceased person or determine the cause of death. We may also release your health information to funeral directors as necessary to carry out their duties.

- **Threat to Health or Safety:** We may use and disclose your health information when necessary to prevent a serious threat to your health and safety or the health and safety of the

public or another person.

- **Specialized Government Functions:** If you are a member of the U.S. Armed Forces, we may release your health information as required by military command authorities. We may also disclose your health information to authorized federal officials for national security reasons and the Department of State for medical suitability determinations.
- **Workers of Compensation:** We can release your health information to your employer to the extent necessary to comply with Alabama law relating to workers of compensation or other similar programs.
- **Appointment Reminders/Treatment Alternatives:** We may use and disclose health information to contact you as a reminder of an appointment for treatment or medical care. We may use and disclose health information to tell you about or recommend possible treatment options or alternatives that may be of interest to you.
- **Marketing:** We may use or disclose your health information to make a marketing communication to you that occurs in a face-to-face encounter with us or which concerns a promotional gift of nominal value provided by us.
- **Business Associates:** We may disclose your health information to business associates who provide services to us. Our business associates are required to protect the confidentiality of your health information.
- **Research:** Under certain circumstances, we may use and disclose health information about you for research purposes. For example, a research project may involve comparing the health and recovery of patients who received one medication to those who received another, for the same condition. All research projects, however, are subject to a special approval process where certain safeguards are in place to ensure the privacy and protection of your health information.
- **Other Uses and Disclosures:** In addition to the reasons outlined above, we may use and disclose your health information for other purposes permitted by the Privacy Rules. For example, if reasonable precautions are taken to minimize the chance that others who may be nearby accidentally overhear your health information, the following practices are permissible under the Privacy Rules, because they are considered incidental disclosures: health care staff may orally coordinate services at nursing stations; nurses or other health care professionals may discuss a patient's condition over the phone with the patient, a provider, or a family member; a health care professional may discuss lab test results with a patient or other provider in a joint treatment area; a physician may discuss a patient's condition or treatment regimen in the patient private room; health care professionals may discuss a patient's condition during training rounds, other training settings and for training purposes.
- **Uses and Disclosures, Which Require You the Opportunity to Verbally Agree or Object.** Under the Privacy Rules, we are permitted to use and disclose your health information: (i) for the creation of facility directories, (ii) to disaster relief agencies, and (iii) to family members, close personal friends or any other person identified by you, if the information is directly

relevant to that person of involvement in your care or treatment. Except in emergency situations, you will be notified in advance and have the opportunity to verbally agree or object to this use and disclosure of your health information.

- **Uses and Disclosures, Which Require Written Authorization.** We can use your health information for purposes other than the categories listed above with your written authorization. For example, in order to disclose your health information to a company for marketing purposes, we must obtain your authorization. Under the Privacy Rules, you may revoke your authorization at any time. The revocation of your authorization will be effective immediately, except to the extent that: we have relied upon it previously for the use and disclosure of your health information; the authorization was obtained as a condition of obtaining insurance coverage where other law provides the insurer with the right to contest a claim under the policy or the policy itself; or your health information was obtained as a part of a research study and is necessary to maintain the integrity of the study.

You Have Rights Regarding Your Medical Information:

You have the following rights regarding your medical information, provided that you make a written request to invoke the right.

Right to request restrictions. You may request limitations on your medical information we use or disclose for health care treatment, payment, or operations (e.g., you may ask us not to disclose that you have had a particular treatment), but we are not required to agree to your request. If we agree, we will comply with your request unless the information is needed to provide you with emergency services.

Right to confidential communications. You may request communication in a certain way or at a certain location, but you must specify how or where you wish be contacted.

Right to inspect and request a copy. You have the right to inspect and request a copy of your medical information regarding decisions about your care. We charge a fee for copying, mailing, and supplies. Under limited circumstances, your request may be denied; in that instance you may request review of the denial by another licensed health care professional chosen by SHC medical providers. The SHC will comply with the outcome of the review.

Right to request amendment. If you believe that the medical information we have about you is incorrect or incomplete, you may request an amendment, which requires certain specific information. The SHC medical providers are not required to accept the amendment.

Right to accounting disclosures. You may request a list of the disclosures of your medical information that have been made to persons or entities other than for health care treatment, payment, or operations in the past six (6) years, but not prior to April 14, 2003. After the first request, there will be a charge.

Right to a copy of this Notice. You may request a copy of this Notice at any time, even if you have been provided with an electronic copy.

Requirements Regarding This Notice:

The Student Health Center's medical providers are required by law to provide you with this Notice. We will be governed by this Notice for as long as it is in effect. We may change this Notice and these changes will be effective for medical information we have about you as well as any information we receive in the future. Each time you register for health care services, you may receive a copy of the Notice in effect at the time.

Contacts for exercising your rights

USA Student Health (251) 460-7151