



Effective April 14, 2004

We are required by federal law to maintain the privacy of your protected health information (PHI). 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. You will be asked to sign a Receipt of Notice of Privacy Practices.

PHI is individually identifiable health information that includes demographics and relates to your past and present, physical or mental health and related health care services. Our intent is to make you aware of your privacy rights and the possible uses and disclosures of your PHI. The delivery of your health care services will in no way be contingent upon your signed acknowledgment; however, we are allowed under current law to use and disclose your PHI for treatment, payment, and health care operations upon receipt of your written Consent for Medical Treatment or Psychotherapy.

Federal law requires us to give you a notice of our legal duties and privacy practices regarding your PHI, and to follow the terms of the notice currently in effect. We reserve the right to change this notice and to make the revised or changed notice effective for the PHI we already have about you as well as any information we receive in the future. Our current Notice of Privacy Practices will be posted in the lobby of Student Health Services and on our website. Paper copies of this notice will be available upon request in Student Health Services.

This notice applies to the PHI that we generate or maintain and use to make decisions about your care. It describes how we may use or disclose your PHI, with whom that information may be shared, and the safeguards we have in place to protect it.

The following categories describe the ways that we may use and disclose your PHI.

Treatment

We will use your PHI to provide you with medical treatment and other health related services, and to coordinate or manage your health care. We may use and disclose your PHI to doctors, nurses,

psychologists, counselors, counseling interns, and laboratory or radiology personnel as well as other parties involved in your care. We may disclose your PHI to another health care provider or agency who needs to provide follow-up or additional care to you. For example, it may be necessary to share information about you with a hospital, a medical specialist, a physical therapist, or the paramedics.

Payment

Your PHI may be released to your insurance company only to assist you in obtaining payment when referral to community based health care services becomes necessary. The information on the insurance form will contain information that identifies your diagnosis and treatment. For example, in the event you experience an accident on-campus, we will release your PHI to our Student Accident Insurance carrier.

Health Care Operations

General

We may use and disclose your PHI in performing business activities. This type of use is necessary for us to run our service area and to be sure our patients are receiving quality care. We may use your PHI for conducting quality assessment and improvement activities, reviewing the competence of health care professionals, planning future services and activities, and developing internal protocols. We may use and disclose your PHI to contact you as a reminder that you have an appointment for medical services or to secure an appointment for you with a community based health care provider. We may disclose information as it relates to health care operations when, for example, we leave a message on your answering machine or call you by name when you are in Student Health Services. We may release PHI to your significant other, your family member, or your legal guardian if that individual is involved in your medical care or is legally responsible for the payment of your care.

We may tell these individuals your condition and, if you have been sent off-campus to another health care provider, your location. In addition, we may disclose your PHI to an entity assisting in a disaster relief effort so that your family can be notified about your condition, status, and location.

Health Care Operations Business Associates

We may disclose your PHI to other entities that provide a service to us. For example, we may be required to release your PHI to an outside laboratory in order to obtain services for you. We may also disclose your PHI to business associates who perform certain functions or activities on our behalf. For example, we may release limited PHI to our Research Analyst to assist in program review activities. Our business associates are required by Federal law to appropriately safeguard your PHI.

Federal, state, or local law requires certain disclosures. We may disclose your PHI without your consent as described in the following categories.

Public Health and Safety

We may use and disclose your PHI to prevent a serious threat to your health and safety or the health and safety of another person. For example, we will disclose PHI about you for public health and safety intended to:

- Prevent or control disease, injury, or disability,
- Report abuse, neglect, or violence as required by law,
- Report reactions to medications or problems with medical products,
- Report adverse health events due to food, dietary supplements, and products or product defects.
- Notify you of a recall of a medical product you may be using, or

- Notify you that you have been exposed to a communicable disease.

Health Oversight Activities

We may disclose PHI to a health oversight agency for activities authorized by law and may include audits, investigations, and inspections. These activities are necessary to monitor our health care program.

Lawsuits and Disputes

We will disclose your PHI in response to a court or administrative order. We will disclose your PHI in response to a subpoena or discovery request after efforts have been made to inform you about the request unless the health care provider/patient privilege has been waived by your written consent.

Law Enforcement

We may release PHI if asked to do so by a law enforcement official in response to a court order, warrant, or summons, and in emergency circumstances to report a crime. If you are an inmate of a correctional facility or under the custody of a law enforcement official, we may release your PHI to these agents to enable the correctional facility to provide you with health care and/or to protect the health and/or safety of you and/or other people.

Military and Veterans

We may disclose your PHI as required by military command authorities if you are a member of the armed forces.

Employers

We may use or disclose your PHI to your employer in cases of work-related injuries or illnesses, or mandatory workplace medical surveillance.

We must obtain a separate, specific written authorization from you to use or disclose your PHI for any purpose not covered by this notice.

Security Practices

All individuals employed in Student Health Services receive instruction concerning our privacy policy and are required to abide by the privacy practices described in this notice. Staff exercise due diligence to avoid being overheard when discussing PHI. All medical and psychological records are kept secured in locked files. Student Health Service

computers can only be accessed with a personal code, which is changed periodically. Any Business Associate who must have access to PHI must agree to hold the information confidential or be subject to the termination of their relationship with Student Health Services.

Your Rights

You have the *right to inspect and obtain a copy* of the PHI that we generate, maintain, and use to make decisions about your care. You will be able to review or obtain a copy of your medical/health records within 30 days of your written request. This right does not apply to psychotherapy notes. You may request a Summary of Treatment prepared by the counselor who provided your services or, in the event that your counselor of record is no longer available, our staff psychologist. The staff psychologist may request a meeting with you after reviewing your record and before preparing the Summary of Treatment in order to insure the accuracy of the report. This Summary of Treatment will be available to you within 30 days of your written request.

You have the *right to request amendment* to your medical information by adding clarifying language if you feel that the information we created is incorrect or incomplete. However, we cannot delete or destroy any information already included in your PHI. You must provide a reason that supports your amendment request. We may deny your request if we did not create the information, the information is not part of the information you would be permitted to inspect and copy, or our information is accurate and complete.

You have a *right to an accounting of disclosures other than disclosures made for treatment, payment, health care operations, or those authorized in writing by you.* You may request one free list of disclosures every 12 months. Your request must state a time period no longer than 6 years and may not include dates before April 14, 2004.

You have the *right to request a restriction or limitation on the PHI we use or disclose* about you if you are concerned about a possible use or disclosure of any part of your PHI, unless our use and/or disclosure is required by law. If we agree with the requested restriction, we will abide by the agreement except in cases of medical emergencies.

You have the *right to request confidential communications.* You can request that we communicate with you about your medical care in a certain way or at a certain location. For example, you can ask that we contact you only at work or by mail. All reasonable requests will be accommodated. Your request must specify how or where you wish to be contacted.

You are required to submit a written request to exercise any of these rights. Forms are available in the Student Health Services Center.

You have the *right to a paper copy of this notice.* Copies of this notice will be available in the Student Health Center, SSC Room 177.

If you believe your privacy rights have been violated, you may file a complaint with us by contacting our Privacy Officer at 949-582-4606. You may also file a complaint with the Secretary of the Department of Health and Human Services (DHHS) at:
Office for Civil Rights Region IX
U.S. DHHS
50 United Nations Plaza
Room 322
San Francisco, CA 94102
(415) 437-8310

If you need help filing a complaint with the DHHS, please call 1-800-368-1019 or access the DHHS website at:
www.hhs.gov/ocr/hipaa/

Student Health Services will not retaliate or penalize you in any way for filing a complaint.