

ST. LAWRENCE UNIVERSITY

Diana B. Torrey '82 Health and Counseling Center

23 Romoda Drive, Canton, NY 13617

Health Insurance Portability and Accountability Act (HIPAA) NOTICE OF PRIVACY PRACTICES

Effective
1996

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.

If you have any questions about this notice, please contact the Health Center, 315-229-5392.

Who Will Follow This Notice

This notice describes our Health Center's practices and that of:

- any health care professional authorized to enter information into your chart;
- all employees, staff and other Health Center personnel;
- services provided in our organization through contacts with business associates and other University departments. Examples include physician services outside the University who may be used in consult, radiology and certain laboratory tests. To protect your health information, however, we require all University associates to appropriately safeguard your information.

Our Pledge Regarding Medical Information

We understand that medical information about you and your health is personal. We are committed to protecting medical information about you. We create a record of the care and services you receive at the Health Center. We need this record to provide you with high quality care and to comply with certain legal requirements. This notice applies to all of the records of your care generated by the health service whether made by Health Center personnel or your personal doctor. Your personal doctor may have different policies or notices regarding the doctor's use and disclosure of your medical information created in the doctor's office or clinic. This notice will tell you about the ways in which we may use and disclose medical information about you. We also describe your rights and certain obligations we have regarding the use and disclosure of medical information.

We are required by law to:

- make sure that medical information that identifies you is kept private;
- give you this notice of our legal duties and privacy practices with respect to medical information about you; and
- follow the terms of the notice that is currently in effect.

How We May Use and Disclose Medical Information About You

The following categories describe different ways that we use and disclose medical information. For each category of uses or disclosures we will explain what we mean and try to give some examples. Not every use or disclosure in a category are listed. However, all of the ways we are permitted to use and disclose information will fall within one of the categories.

For Treatment: We may use medical information about you to provide you with medical treatment or services. We may disclose medical information about you to doctors, nurses, technicians or other Health Center personnel who are involved in taking care of you at the Health Center. For example, a doctor treating you for a broken leg may need to know if you have diabetes because diabetes may slow the healing process.

For Payment: We may use and disclose medical information about you so that the treatment and services you receive at a hospital or consulting physician may be billed to and payment may be collected from you, an insurance company or a third party. For example, we may need to give your health plan information about surgery or tests you received at the hospital so your health plan will pay or reimburse

you for the surgery. We may also tell your health plan about a treatment you are going to receive to obtain prior approval or to determine whether your plan will cover the treatment.

Appointment Reminders: We may use and disclose medical information to contact you as a reminder that you have an appointment for treatment or medical care at the Health Center.

Treatment Alternatives. We may use and disclose medical information to tell you about or recommend possible treatment options or alternatives that may be of interest to you.

Individuals Involved in Your Care: We may release medical information about you to a friend or family member who is involved in your medical care only if they are appointed as your health care proxy or you give written authorization. We may disclose medical information about you to an entity assisting in a disaster relief effort so that your family can be notified about your condition, status and location.

As Required by Law: We will disclose medical information about you when required to do so by federal, state or local law.

To Avert a Serious Threat to Health or Safety: We may use and disclose medical information about you when necessary to prevent a serious threat to your health and safety or the health and safety of the public or another person. Any disclosure, however, would be only to someone able to help prevent the threat.

Special Situations

Workers' Compensation: We may release medical information about you for Workers' Compensation or similar programs. These programs provide benefits for work-related injuries or illness.

Public Health Risks: We may disclose medical information about you for public health activities. These activities generally include the following:

- To prevent or control disease, injury or disability;
- To report births and deaths;
- To report child abuse or neglect;
- To report reactions to medications or problems with products;
- To notify people of recalls of products they may be using;
- To notify a person who may have been exposed to a disease or may be at risk for contracting or spreading a disease or condition;
- To notify the appropriate government authority if we believe a patient has been the victim of abuse, neglect or domestic violence. We will make this disclosure only when required or authorized by law.

Health Oversight Activities: We may disclose medical 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 law.

Lawsuits and Disputes: If you are involved in a lawsuit or a dispute, we may disclose medical information about you in response to a court or administrative order. We may also disclose medical information about you in response to a subpoena, discovery request, or other lawful process by someone else involved in the dispute, but only if efforts have been made to tell you about the request or to obtain an order protecting the information requested.

Law Enforcement: We may release medical information if asked to do so by a law enforcement official:

- In response to a court order, subpoena, warrant, summons or similar process;
- To identify or locate a suspect, fugitive, material witness, or missing person;
- About the victim of a crime if, under certain limited circumstances, we are unable to obtain the person's agreement;
- About a death we believe may be the result of criminal conduct;
- About criminal conduct at the University; and
- In emergency circumstances to report a crime, the location of the crime or victims, or the identity, description or location of the person who committed the crime.

National Security and Intelligence Activities: We may release medical information about you to authorized federal officials for intelligence, counterintelligence and other national security activities authorized by law.

Protective Services for the President and Others: We may use medical information about you to make decisions regarding your medical suitability for a security clearance or service abroad. We may also release your medical suitability determination to officials in the Department of State who need access to that information for these purposes.

Your Rights Regarding Medical Information About You

You have the following rights regarding medical information we maintain about you:

Right to Inspect and Copy: You have the right to inspect and request a copy of your medical information that may be used to make decisions about your care. Usually, this includes medical records, but does not include psychotherapy notes. To inspect and request a copy of your medical information that may be used to make decisions about you, you must submit your request in writing. We may deny your request to inspect and copy in certain very limited circumstances. If you are denied access to medical information, you may request that the denial be reviewed. Another health care professional will review your request and the denial. The person conducting the review will not be the person who denied your request. The Health Center will comply with the outcome of the review.

Right to Amend: If you feel that medical information we have about you is incorrect or incomplete, you may ask us to amend the information. You have the right to request an amendment for as long as the information is kept by or for the Health Center. To request an amendment, your request must be made in writing and submitted to the Health Center. In addition, you must provide a reason that supports your request. We may deny your request for an amendment if it is not in writing or does not include a reason to support the request. In addition, we may deny your request if you ask us to amend information that:

- Was not created by us;
- Is not part of the medical information kept by or for us;
- Is not part of the information which you would be permitted to inspect and copy.

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. HIPAA defines disclosure as "the release, transfer, provision of access to, or divulging in any manner of information outside the entity holding the information." This includes disclosures to or by business associates of the covered entity. Exclusions that do not require tracking include:

- Disclosures made for treatment, payment and health care operation purposes;
- Disclosures made to the individual;

- Disclosures made to persons involved in the individual's care;
- Disclosures made for national security or intelligence purposes;
- Disclosures to law enforcement officials;
- Disclosures made prior to the date of compliance with the privacy standards.

To request this list or accounting of disclosures, you must submit your request in **writing** to the Health Center. Your request must state a time period which may not be longer than six years and may not include dates before the HIPPA effective date (1996). Your request should indicate in what form you want the list (e.g., on paper, electronically) and where the list is to be sent.

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 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 test 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 emergency treatment. To request restrictions, you must make your request in writing to the Health Center. In your request, you must tell us (1) what information you want to limit; (2) whether you want to limit our use, disclosure or both; and (3) to whom you want the limits to apply, for example, disclosures to your parents.

Right to Request Confidential Communications: You have the right to request that we communicate with you about medical matters in a certain way or at a certain location. For example, you can ask that we contact you only by phone, CMR or at home. To request confidential communications, you must make your request in **writing** to the Health Center. We will not ask you the reason for your request. We will accommodate all reasonable requests. Your request must specify how or where you wish to be contacted.

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.

Changes To This Notice

We reserve the right to change this notice. We reserve the right to make the revised or changed notice effective for medical information we already have about you as well as any information we receive in the future. We will post a copy of the current notice at the Health Center. The notice will contain on the first page, in the top right-hand corner, the effective date. In addition, each time you register at the Health Center for treatment, we will offer you a copy of the current notice in effect.

Complaints

If you believe your privacy rights have been violated, you may file a complaint with the Health Center. All complaints must be submitted in writing. You will not be penalized for filing a complaint.

Other Uses Of Medical Information

Other uses and disclosures of medical information not covered by this notice or the laws that apply to us will be made only with your written permission. If you provide us permission to use or disclose medical information about you, you may revoke that permission, in **writing**, at any time. If you revoke your permission, we will no longer use or disclose medical information about you for the reasons covered by your written authorization. You understand that we are unable to take back any disclosures we have already made with your permission, and that we are required to retain our records of the care that we provided to you for the legally specified amount of time.

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NOTICE OF PRIVACY PRACTICES

Patient Authorization Form

Our Notice of Privacy Practices provides information about how we may use and disclose protected health information about you. You have the right to review our notice before signing this authorization. As provided in our notice, the terms of our notice may change. If we change our notice, you will be provided a new notice on your next date of service. You may also obtain a revised copy by contacting the Health Center.

You have the right to request that we restrict how protected health information about you is used or disclosed for treatment, payment or health care operations. We are not required to agree to this restriction, but if we do, we are bound by our agreement.

By signing this form, you consent to our use and disclosure of protected health information about you for treatment, payment and health care operations. You have the right to revoke this authorization, *in writing*, except where we have already made disclosures in reliance on your prior authorization. You are also acknowledging receipt of our Notice of Privacy Practices.

Student Signature

Date

Print Student Name

ID #

Witness

Date

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Health Center – 315-229-5392 • Counseling Center – 315-229-5391 • 315-229-5514 (shared fax) • www.stlawu.edu/health