

**NOTICE OF PRIVACY PRACTICES
FOR
High Point University Student Health Services**

THIS NOTICE DESCRIBES HOW MEDICAL INFORMATION ABOUT YOU MAY BE USED AND DISCLOSED AND HOW YOU MAY OBTAIN ACCESS TO THIS INFORMATION. PLEASE REVIEW CAREFULLY.

(Student Health Services /SHS is the provider referred to in this document)

If you have any questions or requests regarding the privacy practices, please contact Student Health Center at 336-841-9208.

This Notice of Privacy Practices is a requirement of the Health Insurance Accountability Act (HIPAA) and is provided to you to describe how we, at Student Health Services (SHS), may use and disclose your protected health information (PHI) to carry out treatment, payment, or health care operations and for other purposes that are permitted or required by law. It also describes your rights to access and control your protected health information in some cases. Your PHI means any of your written and oral health information, including demographic information that may identify you. This is PHI that is created or received by your health care provider, and that relates to your past, present or future physical or mental health condition.

I. How we may use and disclose Protected Health Information (PHI)

- A. **Treatment.** SHS may use your protected health information for purposes of providing treatment, obtaining payment for treatment, and conducting health care operations. This may include communicating with other health care providers within SHS or outside the clinic. For example, we may disclose your PHI to a pharmacy to fill a prescription, to a laboratory to order diagnostic tests. We may also disclose PHI to other physicians and health care providers who may be treating you or involved in your treatment.

Disclosures to your Personal Representative. We may make disclosures to your personal representative. If you are a minor, your personal representative will be a parent or guardian, or person acting in the place of a parent who has the authority under state law to make decisions related to your healthcare. However, we may only disclose to your parent, guardian or person acting in the place of a parent where disclosure is permitted or required by state law. For example, under North Carolina law, we generally cannot disclose to the parent of minors information related to the treatment of the minor that was provided on the minor's own consent.

- B. **Payment.** Your PHI will be used, as needed, to obtain payment for the services that SHS provides. This may include certain communications to your health care insurer for the purpose of obtaining treatment we recommend. We will also disclose information to HPU cashiers office that acknowledges that you received services from SHS, the date of those services and the amount owed for those services. The purpose of this is to bill your student account for charges owed. The details of the services you received will not be disclosed.

C. **Health Care Operations.** We may use and disclose your PHI as necessary for SHS activities and health care operations. These activities may include:

- Quality assessment and improvement activities
- Employee review activities
- Training programs for students, trainees or other health care providers and non-health care providers
- For the purpose of accreditation, certification, licensing activities
- Working with others for the purpose of auditing and reviewing compliance (such as lawyers, accountants and other providers) to assist us in complying with the law
- Business management and general administrative activities

In certain situations, we may also disclose patient information to another provider or health plan for their health care operations.

D. **Other uses and disclosures.** As part of treatment, payment and health care operations, we may also use or disclose PHI for the following purposes:

- a. Appointment reminder – we may use and disclose medical information if we contact you about an appointment you have at SHS
- b. To inform you of potential treatment alternatives or options. We may also mail to you copies of your laboratory reports.
- c. To inform you of health related benefits or services that may be of interest to you.

II. Uses and disclosures beyond treatment, payment and health care operations permitted without authorization or opportunity to object.

Federal privacy rules allows SHS to use or disclose your PHI without your permission or authorization for a number of reasons including the following:

- a. **When legally required.** We will disclose your PHI information when we are required to do so by any Federal, State or local law.
- b. **When there are risks to public health.** We may disclose your PHI for the following public activities:
 - i. To prevent, control or report disease, injury or disability as permitted by law
 - ii. To report vital events such as birth or death as permitted or required by law
 - iii. To conduct public health surveillance, investigation and interventions as permitted or required by law.
 - iv. To collect or report adverse events and products defects, track FDA regulated products; enable product recalls, repairs or replacements to the FDA and to conduct product marketing surveillance.
 - v. To notify a person who has been exposed to a communicable disease or who may be at risk of contracting or spreading a disease as authorized by law.
 - vi. To report to an employer information about an individual who is a member of the workforce as legally permitted or required
- c. **To report abuse, neglect or domestic violence.** SHS may notify government authorities if we believe that a patient is a victim of abuse, neglect or domestic violence. We will make this

disclosure only when specifically required or authorized by law or when the patient agrees to the disclosure.

- d. **To conduct health oversight activities.** We may disclose your protected health information to a health oversight agency for activities including audits; civil, administrative, or criminal investigations, proceedings, or actions; inspections; licensure or disciplinary actions; or other activities necessary for appropriate oversight as authorized by law. We will not disclose your health information if you are the subject of an investigation and your health information is not directly related to your receipt of health care or public benefits.
- e. **In connection with judicial and administrative proceedings.** We may disclose your protected health information in the course of any judicial or administrative proceedings in response to an order of a court or administrative tribunal as expressly authorized by such order or in response to a subpoena in some circumstances.
- f. **Law Enforcement Purposes.** Under certain conditions, we may disclose PHI to law enforcement officials for the following purposes:
 - As required by law for reporting of certain types of wounds or other physical injuries.
 - Pursuant to court order, court-ordered warrant, subpoena, summons or similar process.
 - For the purpose of identifying or locating a suspect, fugitive, material witness or missing person.
 - Under certain limited circumstances, when you are the victim of a crime
 - To law enforcement official if the provider has a suspicion that your death was the result of criminal conduct.
 - In an emergency in order to report a crime.

We may not, however, disclose the fact that you have sought treatment for drug dependence to law enforcement.

- g. **To Coroners, Funeral Directors, and Organ Donation.** We may disclose PHI to a coroner or medical examiner, funeral director or to organizations that help with organ, eye and tissue transplants.
- h. **In The Event Of 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, and to the safety of the public or another person.
- i. **Specified Government Functions.** We may disclose PHI to facilitate specified government functions relating to military and veterans activities, national security and other national security activities authorized by law.
- j. **Military and Veterans Activities.** For the activities deemed necessary by the appropriate military command authorities, for the purpose of a determination by the department of Veteran Affairs of our eligibility for benefits, to foreign military authority if you are a member of that foreign military service.
- k. **Inmates.** If you are an inmate of a correctional institution or under the custody of a law enforcement official, we may release PHI to the correctional institution or law enforcement official
- l. **Workman's Compensation.** We may disclose PHI about you to comply with workers' compensation laws and other similar legally established programs.

III. Other Permitted or Required Uses and Disclosures that May be Made without Your Authorization or Opportunity to Object.

We may disclose your PHI to your family member or a close personal friend if it is directly relevant to the person's involvement in your care or payment related to your care. We can also disclose your information in connection with trying to locate or notify family members or others involved in your care concerning your location condition or death. If you are unable to agree or object to such a disclosure, we may disclose such information as necessary if we feel it is in your best interest based on our professional judgment. We may use or disclose PHI to an authorized public or private entity to assist in disaster relief efforts and to coordinate uses and disclosures to family or other individuals involved in your care.

Communication barriers. We may use and disclose your PHI if your provider or another provider in SHS attempts to obtain consent from you but is unable to do so due to substantial communication barriers and the provider determines, exercising our professional judgment, that you intend to consent to the use or disclosure under the circumstances

IV. Your Rights. You have the following rights regarding your health information

- a. **The right to inspect and copy your PHI.** You may inspect and obtain a copy of your PHI that is contained in a designated record. This designated record contains medical and billing records and any other record that SHS and the provider use for making decisions about your care.

Under Federal Law, however, you may not inspect or copy the following records: psychotherapy notes, information compiled in reasonable anticipation of, or in use in, a civil, criminal or administrative action or proceeding; and PHI that is subject to a law that prohibits access to PHI.

We may deny your request to inspect and receive a copy of your PHI, if, in our professional judgment, we determine that the access requested is likely to endanger your life or safety or that of another person, or that it is likely to cause substantial harm to another person referenced within the information. You have the right to request a review of this decision. *A request must be submitted in writing to the Privacy Officer. The Privacy Officer will review your request and the denial and a decision will be made. You have the right to request and review this decision. For all requests please contact the Privacy Officer listed at the end of this notice.*

- b. **Right to request Restrictions.** You may ask SHS not to use or disclose certain parts of your protected PHI for the purpose of treatment, payment of health care members or friends who may be involved in your care or for notification purposes as described in this Notice of Privacy Practices. Your request must specifically state your requested restriction and to whom you want the restrictions to apply.

SHS is not required to agree to a restriction you request. If we deny your request to a restriction, we will notify you. If SHS does agree to your requested restriction, we may not use or disclose your PHI in violation of that restriction unless it is needed to provide emergency treatment. Under certain circumstances, we may terminate our agreement to a restriction. You may request a restriction by contacting SHS Privacy Officer.

- c. **The right to Request to Receive Confidential Communication from SHS by alternative means or at an alternative location.** You have the right to request that SHS communicate with you in certain ways. We will accommodate reasonable requests.

- d. **Right to Amend your PHI.** You may request an amendment of PHI about you in a designated record for as long as we maintain this information. Requests for amendments must be in writing and must be directed to SHS Privacy Officer. In this written request you must provide a reason to support the requested amendments.
- e. **Right to Receive an Accounting of Disclosures.** You have the right to request an accounting of certain disclosures of your PHI made by SHS
- f. **Right to Obtain a Paper Copy of This Notice.** Upon request, we will provide a separate copy of this notice even if you have already received a copy of the notice or have agreed to accept this notice electronically

V. Other Duties.

The provider is required by law to maintain the privacy of your health information and to provide you with this Notice of our duties and privacy practices. We are required to abide by terms of this Notice and to make the new Notice provisions effective for all protected health information that we maintain. If SHS changes its Notice, we will provide a copy of the revised Notice on Student Health Services Web site and also in our waiting room.

VI. Complaints.

You have the right to express complaints to SHS and to the Secretary of Health and Human Services if you believe your privacy rights have been violated. All complaints should be submitted in writing. You will not be penalized for filing a complaint

VII. Contact person to file a complaint

Privacy Officer
Student Health Services
High Point University
336-841-9208

Effective Date is April 14, 2003