

# Coastal Carolina University Student Health Services

## NOTICE OF PRIVACY PRACTICES

### **THIS NOTICE DESCRIBES HOW MEDICAL INFORMATION ABOUT YOU MAY BE USED AND DISCLOSED AND HOW YOU MAY OBTAIN ACCESS TO THIS INFORMATION.**

**If you have any questions about this notice, please contact Caesar C. Ross, III, M.P.A., Director, Coastal Carolina University Student Health Services (843) 349-6544.**

### **PLEASE REVIEW CAREFULLY**

Any health care professional authorized to document information in your medical record will follow this notice as well as all departments in Coastal Carolina University (CCU) Student Health Services (SHS).

#### **OUR PLEDGE REGARDING MEDICAL INFORMATION**

The personal and medical information about our patients is of paramount importance to us. Therefore, Student Health Services creates a record of the care and services you receive at the Center. We need this record to provide you with quality care. This Notice of Privacy Practices describes how we 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 right to access and control your Protected Health Information. PHI is information about you, including demographic information, that may identify you and that relates to information about your past, present and future physical or mental health condition and related health care services.

The staff of CCU Student Health Services is legally required to protect the privacy of your health information and to abide by the terms of this Notice of Privacy Practices. This notice describes our legal duty to protect the privacy of your health information and the policies and procedures SHS has in place to do so. We may change the terms of our notice at any time. The new notice will be effective for all PHI that we maintain at that time. We will provide you with any materially revised Notice of Privacy Practices.

#### **HOW WE MAY USE AND DISCLOSE PROTECTED HEALTH INFORMATION**

The following categories describe different ways in which we use and disclose medical information. These examples are not meant to be exhaustive, but to describe the types of uses and disclosures that may be made by our office.

- **For Treatment.** We will use and disclose PHI about you to provide, coordinate or manage your health care treatment and related services. This may include communicating with other health care providers within our clinic or outside of our clinic that may be involved in your treatment.

**Example:** Front desk staff may use PHI when setting up an appointment. The nurse practitioner will likely use PHI when reviewing a patient's condition and ordering a blood test. The lab technician will use PHI when processing or reviewing blood test results.

- **For Payment.** We will use and disclose PHI about you in order to receive payment or help you obtain reimbursement for your health care services. This may include certain activities which your health insurance plan may undertake before it approves or pays for health care services we provide to or recommend to you.

**Example:** We will disclose information that you received services from our office, the date of those services and the amount owed for those services to the University Cashier's Office if you request that charges owed by you be billed to your University account. The details of the services you received will not be disclosed.

Upon your authorization, we will disclose your PHI to your insurance company, as needed, for you to obtain reimbursement for the payment for your health services. This will be limited to the minimum necessary information required to facilitate payment.

- **For Health Care Operation.** We will use and disclose PHI about you for Student Health Services operations. These activities may include:
  - Licensing, reviewing and evaluating the skills, qualifications, and performance of health care providers taking care of you
  - To provide training programs for students, trainees, health care providers or non-health care professionals to assist them in practicing or improving their skills
  - Cooperating with outside organizations that evaluate, certify, or license health care providers, staff or facilities in a particular field or specialty
  - Planning our organization's future operations
  - Working with others (such as lawyers, accountants, and other providers) who assist to comply with this Notice and other applicable laws
  - Quality assessment activities
  - Conducting and arranging for other business activities
  - "Business associates" that perform various activities for Student Health Services (e.g. transactions services, billing). We will have a written contract with any business associate with whom we share your protected health information that contains terms that will protect the privacy of your health information.
- **Treatment Alternatives.** We may use and disclose medical information to recommend possible treatment options or alternatives that may be of interest to you. We may also mail to you copies of your lab reports.
- **Appointment.** 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.
- **Health Related Benefits and Services.** We may use and disclose medical information to tell you about health related benefits or services that may be of interest to you.

## **USES AND DISCLOSURES OF PHI BASED UPON YOUR WRITTEN AUTHORIZATION**

Some use and disclosures of your PHI will be made only with your written authorization unless otherwise permitted by law. You may revoke this authorization at any time except to the extent your provider or your provider's practice has taken an action in reliance on the use or disclosures indicated in the authorization.

**Example:** Psychotherapy notes will not be used or disclosed without a signed authorization from you.

## **OTHER PERMITTED AND REQUIRED USES AND DISCLOSURES THAT MAY BE MADE WITH YOUR AUTHORIZATION OR OPPORTUNITY TO OBJECT**

We may use and disclose your PHI in the following instances in which you have the opportunity to agree or object to the use and disclosure of all or part of your PHI:

**Individuals Involved In Your Care.** We may disclose medical information about you to a relative, close personal friend or any person you identify if that person is involved in your care and the information is relevant to your care or payment for your care. 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 notify or to assist in notifying a family member, personal representative or any other person that is responsible for your care, of your location, general condition or death. We may use or disclose your 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.

**Emergencies.** We may use and disclose your PHI in an emergency treatment situation. If this happens, your provider shall try to obtain your consent as soon as reasonable after the delivery of treatment. If your provider or another provider in the Student Health Services is required by law to treat you and the provider has attempted to obtain your consent but is unable to do so, he or she may still use or disclose your PHI to treat you.

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

**Disaster Relief.** We may use or disclose PHI to a public or private agency that is authorized by its charter to assist in disaster relief efforts.

## **OTHER PERMITTED OR REQUIRED USES AND DISCLOSURES THAT MAY BE MADE WITHOUT YOUR AUTHORIZATION OR OPPORTUNITY TO OBJECT.**

- **As Required by Law.** We will use or disclose PHI about you when required to do so by federal, state or local law. The use or disclosure will be in compliance with the law and will be limited to the relevant requirements of the law. You will be notified, as required and when allowed by law, of any such disclosures.
- **Worker's Compensation.** We may disclose PHI about you to comply with worker's compensation laws and other similar legally established programs. These programs provide benefits for work-related injuries or illnesses.
- **Public Health Activities.** We may disclose your PHI for public health activities and purposes to a public health agency that is permitted by law to collect and receive the information. This disclosure will be
  - To prevent or control disease, injury or disability

- For contacting individuals and preventing the spread of disease
- To notify the appropriate government authority about any child abuse or neglect
- We may disclose your PHI, if directed by a public health authority to a foreign government that is collaborating with the public health authority
- **Lawsuits and Disputes.** If you are involved in a lawsuit or a dispute, we may disclose PHI about you in response to a court or administrative order.
- **Law Enforcement.** We may release PHI if asked to do so by a law enforcement official, as long as applicable legal requirements are met. These law enforcement purposes include:
  - Legal processes and as otherwise required by law
  - Limited information requests for identification and location purposes
  - Pertaining to victims of a crime
  - Suspicion that death has occurred as a result of criminal conduct
  - In the event that a crime occurs on the premises of the Student Health Center
  - Medical emergency (not on the Health Center premises) and its likely that a crime occurred
- **To Avert 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 or safety, and to the safety of the public or another person.
- **Abuse, Neglect or Domestic Violence.** We may disclose PHI to a public health authority that is authorized by law to receive reports of abuse or neglect. In addition, if we reasonably believe that you may be a victim or abuse, neglect or domestic violence, we may disclose your PHI to the government entity or agency authorized to receive such information. The disclosure will be made consistent with applicable state and federal laws.
- **Food and Drug Administration.** We may disclose your protected health information to a person or company required by the Food and Drug Administration to notify people of recalls of products they may be using and to report reactions to medications or problems with products.
- **Coroners and Others.** We may disclose PHI to a coroner, medical examiner, or funeral director or to organizations that help with organ, eye, and tissue transplants.
- **National Security and Intelligence Activities.** We may release medical information for intelligence, counterintelligence, and other national security activities authorized by law.
- **Military and Veterans Activities.**
  - For the activities deemed necessary by the appropriate military command activities
  - For the purpose of a determination by the department of Veteran Affairs of your eligibility for benefits
  - To foreign military authority if you are a member of that foreign military service
- **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.

## **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 decision about your care. Usually this includes medical and billing records, **but does not include psychotherapy notes.**

In order to inspect and receive a copy of your medical information that may be used to make decisions about you, you must submit your request in writing to the Health Information Manager.

We may deny your request to inspect and receive a copy in certain very limited circumstances. If you are denied access to your medical information, we will provide you with a written notice of the reason for denial and you may request that the denial be reviewed. A licensed health care professional chosen by Student Health Services will review your request and the denial. We will comply with the outcome of the review.

- **Right to Amend.** If you feel that the medical information we have about you is inaccurate or incomplete, we may amend the information to indicate the problem and notify others who have copies of the inaccurate or incomplete information. You have the right to request an amendment for as long as the information is kept by or for Student Health Services.

To request an amendment, your request must be made in writing and submitted to the Health Information Manager. 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, unless the person or the entity that created the information is no longer available to make the amendment
- Is not part of the medical information kept by or for Student Health Services
- Is not part of the information which you would be permitted to inspect and copy
- Is accurate and complete

- **Right to an Accounting of Disclosures.** You have the right to an “accounting of disclosures.” This is a list of the unauthorized disclosures we may make of medical information about you. To request this list of accounting disclosures, you must submit your request in writing to the Health Information Manager. Your request must state a period of time, which may not be longer than six years and may not include dates before April 14, 2003. The first list your request within a 12-month period will be free. For additional lists, we may charge you the costs of providing the list.

- **Right to Request Restrictions.** You have the right to request restrictions or limitations on the medical information we use or disclose about you for payment, treatment or health care operations.

**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 Information Manager. 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.

- **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 only contact you at work or by mail.

To request confidential communications, you must make your request in writing to the Health Information Manager. 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. Even if you have agreed to receive this notice electronically, you are still entitled to a paper copy of this notice.

You may obtain a copy of this notice at our website, [www.coastal.edu/health](http://www.coastal.edu/health)

You may obtain a paper copy of this notice from CCU Student Health Services.

### **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 in our waiting area. The notice will contain on the first page, in the top right-hand corner, the effective date. Copies will be available upon request.

### **COMPLAINTS**

If you believe your privacy rights have been violated, you may file a complaint with the CCU Student Health Center Compliance Officer or with the Secretary of Department of Health and Human Services. 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. However, we are unable to take back any disclosures we have already made with your permission and we are required to retain our records of the care that we provided to you.