

SOUTHERN CONNECTICUT STATE UNIVERSITY

GRANOFF STUDENT HEALTH CENTER

Notice of Privacy Practices

This notice describes how medical information may be used and disclosed by student health services and how you can get access to this information. Please review it carefully.

Granoff Student Health Center is committed to protecting and maintaining the privacy of your personal health information. This notice will explain the ways in which we use and disclose your protected health information (PHI). We also describe your rights and certain obligations we have regarding the use and disclosure of your PHI.

The law requires that we:

- Make sure that any of your PHI is kept private
- Give you this notice of our legal duties and privacy policy practices regarding your PHI; and
- Follow the terms of the notice that is currently in effect.

THE EFFECTIVE DATE OF THIS NOTICE IS: APRIL 14, 2003

I. Your Rights

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

A. You have the right to inspect and obtain a copy of your protected health information.

This means you may inspect and obtain a copy of health information that we maintain about you in your medical record. Usually, this includes health and billing records but does not include psychotherapy notes or certain information subject to Clinical Laboratory Improvement Amendments of 1988.

To inspect and obtain a copy of your health information, you must submit your request in writing to the **Privacy Officer at Student Health Services – SCSU Student Health Services, 501 Crescent St., New Haven, CT., 06515.**

We may deny your request to inspect and obtain a copy of your health information, in certain very limited circumstances such as psychotherapy notes, information compiled in reasonable anticipation of, or use in, a civil, criminal or administrative action or proceeding, and protected health information that is subject to law that prohibits access to protected health information. Depending on the circumstances, a decision to deny access

may be reviewable. In some circumstances, you may have the right to have this decision reviewed. Please contact our Privacy Officer if you have questions about access to your medical record.

B. You have the right to request a restriction of your protected health information. This means you may ask us not to use or disclose any part of your protected health information for the purposes of treatment, payment or healthcare operations. You may also request that any part of your protected health information not be disclosed to family 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 state the specific restriction and to whom you want this restriction of access to apply.

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 Privacy Officer. In your request, you must include:

1. What information you want to limit;
2. Whether you want to limit our use, disclose or both; and
3. To whom you want to limits to apply, for example, disclosures to your spouse, parents.

C. You have the right to request to receive confidential communications from us by alternative means or at an alternative location. For example, you can ask that we only contact you at a student residence hall or by mail. To request confidential communications, you must make your request in writing to the Student Health Services Privacy Officer. 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.

D. You have the right to have your physician amend your protected health information. If you feel that health 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 Student Health Services.

To request an amendment, your request must be made in writing and submitted to the Privacy Officer at Student Health Services. 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. Also, we may deny your request if you ask us to amend information that:

- Was not created by us, unless the person or entity that created the information is no longer available to make the amendment
- Is not part of the health information kept by or for the Student Health Services;
- Is not part of the information which you would be allowed to inspect and copy; or
- Is accurate and complete.

If we agree to the amendment, in whole or in part, we will make a reasonable effort to inform and provide the amendment within a reasonable amount of time. Individuals who may receive this amendment are:

- Persons identified by you as having received your PHI and in need of the amendment; or
- Persons, including business associates who have previously received your PHI and have relied on the information for your benefit.

E. You have the right to receive an accounting of certain disclosures we have made, if any, of your protected health information. This is a list of the disclosures the Student Health Services made of your PHI.

The accounting will include:

- The date of disclosure,
- The name of the entity or person who received the PHI and, if known, the address of such entity or person;
- A brief description of the PHI disclosed; or
- A brief statement of the purpose of disclosure, or a copy of their authorization.

The accounting will not include uses and disclosures:

- For treatment, payment and health care operation
- To you about your PHI
- For the facility's directory or to persons involved in your care
- That occurred prior to the effective date of this notice, April 14, 2003
- Information regarding records you are not entitled to view or copy.

To request this list or accounting of disclosures, you must submit your request in writing to the Privacy Officer. Your request must state a time period, which may not be longer than six years and may not include dates before April 14, 2003. Your request should indicate in what form you want the list (for example, on paper, or electronically).

F. You have the right to obtain a paper copy of this notice from Student Health Services, upon request, even if you have agreed to accept this notice electronically.

II. HOW WE MAY USE AND DISCLOSE YOUR PROTECTED HEALTH INFORMATION.

The following categories describe different ways that we use and disclose your PHI. For each category we will explain what we mean and give some examples. We will not list every use or disclosure in the examples, although, all of the ways we are permitted to use and disclose PHI will fall within one of the categories.

We may use and disclose your protected health information for:

- A. Treatment: We will use and disclose your PHI to provide, coordinate, or manage your health care and any related services. This includes coordination or management of your health care with a person or entity which has already obtained permission to have access to your PHI.
 - a. For example, we would disclose PHI, with your permission, to another health care provider or sports trainer who may be treating you, to ensure that they have the necessary information to diagnose and treat you. Also, we may disclose your PHI on occasion, to another physician or health care provider (e.g. specialist or laboratory), who, at the request of your provider, becomes involved in your healthcare by providing assistance with your diagnosis or treatment to your health care provider.
- B. Payment: Appointments and visits to Granoff Student Health Center are covered by your regular tuition payments. You do not have to pay extra for general visits. However, certain services provided by the Health Center, such as laboratory testing and prescription medications, may be charged to your student account with your permission. Bills that are submitted to the Bursar's Office will not have specific or protected health information included. The Bursar's Office will note on your account that you were charged for a "Health Service Fee" or "Prescription Fee" with a specific amount.

Also, if you are referred for services outside of the Health Center for a problem diagnosed at the Health Center, we may release to your insurance company, with your permission, relevant PHI to assist them in determining your eligibility for coverage and benefits outside of the Health Center and reviewing services provided to you outside of the Health Center for medical necessity.

- C. Health Care Operations: We may use or disclose, as needed, your PHI for Student Health Services operations. These uses and disclosures are necessary to provide care and improve the quality of services provided. They include but are not limited to: Quality Assurance review activities; Employee review activities; Training of nursing students and athletic training students; Licensing of the Health Center and Staff.
- D. Appointment Reminders: We may use or disclose your PHI to remind you about appointments for services or treatments.

Uses and Disclosures of Protected Health Information (PHI) Based Upon Your Written Authorization

Other uses and disclosure of your PHI will be made only with your written authorization, unless otherwise permitted or required by law as described below. You may revoke this authorization in writing, except to the extent that the Health Center has already sent out the requested information.

We may use and disclose your PHI in the following circumstances. You have the right to agree or object to the use and disclosure of all or part of your PHI. If you are not able to agree or object to the use or disclosure of PHI, then your physician, in his/her professional judgment, will determine whether the disclosure is in your best interest. In this case, only the health information that is relevant to your current health problem will be discussed.

- A. Others Involved In Your Healthcare: Unless you object, we may disclose to a member of your family or a close friend or any other person you identify, your protected health information that directly relates to their involvement in your healthcare. If you are unable to agree or object to such a disclosure, we may disclose the information as necessary if we determine that it is in your best interest, based on our professional judgment, to use and disclose your PHI to notify or assist in notifying a family member, personal friend, or any other person that is responsible for your care, of your location, general condition or death. Finally, 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 and other individuals involved in your healthcare.

- B. Emergencies: We may use or disclose your PHI in an emergency treatment. If this happens, your health care provider will try to obtain your consent as soon as reasonably practicable after the treatment. If your physician or another practitioner in the Health Center is required by law to treat you, and they attempted to obtain your consent but are unable to do so, they may still use your PHI to treat you.

- C. Communication Barriers: We may use or disclose your PHI if your physician or another practitioner in the Health Center attempts to obtain consent from you but is unable to do so due to substantial language barriers and the practitioner determines, using professional judgment, that you intend to consent to treatment under the circumstances.

Other Permitted and Required Uses and Disclosures That May Be Made Without Your Consent or Opportunity to Object.

We may use or disclose your PHI in the following situations without your consent or authorization. These situations include:

- A. Required By Law: We may use or disclose your PHI to the extent that the use is required by law. The use or disclosure will be made in compliance with the law, and will be limited to the requirements of the law. For example, we may have to report abuse, neglect, domestic violence, or certain physical injuries, or respond to a court order. You will be notified, as required by law, of any such uses or disclosures.
- B. Public Health: We may use or disclose your PHI for public health activities and purposes to a public health authority that is permitted by law to collect or receive the information. The disclosure will be made for the purpose of controlling disease, injury or disability. We may also disclose your PHI, as directed by the public health authority, to a foreign government agency that is collaborating with the public health authority.
- C. Communicable Diseases: We may disclose your PHI, if authorized by law, to a person who may have been exposed to a communicable disease or may otherwise be at risk of contracting or spreading that disease or condition.
- D. Health Oversight: We may disclose your PHI to a health oversight agency for activities authorized by law, such as audits, investigations, and inspections. Oversight agencies seeking this information may include government agencies that oversee the health care system, government benefit programs, other government regulatory programs and civil rights laws.
- E. Food and Drug Administration: We may disclose your PHI to a person or company required by the Food and Drug Administration to report adverse events, product defects or problems, biologic product deviation; to track products; to enable product recalls; to make repairs or replacements, or to conduct post marketing surveillance as required.
- F. Legal Proceedings: We may disclose PHI in the course of any judicial or administrative proceeding, in response to an order of a court or administrative tribunal (to the extent such disclosure is expressly authorized), in certain conditions in response to a subpoena, discovery request or other lawful proceeding.
- G. Law Enforcement: We may also disclose PHI, so long as applicable legal requirements are met, for law enforcement purposes. These law enforcement purposes include (1) legal processes and otherwise by law, (2) limited information requests for identification and location purposes, (3) pertaining to victims of a crime, (4) suspicion that a death has occurred as a result of criminal conduct, (5) in the event that a crime occurred on the premises of the practice, and (6) medical emergency (not on the practice premises) where it is likely that a crime has occurred.

- H. Coroners, Funeral Directors and Organ Donation: We may disclose PHI to a coroner or medical examiner for identification purposes, determining the cause of death, or for the coroner or medical examiner to perform duties authorized by law. We may also disclose PHI to a funeral director, as authorized by law, in order to permit the funeral director to carry out their duties. We may disclose such information in reasonable anticipation of death. PHI may be used and disclosed for cadaver organ, eye and tissue donations.
- I. Research: We may disclose your PHI to researchers when their research has been approved by an institutional review board that has reviewed the research proposal, and established protocols to ensure the privacy of your protected health information. For example, such research might help determine whether a certain treatment is effective in curing an illness.
- J. Criminal Activity: Consistent with applicable federal and state laws, we may disclose your PHI, if we believe that the use or disclosure is necessary to prevent or lessen a serious and imminent threat to the health and safety of a person or the public. We may also disclose PHI if it is necessary for law enforcement authorities to identify or apprehend an individual.
- K. Military Activity and National Security: When the appropriate conditions apply, we may use or disclose the PHI of individuals who are Armed Forces personnel (1) for the activities deemed necessary by military command authorities; (2) for the purpose of a determination of eligibility for benefits by the Department of Veteran's Administration, or (3) to a foreign military authority under which you serve as a member. We may also disclose your PHI to authorized federal officials for conducting national security and intelligence activities, including the provision of protective services to the President or others legally authorized.
- L. Worker's Compensation: We may use or disclose your PHI, as authorized, to comply with worker's compensation laws and other similar legally established programs.
- M. Inmates: We may use or disclose your PHI if you are an inmate of a correctional facility and your physician created or received your PHI in the course of providing care to you.
- N. Required Uses and Disclosures: Under the law, we must make disclosures to you when required by the Secretary of the Department of Health and Human Services to investigate or determine our compliance with requirements for Section 164.5000 et seq.

III. COMPLAINTS

If you believe your privacy rights have been violated, you may file a complaint with:

- Student Health Services:

Southern Connecticut State University

Granoff Student Health Center

501 Crescent St.

New Haven, CT 06515

(203) 392-6300

All complaints must be submitted in writing

For further instructions on filing a complaint with Student Health Services contact the Privacy Officer at (203) 392-6311

- The Department of Health and Human Services:

Region I, Office for Civil Rights

US Department of Health and Human Services

Government Center, JF Kennedy Federal Building – Room 1875

Boston, MA 02203

Voice (617) 565-1340 – FAX (617) 565-3809 – TDD (617) 565-1343

You will not be penalized for filing a complaint.