

# NOTICE OF PRIVACY PRACTICES

**THIS NOTICE DESCRIBES HOW MEDICAL INFORMATION ABOUT YOU MAY BE USED AND DISCLOSED AND HOW YOU CAN GAIN ACCESS TO THIS INFORMATION. PLEASE REVIEW IT CAREFULLY. HIPAA PRIVACY RULES REQUIRE WE PROVIDE THIS NOTICE.**

**Purpose:** Student Health Services staff follows the privacy practices described in this notice. SHS maintains your medical information in records that will be kept in a confidential manner, as required by law. However, SHS may use and disclose your medical information to the extent necessary to provide you quality healthcare regarding treatment, payment and healthcare operations.

## **What Are Treatment, Payment and Healthcare Operations?**

**Treatment:** includes sharing information among healthcare providers involved in your care including psychologists, counselors and social workers.

-Example, your physician may share information about your condition with a pharmacist to discuss appropriate medication or other providers to make a diagnosis.

**Payment:** SHS may use your medical information to bill for treatment or services rendered.

-Example, SHS may need to give your medical information to your health insurance plan for payment to SHS or reimbursement to you.

**Healthcare Operations:** SHS may also use and disclose your medical information to improve the quality of care.

-Example, SHS may use health information to evaluate the performance of our staff caring for you.

**Further use of Your Medical Information:** Your medical information may be used, unless you ask for restrictions on a specific use of disclosure, for:

- Appointment reminders
- To inform you of treatment alternatives or benefits or services related to your health, which you may opt out of
- To carry out healthcare treatment, payment and operations functions through business associates
- In case of emergency or other cases when you are unable to make decisions regarding your medical care, a healthcare provider may disclose to a family member, relative or elected representative health information which is vital to continuation of care. Once disclosed, this information may not be re-released without your authorization.
- Worker's Compensation (Your medical information regarding benefits for work related illnesses)
- Health oversight activities, (audits, inspections, investigations and licensure)
- Certain research projects or marketing
- To prevent a serious threat to health or safety
- Law enforcement (in response to a court order or other legal process, to identify or locate an individual being sought by authorities, about the victim of a crime under restricted circumstances, about a death that may be the result of criminal conduct, circumstances relating to reporting information about a crime)
- Disaster relief agency if injured in a disaster
- To public health authorities for reports of child abuse or neglect or if we believe you have been a victim of abuse, neglect, or violence
- Protection of the President or other authorized persons for foreign heads of state, or to conduct special investigations

- As required by law or by the Food and Drug Administration
- Public Health Activities
- National security and intelligence activities
- Lawsuits and disputes (We will attempt to provide advance notice of a subpoena before disclosing the information)
- Alcohol and drug abuse information has special privacy protections. SHS will not disclose any mental health or medical information related to substance abuse assessment/treatment unless the client consents in writing, a court order signed by a judge requires disclosure of the information; medical personnel need the information to meet a medical emergency, qualified personnel use the information for the purpose of conducting research, management audits, or program evaluation, or if it is necessary to report a crime, a threat to commit a crime or to report abuse or neglect as required by law.
- We may disclose health information to counseling center staff or professional advisors, including the university's legal office and to agencies or individuals that oversee our operations or help carry out our responsibilities. We will only disclose information that is minimally necessary to the provision of services to only individuals that need to know.
- Disclosure of HIV/AIDS information must have the patient's specific consent. Information released without consent will only be for continuity of care and/or treatment and local authority as required by law.
- Other purposes that the Secretary of the United States Department of Health and Human Services deems necessary and appropriate.
- Disclosure for proof on immunizations to a school where State or other law requires the school to have such information prior to admitting the student.

## **Your Authorization Is Required for Other Disclosures:**

Other uses and disclosures not described in this notice will be made only with your written authorization. You may revoke your permission, which will be effective only after the date of your written revocation.

**Authorization Required:** written authorization is required for the following disclosures:

- Most uses and disclosures of psychotherapy notes (where appropriate)
- Uses and disclosures of protected health information for marketing purposes
- Disclosures that constitute a sale of protected health information

**Your Medical Information Rights:** You have rights regarding your medical information, provided you make a written request to invoke the right on the form provided by SHS.

- **Right to request restrictions.** You may request limitations on your medical information we use or disclose for healthcare treatment, payment or operations, but we are not required to agree to your request. If we agree, we will comply with your request unless the information is needed to provide you with emergency services.

• **Right to request restrictions to a health plan.** You may request the restriction of certain disclosures of your medical information to a health plan if you pay out of pocket in full for the healthcare item of services at SHS.

• **Right to confidential communications.** You may request communication in a specific manner or location, but you must specify in writing how or where you wish to be contacted.

• **Right to request an amendment.** If you believe your medical information is incorrect or incomplete, you may request an amendment. SHS is not required to accept the amendment.

• **Right of breach notification:** you may be notified if there is a breach of your medical information

• **Right to inspect and request a copy:** You have the right to inspect and request a copy of your medical information. There is a fee for this service. Under limited circumstances your request may be denied, but you may request a review of the denial by another licensed healthcare professional chosen by SHS. SHS will comply with the outcome.

• **Right to accounting disclosures.** You may request a list of the disclosures of your medical information made to persons or entities other than for healthcare treatment, payment or operations in the past six years, but not prior to April 14, 2003. After the first request there will be a charge.

• **Right to a copy of this Notice.** You may request a paper copy of this Notice at any time, even if you have been provided with an electronic copy. Electronic copies are at [www.sa.sc.edu/shs](http://www.sa.sc.edu/shs).

**Requirements Regarding This Notice:** Law requires SHS to provide you with this Notice. We will be governed by this Notice for as long as it is in effect. SHS may change this Notice, which will be effective for medical information we have about you, as well as any information we receive in the future. Each time you register for healthcare services, you may receive a copy of the Notice in effect at the time.

## **Complaints:**

If you believe your privacy rights have been violated, you may file a complaint with SHS or with the Secretary of the United States Department of Health and Human Services. You will not be penalized or retaliated against for making a complaint.

## **Contact the SHS Privacy Officer in writing if:**

- You have a complaint
- You have any questions about this Notice
- You wish to request restrictions on uses and disclosures for health care treatment, payment or operations
- You wish to obtain a form to exercise your individual rights described in this Notice.
- SHS Privacy Officer- [shspo@mailbox.sc.edu](mailto:shspo@mailbox.sc.edu)

For more information, please visit the SHS website: <http://www.sa.sc.edu/shs/patientinfo/hipaa/>

**Effective Date:** August 26, 2013