

Privacy

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

xTreatment: We can use and disclose your health information to provide medical treatment services. For example, we may disclose your health information to your primary care provider, consulting providers and to other health care personnel who have a need for such information for your care and treatment.

xPayment We can use and disclose your health information for the purposes of determining coverage, billing and payment. For example, a bill sent to your insurance company may include information that identifies you, your diagnoses, procedures and supplies used in your treatment.

xHealth Care Operations We can use and disclose your health information for our health care operations. These include but are not limited to: quality assurance, auditing, licensing, credentialing and for educational purposes. For example, we can use your information to internally assess our quality of care provided to patients.

xAs Required By Law: We may use and disclose your health information when required to do so by law, including, but not limited to: reporting abuse, neglect and domestic violence; response to judicial and administrative proceedings; in responding to a law enforcement request for information; or in order to alert law enforcement to criminal conduct on our premises or of a death that may be the result of criminal conduct.

xPublic Health Activities: We may disclose your health information for public health reporting, including, but not limited to: child abuse and neglect; reporting communicable diseases and vital statistics; product recalls and adverse events; or notifying someone who may have been exposed to a disease or are at risk of contracting or spreading a disease or condition.

xAbuse and Neglect We may disclose your health information to a local, state or federal government authority, if we have a reasonable belief of abuse, neglect or domestic violence.

xHealth Oversight Activities: We may disclose your health 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 laws.

xJudicial and Administrative Proceedings We may disclose your health information in judicial and administrative proceedings, as well as in response to an order of a court, administrative tribunal, or in response to a subpoena, summons, warrant, discovery request, or similar legal request. Law Enforcement Purposes: We may disclose your health information to

relevant to that person's involvement in your care or treatment. Except in emergency situations, you will be notified in advance and have the opportunity to verbally agree or object to this use and disclosure of your health information.

Uses and Disclosures. We can use your health information for purposes other than the categories listed above with your written authorization. For example, in order to disclose your health information to a company for marketing purposes, we must obtain your authorization. Under the Privacy Rules, you may revoke your authorization at any time. The revocation of your authorization will be effective immediately, except to the extent that: we have relied upon it previously for the use and disclosure of your health information; the authorization is effective with respect to a transaction or set of transactions that we have completed or are completing; or the authorization is effective with respect to a transaction or set of transactions that we have completed or are completing and the information was disclosed to a third party who is not a business associate of ours.

Right to a copy of this Notice You may request a copy of this Notice at any time, even if you have been provided with an electronic copy.

Requirements Regarding This Notice:

The Student Health Center's medical providers are required by law to provide with this Notice. We will be governed by this Notice for as long as it is in effect. We may change this Notice and these changes 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 health care services, you may receive a copy of the Notice in effect at the time.

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