

UNIVERSITY OF NEW ORLEANS STUDENT HEALTH SERVICES: NOTICE OF PRIVACY PRACTICES

THIS NOTICE DESCRIBES HOW YOUR PRIVATE HEALTH INFORMATION MAY BE USED AND DISCLOSED AND HOW YOU CAN GET ACCESS TO THIS INFORMATION. HIPAA PRIVACY RULES REQUIRE THAT WE FURNISH YOU WITH THIS INFORMATION. PLEASE READ IT CAREFULLY.

I. Purpose: Student Health Services (SHS) and its professional staff, employees, and volunteers follow the privacy practices described in this Notice. SHS maintains your Protected Health Information (PHI) in a confidential manner as required by law. PHI consists of medical and mental health information. SHS must use and disclose your PHI to the extent necessary to provide you with quality health care. To do this, SHS must share your PHI as necessary for treatment, payment, and health care operations.

II. What Are Treatment, Payment, and Health Care Operations? Treatment may include sharing information among health care providers involved in your care. For example, this may include communicating with other health care providers regarding your treatment and coordinating your health care with others. For example, we may use and disclose your PHI when you need lab work. SHS may use your PHI as required by your insurer to obtain payment for your treatment. We also may use and disclose your PHI to improve the quality of care, *e.g.*, for review and training purposes.

II. What Are Other Ways SHS May Use Your PHI? Unless you ask for restrictions on a specific use or disclosure, your PHI may be used for the following purposes:

- To carry out health treatment, payment, and operations functions.
- To inform you of treatment alternatives or benefits or services related to your health. (You will have the opportunity to refuse to receive this information.)
- Business Associates – companies we contract with to perform certain services for us.
- For public health purposes such as reporting reactions to medications; infectious disease control; reporting child or elder abuse or neglect; notifying authorities of suspected abuse, neglect or domestic violence (if you agree or as required by law.)
- Others Involved in Your Health Care – Unless you object in writing we may disclose your PHI to a friend or family member that you have identified as being involved with your health care. If you are not present or able to agree to these disclosures of your PHI, then we may, using our professional judgment, determine whether the disclosure is in your best interest.
- Worker's Compensation (Your PHI regarding benefits for work related illnesses may be released as appropriate.)
- Health oversight activities, *e.g.*, audits, inspections, and licensure.
- To prevent a serious threat to health or safety.

- National security and intelligence activities.
- Disaster relief agency, if injured in a disaster.
- Law enforcement as required by law or in response to a valid subpoena.
- The Secretary of the US Department of Health and Human Services.
- Coroners and Funeral Directors
- Law suits and disputes
- Marketing – we may contact you to provide information about our services.
- As required by law.
- Substance abuse, HIV related information as well as information about sexually transmitted diseases and mental health has special privacy protections. This PHI will not be transmitted to anyone without written consent unless required by law.

IV. Your Authorization Is Required for Other Disclosures.

Except as described above, we will not use or disclose your PHI unless you authorize SHS in writing to disclose your information. You may revoke your permission, which will be effective only after the date of your written revocation.

V. You Have Rights Regarding Your PHI.

You have the following rights regarding your PHI, provided that you make the written request to invoke the right on the form provided by SHS.

* **Right to request restrictions.** You have the right to request a restriction on the PHI we use or disclose about you for treatment, payment or health care operations. We are not required to agree to any restriction that you may request. If we do agree to the restriction, we will comply with the restriction unless the information is needed to provide emergency treatment to you.

* **Right to confidential communications.** If you believe that a disclosure of all or part of your PHI may endanger you, you may request that we communicate with you regarding your information in an alternative manner or at an alternative location. For example, you may request that we contact you only at your work.

* **Right to inspect and request a copy.** You have the right to inspect and request a copy of your PHI regarding decisions about your care. We may charge a fee for copying, mailing, and supplies. Under limited circumstances, your request may be denied.

You may request review of the denial by another licensed health care professional chosen by UNO. UNO will comply with the outcome of the review.

* **Right to request an amendment.** If you believe that the PHI we have about you is incorrect or incomplete, you may request an amendment on the form provided by UNO, which requires certain specific information. UNO is not required to accept the amendment.

* **Right to accounting disclosures.** You may request a list of the disclosures of your PHI that have been made to persons or entities other than for health care treatment, payment, or operations in the past six (6) years. After the first request, there may 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. You may obtain an electronic copy of this Notice at our website: <http://studenthealth.uno.edu/>

VI. Requirements Regarding this Notice.

UNO is required by law to provide you with this Notice. We will be governed by this Notice for as long as it is in effect. UNO may change this Notice, and these changes will be effective for PHI we have about you as well as any information we receive in the future. Each time you come to SHS for care, you may receive a copy of the Notice in effect at the time.

VII. Complaints. If you believe your privacy rights have been violated, you may file a complaint with the UNO Student Health Services Privacy Officer or with the US Secretary of Department of Health and Human Services. You will not be penalized or retaliated against for filing a complaint to SHS or the Department of Health and Human Services.

Contact: Call UNO Student Health Services at 504-280-6387 if:

- 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 paragraph IV.

THIS NOTICE IS EFFECTIVE AS OF: 9/1/2014