

EMORY & HENRY COLLEGE STUDENT HEALTH CENTER
NOTICE OF PRIVACY PRACTICES

Effective April 10, 2006
(Revised February 2013)

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

Each time you visit the Student Health Center, a record of your visit is made. These records contain personal information and medical information and are used for your direct care and treatment. It's also used to produce an accurate bill, at times, for the services you received. It helps improve the care we give and strengthens the operations of our organization.

Who will follow this notice?

Any health care professional or support staff at the Student Health Center authorized to enter information into your health record.

OUR PLEDGE REGARDING MEDICAL INFORMATION:

We understand that medical information about you and your health is personal. We are committed to protecting your medical information. We create a record of the care and services you receive at the Health Center. We need this record to provide you with quality care and to comply with certain legal requirements. This notice applies to all of the records of your care generated by the Student Health Center, whether made by student health services personnel or your personal doctor. Your personal doctor may have different policies or notices regarding the doctor's use and disclosure of your medical information created in the doctor's office or clinic.

This notice will tell you about the ways in which we may use and disclose medical information about you. We also describe your rights and certain obligations we have regarding the use and disclosure of medical information.

YOUR HEALTH INFORMATION RIGHTS:

Although your medical record is the physical property of Emory & Henry College Health Services, the information in it belongs to you. You have the following rights with respect to your health information:

- **Inspect and copy:** You can inspect and receive a copy of your health information that may be used to make decision about your care, subject to a few limited exceptions. You may request copies of your health information in writing from the Student Health Center. We may charge a fee for the cost of copying, mailing or other supplies associated with your request.
- **Amend:** If you feel the health information 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, our organization. Your request must be made in writing and include the reason for your request. We may deny your request if you ask us to amend information that was not created by us. We may also deny your request to amend information if we believe the information to be accurate and complete.
- **Request Restrictions:** You may request a restriction or limitation on the health information we use or disclose about you for treatment, payment or our operation. You also have the right to request a limit on the medical information we disclose about you to someone who is involved in your care or the payment for your care, such as a family member or a friend. We are not required to agree to your request. In your request, you must tell us:
 - What information you want to limit;
 - Whether you want to limit our use, disclosure, or both; and
 - Who you want to receive your medical information.

- **An Accounting of Disclosures:** You can request an accounting of your health information disclosures, except for those needed to carry out treatment, payment or our operations. Other exceptions include, but are not limited to:
 - Use in facility directories;
 - For national security and intelligence; and
 - Use by law enforcement officials or correctional institutions.
- **Request Confidential Communications:** You may request communications of your health information by alternative means, at alternative locations, or in a confidential manner. For example, you can ask that we contact you only at work or by mail. We will accommodate all reasonable requests.
- **Authorizations of Release of Information:** You can revoke your authorization to use or disclose health information, unless disclosure has already occurred.
- **A Paper Copy of This Notice:** You can request a paper copy of this notice even if you have agreed to receive the notice electronically.

OUR RESPONSIBILITIES:

Emory & Henry College Student Health Services is required by law and is committed to:

- Maintain the privacy of your health information;
- Provide you with this notice of our legal duties and privacy practices with respect to health information we collect and maintain about you;
- Abide by the terms of this notice; and
- Notify you if we are unable to agree to a requested restriction and, in most cases, allow you to request a review of our decision.

PERMITTED USES AND DISCLOSURES WHICH DO NOT REQUIRE YOUR WRITTEN CONSENT OR AUTHORIZATION:

- We will use your health information for treatment, which means the provision, coordination or management of the healthcare services we provide.
- We will use your health information for regular healthcare operations, such as quality assessments, evaluating practitioner performance, cost management, and general administrative activities.
- Some services are provided in our organization through contracts with business associates, such as Johnston Memorial Hospital. We may disclose your health information to our business associates so they can perform the job we've asked them to do. Our contracts require business associates to appropriately protect the privacy and security of your health information.
- We may use or disclose medical information to contact you as a reminder that you have an appointment for treatment or medical care at the facility. In leaving a message on an answering machine, we will only leave our name and the appointment's time and date.
- We may disclose only pertinent health information to emergency personnel or campus police in the event of a life-threatening emergency.
- We may use sign-in sheets to check you into the Student Health Center. We also may call your name in the waiting area. If you do not wish to sign the sign-in sheet or have your name called, please tell the Director of Health Services and we will make arrangements to meet your request.

As required by law, we may also use and disclose health information for the following types of entities, including but not limited to:

- Food and Drug Administration;
- Public Health or Legal Authorities charged with preventing or controlling disease, injury, or disability;

- Prescription Monitoring Program Data Center;
- Workers Compensation Agents;
- Organ and Tissue Donation Organizations;
- Military Command Authorities; and
- National Security and Intelligence Agencies

Law Enforcement/Legal Proceedings: We may disclose health information for law enforcement purposes as required by law or in response to a valid subpoena. We will contact you if a subpoena is received so that you may be aware of this action.

COMPLAINTS:

If you believe your privacy rights have been violated, you may file a complaint with the Director of Health Services, who is our Privacy Official. You may also file a complaint with the Secretary of the Department of Health and Human Services, 200 Independence Avenue, S.W., Washington, DC 20201. All complaints must be submitted in writing. **You will not be penalized for filing a complaint.**

CHANGES TO THIS NOTICE:

We reserve the right to change our privacy practices and to make the new provisions effective for all protected health information we maintain. Should our information practices change, we will amend this notice and post a copy of the revised notice on our website at <http://www.ehc.edu/sites/default/files/hippa.pdf>. The notice will contain on the first page, the effective date. In addition, each time you register at our facility for treatment, we will offer you a copy of the current notice in either an electronic or paper format.

OTHER USES OF HEALTH INFORMATION:

Other uses and disclosures of health 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 health information about you, you may revoke that permission to use or disclose health information about you, in writing, at any time. If you revoke your permission, we will no longer use or disclose health information about you for the reasons covered by your written authorization. You understand that we are unable to take back any disclosures we have already made with your permission, and that we are required to retain our records of the care that we provided to you and documented in the Health Center. We retain your health records for a period of 10 years after you graduate or leave the College.

E&H

Student Health Center

Notice of Privacy Practices Acknowledgement

I hereby acknowledge that I have reviewed a copy of the Notice of Privacy Practices Information on file in the Student Health Center. I am aware that I may receive a written copy of this information upon my request.

Name (Print)

Name (Signature)

Date