

THE UNIVERSITY OF SCRANTON

STUDENT HEALTH SERVICES NOTICE OF PRIVACY PRACTICES

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.

WHO WILL FOLLOW THIS NOTICE

This notice describes the privacy practices of The University of Scranton Student Health Services (SHS) that will be followed by all health care professionals, support staff, or health care professional students involved in the delivery, quality and payment of your health care.

POLICY

We understand that medical information about you and your health is personal and have always been committed to protecting that information. In response to a federal law, the Health Insurance Portability and Accountability Act (HIPAA), we are required to make this Privacy Notice available to you. Your “protected health information” is defined as any written or oral health information about you that can be used to identify you. This is health information that is created by SHS or received from another health care provider, and that relates to your past, present or future medical health or condition.

This NOTICE describes how we may use and disclose your medical information, and provides examples. It also describes your rights regarding our use and disclosure of health information.

HOW WE MAY USE AND DISCLOSE MEDICAL INFORMATION ABOUT YOU

- **For Treatment:** While you are a student at the University, SHS will be one of your major health care providers. As such, we will create a record of the care and services you receive at SHS in order to provide you with quality care and to comply with certain legal requirements. Typically, this record

contains your health history, symptoms, examination and test results, diagnoses, treatment and a plan for future care or treatment. We may use or disclose your health information to doctors, nurses, nurse practitioners, laboratory and other diagnostic technicians and/or other health care personnel who are involved in your care.

- **For Payment:** We may use and disclose your health information so that the treatment and services you receive may be billed to and payment may be collected from you, an insurance company or a third party. We do not bill insurance providers. However, we may disclose your health information to health care providers outside the University such as ambulance companies or hospitals that may need this information to bill for services they provided for you.
- **Appointment Reminders:** We may use and disclose health information to contact you by phone, voice mail, or mail to remind you about a scheduled appointment.
- **Treatment Alternatives.** We may use and disclose health information to tell you about test results and schedule appropriate follow up and/or recommend treatment options or health-related benefits and services of possible interest to you.
- **Research:** We may use and disclose your health information as necessary, and as permitted by law, for research, subject to your explicit authorization and/or oversight by the University’s Institutional Review Board.
- **As required by law:** We will disclose your health information when required by federal, state or local law.
- **For Health Care Operations:** We may use and disclose your health information for SHS’s health care operations. These uses and disclosures are necessary to operate SHS and promote quality care. This may include quality assessment and improvement processes or evaluation of staff performance or release of information to health care professionals for learning purposes.

- ***To Avert a Serious Threat to Health or Safety:*** We may use or disclose your health information when necessary to prevent a serious threat to your health and safety or the health and safety of the public or another person. Any disclosure, however, would only be to someone able to help prevent that threat.
- ***Public Health Activities:*** We may disclose health information about you for public health activities, including the following:
 - To prevent or control disease, injury or disability
 - To report births and deaths
 - To report child abuse or neglect
 - To report reactions to medications or problems with products
 - To notify people of recalls of products they may be using
 - To notify a person who may have been exposed to a disease or be at risk for contracting or spreading a disease or condition
 - To notify the appropriate government authority if we believe a patient has been the victim of abuse, neglect or domestic violence. We will only make this disclosure if you agree or when required or authorized by law.
- ***Health Oversight Activities:*** We may disclose health information to a health oversight agency for audits, investigations and inspections authorized by law. Oversight activities are those necessary for the government to monitor the health care system, government programs and compliance with civil rights laws.
- ***Lawsuits and Administrative Claims:*** We may disclose your health information in response to court or administrative orders, in response to subpoenas, discovery requests, or other lawful processes.
- ***Law Enforcement:*** We may release health information for the following reasons: (1) to identify or locate a suspect, fugitive, material witness or missing person; (2) to report criminal conduct at SHS and (3) in emergencies to report a crime; the location of the crime or victims; or the identity, description, or location of the person who committed the crime.
- ***Coroners, Medical Examiners and Funeral Directors:*** We may release health information to a coroner or medical examiner as necessary to identify a deceased person or determine the cause of death. We may release health information to funeral directors to permit them to carry out their duties. Protected health information may be used and disclosed for organ, eye or tissue donation purposes.
- ***Military Activities:*** If you are in the Armed Forces, we may use or disclose your health information to the appropriate military authorities.
- ***National Security, Intelligence Activities, Medical Suitability Determinations, Protective Services for the President and Others, and State Department Purposes:*** We may use or disclose your health information to authorized officials as authorized by law to perform their duties, conduct investigations or make medical suitability determinations relating to service in the Department of State.
- ***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 authorization. If you provide us authorization to use or disclose your health information, you may revoke that authorization, in writing, at any time. If you revoke your authorization, we will no longer follow your earlier written authorization. You understand that: (1) we will make disclosures where required by law; (2) we are unable to recind any disclosures we have already made with your authorization; and (3) we are required to retain records of the care provided.

SPECIAL CIRCUMSTANCES

- ***Special Privacy Protections for Alcohol, Drug Abuse, HIV-related Information and Psychiatric Treatment Information:*** The confidentiality of alcohol and drug abuse patient records, HIV-related information, and mental health records maintained by us is specifically protected by state and/or Federal law

and regulations. Generally, we may not disclose such information unless you consent in writing, the disclosure is allowed by a court order, or other limited and regulated circumstances pertain. Special circumstances may include (1) information is needed by medical personnel to meet a medical emergency, (2) it is necessary to report a crime or a threat to commit a crime; or (3) to report abuse or neglect as required by law.

YOUR RIGHTS REGARDING YOUR HEALTH INFORMATION

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

- ***Right to Inspect and Copy:*** You have the right to inspect and copy your health information. Usually, this includes health care and billing records. This does not include psychotherapy notes, records made in anticipation of legal proceedings, records exempt from patient access under applicable state or federal laws. We reserve the right to deny your request for access or copies based on applicable laws. You must submit your request to inspect and copy your health information in writing to the Director of Student Health Services.
- ***Right to Amend:*** You may ask us to amend your health information if you feel it is incorrect or incomplete. We reserve the right to deny your request. To request an amendment, your request must be in writing and submitted to the Director of Student Health Services. You must provide a reason that supports your request for amendment. Please note that amendments to your record will not delete information already documented in your health record.
- ***Right to Request Restrictions:*** You have the right to request a restriction or limitation on the health information we use or disclose about you for treatment, payment or health care operations. We reserve the right to deny your request. If we do agree to a requested restriction, we will comply with your request unless the information is needed to provide emergency treatment. To request restrictions, you must make your request in writing to the Director of Student Health Services. In your

request, you must tell us (1) what information you want to limit; (2) whether you want to limit our use, disclosure or both; and (3) to whom you want the limits to apply.

- ***Right to Request Confidential Communications:*** You have the right to request that we communicate with you about your health matters in a certain way or at a certain location. To request confidential communications, you must make your request in writing to the Director of Student Health Services. We will not ask you the reason for your request. Your request must specify how or where you wish to be contacted. We will accommodate all reasonable requests.
- ***Right to a Paper Copy of This Notice:*** You have the right to a paper copy of this Notice. To obtain a paper copy of this Notice, contact the Director of Student Health Services.

CHANGES TO THIS NOTICE

We reserve the right to or may be required by law to change our privacy practices, which may result in changes to this Notice. We further reserve the right to make the revised privacy practices notice effective for health information we already have about you as well as any information we receive in the future. We will post a copy of the current notice in Student Health Services. In addition, if there is a material change in this notice, we will offer you a copy of the revised notice the next time you register or are otherwise treated by SHS.

COMPLAINTS

If you believe your privacy rights have been violated, you may file a complaint with the Director of Student Health Services. *You will not be penalized or otherwise retaliated against for filing a complaint.*

CONTACT INFORMATION

If you have questions or would like additional information about this Notice or our Privacy Practices, please contact the Director of Student Health Services by phone at (570) 941-7667 or by mail at Student Health Services, The University of Scranton, 800 Linden Street, Scranton, PA 18510.

NOTE: This Notice of Privacy Practices is effective April 14, 2003.