

Patient Form: Notice of Privacy Practice Form  
Institution ID 36069536

You may exercise the following rights by submitting a written request to the Student Health Center (further referred to in this document as 'SHC') Privacy Contact. Our Privacy Contact can guide you in pursuing these options. Please be aware that the SHC may deny your request; however, you may seek a review of the denial.

**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.**

This Notice of Privacy Practice is provided to you as a requirement of the Health Insurance Portability and Accountability Act (HIPAA). This Notice of Privacy Practices describes how we may use or disclose your protected health information, with whom that information may be shared, and the safeguards we have in place to protect it. This notice also describes your rights to access and amend your protected health information. You have the right to approve or refuse the release of specific information outside of the Student Health Center (SHC) except when the release is required or authorized by law or regulation.

### **WHAT IS PROTECTED HEALTH INFORMATION (PHI)?**

- "Protected health information" is individually identifiable health information that we create or receive. This information includes demographics (i.e., age, address) and relates to your past, present, or future physical or mental health or condition and related health care services. PHI includes health information that is written or stored on a computer. The SHC is required by law to do the following: a) Keep your protected health information private. b) Give you this notice of our legal duties and privacy practices related to the use and disclosure of your protected health information. c) Follow the terms of the notice currently in effect. d) Communicate to you any changes we may make in the notice. e) We reserve the right to change this notice. f) Its effective date is at the top of the first page and at the bottom of the last page. g) We reserve the right to make the revised or changed notice effective for health information we already have about you as well as any information we receive in the future. h) You may request and receive a copy of this Notice of Privacy Practices. It is also available at the SHC website at: <https://wellness.richmond.edu/healthcenter/services/rights-and-responsibilities.html>.

### **HOW WE MAY USE OR DISCLOSE YOUR PROTECTED HEALTH INFORMATION**

#### **Typical Uses and Disclosures:**

- **TREATMENT:** We will use and disclose your PHI to provide, coordinate, or manage your health care and any related services. This includes the coordination or management of your healthcare with a third party. For example, we may disclose your protected health information to another physician or healthcare provider (i.e., a specialist, pharmacist, or laboratory) who, at the request of your physician, becomes involved in your care. In emergencies, we will use and disclose your protected health information to provide the treatment you require.
- **PAYMENT:** We may use and disclose your PHI, as needed, to obtain payment for your health care services. For example, we may need to give your health insurance company enough information about your condition and treatment to ensure their payment for your care or to obtain approval to perform the procedure at a particular facility.
- **Health Care Operations:** We may use and disclose your PHI, as needed, to support our daily activities related to providing health care. These activities include, but are not limited to billing, collection, quality assessment activities, investigations, oversight or staff performance reviews, licensing, communications about a product or service, and conducting or arranging for other health care related activities.

#### **Required Uses and Disclosures:**

- By law, we must disclose your health information to you unless it has been determined by a health care professional that it would be harmful to you. We must also disclose health information to the Secretary of the Department of Health and Human Services (DHHS) for investigations or determinations of our compliance with laws on the protection of your health information.
- Required by law: We may use or disclose your PHI if law or regulation requires the use or disclosure. For example, to comply with a court order.
- **PUBLIC HEALTH:** We may disclose your PHI to a public health authority who is permitted by law to collect or receive the information. For example, we may disclose information to prevent or control disease, injury, or disability; report births and deaths; report child abuse or neglect; report reactions to medications or problems with products; notify a person who may have been exposed to a disease or may be at risk for contracting or spreading a disease or condition; or notify the appropriate government authority if we believe a patient has been the victim of abuse, neglect, or domestic violence.

- **COMMUNICABLE DISEASES:** We may disclose your PHI, if authorized by law, to a person who might have been exposed to a communicable disease or might otherwise be at risk of contracting or spreading the disease or condition.
- **HEALTH OVERSIGHT:** We may disclose PHI to a health oversight agency for activities authorized by law, such as audits, investigations, inspections, licensure, or disciplinary action.
- **LEGAL PROCEEDINGS:** We may disclose your PHI during any judicial or administrative proceeding, in response to a court order or administrative tribunal (if such a disclosure is expressly authorized), and in certain conditions in response to a subpoena, discovery request, or other lawful process.
- **LAW ENFORCEMENT:** We may disclose PHI for law enforcement purposes, including the following: responses to legal proceedings, information requests for identification and location, circumstances pertaining to victims of a crime, deaths suspected from criminal conduct, crimes occurring on our premises, and medical emergencies (not on our premises) believed to result from criminal conduct.
- **CORONERS, FUNERAL DIRECTORS, AND ORGAN DONATIONS:** We may disclose your PHI to coroners, medical examiners or funeral directors to permit them to carry out their job. PHI may be used and disclosed for organ, eye, or tissue donations.
- **RESEARCH:** We may disclose your PHI to researchers if an institutional review board has reviewed the research proposal and established protocols to ensure the privacy of your PHI.
- **CRIMINAL ACTIVITY:** Under applicable federal and state laws, we may disclose PHI if we believe that its use or disclosure is necessary to prevent or lessen a serious and imminent threat to the health or safety of a person or the public. We may also disclose protected health information if it is necessary for law enforcement authorities to identify or apprehend an individual.
- **MILITARY ACTIVITY AND NATIONAL SECURITY:** When the appropriate conditions apply, we may use or disclose PHI of individuals who are Armed Forces personnel for activities believed necessary by appropriate military command authorities to ensure the proper execution of the military mission including determination of fitness for duty.

#### **USES AND DISCLOSURES REQUIRING YOUR PERMISSION**

- With the exception of the above instances, we can only use or disclose your PHI if you give us written, signed authorization to use that information for a specific purpose. For example, you may give us permission to discuss your health care with a parent or spouse, as it relates to a specific condition (i.e., a case of mono) or you may give us permission to release information to a potential employer.

#### **YOUR RIGHTS REGARDING YOUR HEALTH INFORMATION**

You may exercise the following rights by submitting a written request to the SHC Privacy Contact. Our Privacy Contact can guide you in pursuing these options. Please be aware that the SHC may deny your request; however, you may seek a review of denial.

- **Right to Inspect and Copy**
- **Right to Request Restrictions:** You may ask us not to use or disclose any part of your protected health information for treatment, payment, or healthcare operations. Your request must be made in writing to our Privacy Contact. In your request you must tell us (1) what information you want restricted; (2) whether you want to restrict our use or disclosure, or both; (3) to whom you want the restriction to apply, for example, disclosures to your parent or spouse; and (4) an expiration date.
- **Right to Request Confidential Communications:** You may request that we communicate with you using alternative means or at an alternative location. We will not ask you the reason for your request. We will accommodate reasonable requests, when possible.
- **Right to Request Amendment:** If you believe that the information we have about you is incorrect or incomplete, you may request an amendment to your PHI as long as we maintain this information. While we will accept requests for amendment, we are not required to agree to the amendment. All amendment requests will become a part of your permanent record.
- **Right to an Accounting of Disclosures:** You may request that we provide you with an accounting of the disclosures we have made of your PHI. This right applies to disclosures made for purposes other than treatment, payment, or healthcare operations as described in this Notice of Privacy Practices. The disclosure must have been made after July 1, 2017, and no more than 6 years from the date of request. This right excludes disclosures made directly to you, to others pursuant to an authorization from you, or for notification purposes. The right to receive this information is subject to additional exceptions, restrictions, and limitations as described earlier in this Notice.
- **Right to Obtain a Copy of this Notice:** You may obtain a paper copy of this notice from us by requesting one.

## **SPECIAL PROTECTIONS**

- This Notice of Privacy Practices is provided to you as a requirement of the Health Insurance Portability and Accountability Act (HIPAA). There are several other privacy laws that also apply to HIV related information, mental health information, and substance abuse information. These laws have not been superseded and have been taken into consideration in developing our policies and this notice of how we will use and disclose your protected health information.

## **COMPLAINTS**

- If you are concerned that we may have violated your privacy rights, or you disagree with a decision we made about access to your medical information, you may file a written complaint here: <http://wellness.richmond.edu/offices/grievances.html>. You may also submit a written complaint to the U.S. Department of Health and Human Services. We will provide you with the address to file your complaint with the U.S. Department of Health and Human Services upon request. We support your right to the privacy of your medical information. We will not retaliate in any way if you choose to file a complaint.

## **SHC Privacy Contact:**

Privacy Officer: Dr. Lynne Deane, Medical Director of Student Health Center

## **FOR MORE INFORMATION:**

- If you have any questions about this notice, please ask to speak to the SHC Practice Manager, Lynne Watson.

## **ELECTRONIC HEALTH RECORD COLLABORATION**

- The SHC, CAPS, Sports Medicine, Head Sport Club Athletic Trainer, and the University's Registered Dietician work closely together and collaborate to provide the best services for University of Richmond students. These offices share an electronic health record; therefore, your medical record is available to all healthcare providers who may have a need to access it for planning and coordinating your care and treatment. This sharing of information is done for your safety and to facilitate the continuity of your care.

## **ACKNOWLEDGEMENT OF RECEIPT OF THIS NOTICE**

By accepting the following notice you acknowledge that you have read and understand this notice. Our intent is to make you aware of the possible uses and disclosures of your protected health information and your privacy rights. The delivery of your health care services will in no way be contingent upon your acknowledgement. If you decline to provide a signed acknowledgement, we will continue to provide your treatment, and will use and disclose your protected health information for treatment, payment, and healthcare operations when necessary.