

NOTICE OF PRIVACY PRACTICES

STUDENT HEALTH SERVICES

Effective Date: November 6, 2003



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 section of the Notice of Privacy Practices (NPP) provides a *brief summary* of the privacy practices of Student Health Services and your privacy rights. Please read the entire document for a full description of our practices and your rights. If you need more information, you may call (785) 864-9525.

Our responsibilities regarding your medical information.

Each time you utilize Student Health Services, a record is generated. This record contains medical information about you. Student Health Services is required by law to protect the privacy of your medical information, provide you with the NPP, abide by the terms of the NPP currently in effect, and notify you if we are unable to agree to a requested restriction on use or disclosure of your medical information.

Uses and Disclosures of Protected Health Information.

a. You will be asked to sign a written consent that enables Student Health Services to use and disclose your medical information for treatment (such as sending medical information to a physician we refer you to), payment (such as sending a bill to your insurance carrier), and operations (such as registering you for services). Student Health Services may also contact you regarding your appointments or prescriptions or to tell you about health-related benefits or services. In certain limited circumstances Student Health Services may disclose medical information about you to a friend or family member involved in your care.

b. Under certain circumstances, uses and disclosures without your written consent or authorization may take place. For example, Student Health Services may disclose information about you when there is an emergency or a communication barrier, for public health purposes, for health oversight audits or inspections, as required by law, for research studies (as permitted by law), and for law enforcement/legal proceedings.

Your Rights Regarding Your Medical Information.

You have the right to inspect and copy your medical information, request an amendment of medical information you believe to be incorrect or incomplete, request an accounting of non-routine disclosures, request restrictions on uses and disclosures, request special confidential communications, and receive a written copy of this NPP. You may file a complaint by contacting our Privacy Officer at 864-9525. Student Health Services reserves the right to make changes to this NPP. Any changes will be posted in Watkins Memorial Health Center and on our website www.ku.edu/~shs/.

Each time you visit Student Health Services, a record of your visit is made. This record typically contains medical information about you, including information regarding symptoms, observations, assessments (including test results, diagnoses, treatment, and mental health), a plan for future care or treatment, and billing-related information. This NPP describes how Student Health Services may use and disclose your medical information. It also describes your rights and our responsibilities regarding the use/disclosure of your medical information. This NPP applies to all of the records of your care generated by Student Health Services.

OUR RESPONSIBILITIES REGARDING YOUR MEDICAL INFORMATION

Student Health Services is required by law to protect the privacy of your medical information, provide you with this NPP, abide by the terms of the NPP currently in effect, and notify you if it is unable to agree to a requested restriction on use or disclosure of your medical information.

1. USES AND DISCLOSURES WITH YOUR WRITTEN CONSENT

You will be asked to sign a written consent form enabling Student Health Services to use and disclose your medical information for

treatment, payment, and health care operations as described in this section.

a. Treatment. Student Health Services will use and disclose medical information about you to provide and coordinate your health care and any related services. For example, the information will be used by all members of the staff that are involved in your treatment, including but not limited to physicians and nurses, to coordinate the different services you may need. In addition, your medical information may be provided to another health care provider, such as a physician, to whom you have been referred to ensure that they have the necessary information to diagnose and treat you. Student Health Services may also contact you to tell you about possible treatment alternatives.

b. Payment. Student Health Services will use and disclose medical information about you to bill and collect payment from you, your insurance company or a third party payer. For example, Student Health Services may need to give your insurance company information about your visit to determine coverage and/or coordinate payment for your treatment. If you have any questions regarding the privacy practices of your insurance company or third party payer, you should contact them directly. Student Health Services may respond to inquiries of a

family member involved in paying for your care by providing them with very limited information, but not specific details regarding your care. We will share only an amount owed and that it was for a medical visit or prescription, but not the type of visit or medication dispensed.

c. Health Care Operations. Student Health Services will use and disclose medical information about you to schedule and coordinate your health care and related services. Student Health Services may disclose information to doctors, nurses, medical students, and/or residents for educational purposes. Members of Student Health Services staff involved in quality improvement may use information in your health record to assess the care and outcomes in your case and others like it. For example, Student Health Services may analyze medical information about many patients to evaluate the need for new services, resources, or treatment and to see where we can make improvements. The results will then be used to continually improve the quality of care for all patients we serve. If you are a student at the University of Kansas, Student Health Services may release limited medical information to authorized staff of the University to verify receipt of certain tests or vaccinations required for you to be

enrolled at the University or in a specific field of study.

Student Health Services may also contact you to remind you that you have an appointment, to tell you that your appointment has been cancelled or to let you know that your prescription is ready, to assess your satisfaction with our services, to tell you about health-related benefits or services, or to complete the process of registering you for services.

d. Other Related Uses and Disclosures. Student Health Services may use and/or disclose medical information:

- To business associates, when we have contracted out for services, so that they can perform the job we've asked them to do, and to bill you or your third party payer for services rendered;
- To a friend or family member who is involved in your care. If you are not present and able to agree or object, such communications shall be made only by authorized healthcare providers when, in their professional judgment, such disclosure is in your best interest.

2. USES AND DISCLOSURES WITHOUT YOUR CONSENT OR AUTHORIZATION

In certain situations, Student Health Services may use or disclose medical information about you without your consent or authorization, for example, when there is an emergency or when there are substantial communication barriers to obtaining consent from you. Further, Student Health Services may use or disclose your medical information without your consent or authorization in the following circumstances:

a. As Required by Law. Student Health Services may use and disclose medical information to the following types of entities, including but not limited to:

- Food and Drug Administration
- Public health authorities or legal authorities charged with tracking, preventing or controlling diseases (e.g., STDs, HIV), injuries or disabilities
- Workers compensation agents
- Military command, national security or intelligence authorities
- Health oversight agencies

b. Law Enforcement/Legal Proceedings. Student Health Services may disclose health information for law enforcement purposes as required by law or in response to a valid subpoena or other legal process.

c. Research. Student Health Services may disclose medical information to researchers when their research has been approved by an institutional review board

that has reviewed the research proposal and established protocols to ensure the privacy of your medical information.

3. OTHER USES AND DISCLOSURES OF MEDICAL INFORMATION BASED ON YOUR AUTHORIZATION.

Other uses and disclosures of medical information not covered by this NPP or by the laws that apply to Student Health Services, will be made only with your written permission. If you provide Student Health Services with permission to use or disclose medical information about you, you may revoke that permission, in writing, at any time.

YOUR RIGHTS REGARDING YOUR MEDICAL INFORMATION

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

• **Right To Inspect and Copy.** You have the right to inspect and have copied medical information used to make decisions about your care. Usually, this includes medical and billing records, but does not include some records such as psychotherapy notes. Your request must be submitted in writing on a form Student Health Services will provide to you. A fee may be charged for the costs of processing your request.

• **Right To Amend.** If you feel that medical information Student Health Services has about you is incorrect or incomplete, you may ask us to amend the information. To request an amendment to your record, you must submit your request in writing on a form Student Health Services will provide to you. You will be asked to provide a reason to support the request.

• **Right to an Accounting of Disclosures.** You have the right to receive a list of disclosures. This list will not include all disclosures made. For example, this list will not include disclosures for treatment, payment, health care operations, disclosures made prior to April 14, 2003, or disclosures you specifically authorized. To request this list you must submit your request in writing on a form Student Health Services will provide to you.

• **Right to Request Restrictions.** You have the right to request a restriction or limitation on the medical information Student Health Services uses or discloses about you for treatment, payment or health care operations. Student Health Services is not required to agree to your request. If the request is approved, Student Health Services will comply with

your request unless the information is needed to provide you emergency treatment. To request restrictions, you must make your request in writing on a form that Student Health Services will provide to you.

• **Right to Request Confidential Communications.** You have the right to request that Student Health Services communicate with you about medical matters in a certain way or at certain locations. You must make your request in writing on a form that Student Health Services will provide to you. Student Health Services will accommodate all reasonable requests.

• **Right to a Paper Copy of This Notice.** You have the right to obtain a paper copy of this NPP, and you may ask Student Health Services to give you a copy of this NPP at any time. You may obtain a copy of this NPP at our website www.ku.edu/~shs/. You may obtain a copy of the forms mentioned above by contacting the Records and Registration Department at 864-9500.

COMPLAINTS

If you believe your privacy rights have been violated, you may file a complaint with Student Health Services by contacting the Privacy Officer for Student Health Services at (785) 864-9525 or by contacting the University's HIPAA Privacy Officer, Lawrence Campus, at (785) 864-9528. You may also contact the Secretary of Health and Human Services. There will be no retaliation for filing the complaint.

CHANGES TO THIS NOTICE

Student Health Services reserves the right to change this NPP and the revised NPP will be effective for information Student Health Services already has about you as well as information received in the future. Should our practices change, Student Health Services will post a revised NPP on the Student Health Services website and in the facility where you receive services. Paper copies will be available upon request.

QUESTIONS AND INFORMATION

If you have any questions about this notice, please contact our Privacy Officer at (785) 864-9525.