



**UNC
GREENSBORO**

Division of Student Affairs
Student Health Services

NOTICE OF PRIVACY PRACTICES

**UNIVERSITY OF NORTH CAROLINA at GREENSBORO
STUDENT HEALTH SERVICES
NOTICE OF PRIVACY PRACTICES**

**THIS NOTICE DESCRIBES HOW MEDICAL INFORMATION ABOUT
YOU MAY BE USED AND DISCLOSED AND HOW YOU MAY OBTAIN
ACCESS TO THIS INFORMATION. IT IS A REQUIREMENT SET
FORTH IN THE HEALTH INSURANCE PORTABILITY AND
ACCOUNTABILITY ACT (HIPAA-PUBLIC LAW 104-191 AS WRITTEN IN
45 CFR PARTS 160-164, AS AMENDED).**

If you have any questions about this Notice, please contact the Student Health Services Associate Director at (336) 334-5340.

PLEASE REVIEW CAREFULLY

Any health care professional or other individual employed at the University of North Carolina at Greensboro Student Health Services will follow the requirement of this Notice relating to your medical information.

OUR PLEDGE REGARDING MEDICAL INFORMATION

The personal and medical information about our patients is of paramount importance to us. Therefore, Student Health Services creates a record of the care and services you receive at this Center. We need the record to provide you with quality care. This Notice of Privacy Practices describes how we may use and disclose your Protected Health Information (PHI) to carry out treatment, payment, or health care operations and for other purposes that are permitted or required by law. It also describes your right to access and control your Protected Health Information. PHI is information about you, including certain demographic information that may identify you and could relate to information about your past, present, and future physical or mental health condition(s) and associated health care services.

The staff of UNCG Student Health Services is legally required to protect the privacy of your health information and to abide by the terms of this Notice of Privacy Practices. This Notice describes our legal duty to protect the privacy of your health information and the policies and procedures SHS has in place to do so. We may change the terms of our Notice at any time. The new Notice will be effective for all PHI that we maintain at that time. We will provide you with a materially revised Notice of Privacy Practices as needed using the UNCG email system. Only patients active at the point in time changes are made will be notified.

Your Information. Your Rights. Our Responsibilities.

This Notice of Privacy Practices describes how medical information about you created by the University of North Carolina at Greensboro (UNCG) Student Health Services (SHS) may be used and disclosed and how you can get access to this information. **Please review it carefully.**

Your Rights

You have the right to:

1. Get a copy of your paper or electronic medical record
2. Correct your paper or electronic medical record
3. Request confidential communication
4. Ask us to limit the information we share
5. Get a list of those with whom we've shared your information
6. Get a copy of this privacy notice
7. Choose someone to act for you
8. File a complaint if you believe your privacy rights have been violated

How to exercise these rights:

1. You must request in writing a copy of your medical record, either in whole or in part, using the approved form found on-line or at SHS. The form is the Authorization for Use and Disclosure of Protected Health Information. Complete the form and submit by mail, fax (336-334-5343 for medical records; 336-334-3900 for mental health records) or in person. If you submit a request by fax, you must also fax a copy of a picture ID. Your records will be available in 3-5 business days once the request is received. Mental health and psychiatric records are reviewed by a competent professional to determine if information contained within could be potentially harmful or damaging to you. If so, that portion of the record will not be released but could be summarized if you chose. Potentially damaging information can be redacted from a printed copy if necessary. Please be aware that Student Health Services does not re-disclose medical information. If you had information sent to us by another provider, you must seek release of that information from its originator.
2. You may correct or amend your medical record by providing SHS with a written statement of the correction or amendment. Please understand that the medical record is considered a legal document and information contained within it may not be changed or deleted. However, your amendment will be added to the existing record. We will forward the amendment to anyone to whom you have previously requested a release or disclosure of information should the amendment be pertinent to that release. We will also include the amendment in any future releases and in certain cases may be able to redact the original information.
3. You may request confidential communications. SHS uses your UNCG e-mail address as the primary method of communication. SHS communicates information via a secure server that requires you to authenticate using your UNCG credentials (user name and password) when you receive a message with the subject line "You have received a secured message from UNCG Student Health Services." This message is secure through encryption and only you can open it with your credentials. Therefore, it is extremely

important to protect your user name and especially your password. You may request other forms of communication by doing so in writing. SHS medical providers will not leave detailed messages containing protected health information (PHI) on a voicemail. The message will contain your name, the name of the individual calling and will ask you to call back.

4. You may ask us to limit the use of the information we have. When you complete an Authorization for Use and Disclosure of Protected Health Information, you may be contacted to ensure only the information released is what is truly needed to accomplish your intention. For example, if you are referred to an outside provider for treatment, only medical information related to that condition is released and none other. It is your choice as to the information we release. Please be assured that only SHS staff having a direct need to know have access to any of your electronic health record as access is controlled by permissions needed to complete job functions.
5. You may request a list of those with whom we've shared information
 - You can ask for a list (accounting) of the times we've shared your health information for six years prior to the date you ask, who we shared it with, and why.
 - We will include all the disclosures except for those about treatment, payment, and health care operations, and certain other disclosures (such as any you asked us to make). We'll provide one accounting a year for free but will charge a reasonable, cost-based fee if you ask for another one within 12 months.
6. You may request a copy of this Notice of Privacy Practices at any time. Printed versions may be requested from the Health Information desks in the building. The most recent version is always available on the SHS website (<http://studenthealth.uncg.edu/>). The most recent version of the UNCG Student Health Services Notice of Privacy Practices is posted in each SHS waiting area.
7. You may select someone to act on your behalf or to be involved in your health care. A legal guardian (we must be presented with certified copies of the guardianship declaration) for anyone adjudicated or a parent for anyone under 18 years of age is necessary for treatment decisions. We may disclose medical information about you to a relative, close personal friend, or any other person you identify if that person is involved in your care and the information is relevant to your care. You may designate someone to act on your behalf through a Medical Power of Attorney. In order to so, you must complete legal papers and present a certified copy to us.
8. You may file a complaint if you believe your privacy rights have been violated. You may use the complaint form found on the SHS website or you may complain directly to the U.S. Department of Health and Human Services Office for Civil Rights by sending a letter to 200 Independence Avenue, S.W., Washington, D.C. 20201, calling 1-877-696-6775, or visiting www.hhs.gov/ocr/privacy/hipaa/complaints/. SHS policy federal and state law prohibits retaliation against anyone making or filing a complaint.

Your Choices

You have some choices in the way that we use and share information as we:

1. Tell family and friends about your condition
2. Provide disaster relief
3. Include you in a hospital directory
4. Provide mental health care
5. Market our services and sell your information
6. Raise funds

How to exercise these choices:

1. You may tell or share your protected health information with anyone you choose. However, we are limited to disclosing that information to only those you consent to. You may identify individuals, friends, family members or others you wish to be involved in your care. If they are unable to attend appointments with you and you authorize us to send them information, we will.
2. We may use or disclose your PHI to a public or private agency authorized by its charter to assist in disaster relief efforts. This may only occur when a disaster has been declared by a body authorized (usually a government organization) to do so.
3. Student Health Services does not maintain a hospital directory. All information regarding our patient status is considered confidential and will not be released to the public.
4. Student Health Services has a Counseling Center component within our overall operations. You may be referred to that service should our medical providers believe it is warranted. Referral information will contain only that information necessary to initiate mental health services. It is your choice to utilize these services. Student Health Services also operates a Psychiatric service as a part of the Medical Clinic. It is housed in and works closely with the Counseling Center. The same process for referral for psychiatric services exists as for referral to the Counseling Center. It is your choice to utilize our services. If you chose not to, we can help you access other community resources.
5. Student Health Services markets our services to our patient population through various media. Any image used in marketing containing our patients is done so only by the consent of the patient. SHS prohibits the sale of patient data or any other patient information for marketing purposes to any outside entity.
6. Student Health Services does not utilize individual patient data in fund raising. Aggregate, de-identified information may be used to support our need for funds.

Our Uses and Disclosures

We may use and share your information as we:

1. Treat you
2. Run our organization
3. Bill for your services
4. Help with public health and safety issues
5. Do research
6. Comply with the law
7. Respond to organ and tissue donation requests
8. Work with a medical examiner or funeral director

Our Uses and Disclosures (*continued*)

9. Address workers' compensation, law enforcement, and other government requests
10. Respond to lawsuits and legal actions

Here is how we use and disclose your personal health information without your written authorization:

1. We will use and disclose PHI about you to provide, coordinate, or manage your health care treatment and related services. This may include communicating with other health care providers within our clinic or outside our clinic who may be involved in your treatment. It could include members of our psychiatric or counseling staff in addition to other medical providers, nurses, laboratory/x-ray staff, and specific administrative staff. In some limited cases, student workers, interns, or other trainees who are involved in your care or supporting the activities of the organization may have access. In short, only those people having a need to know your protected health information in order to complete their job function may access specific information about you.
2. We will use and disclose PHI about you for Student Health Services operations. These activities may include:
 - Licensing, reviewing, and evaluating the skills, qualifications, and performance of health care providers taking care of you;
 - To provide training programs for students, interns, trainees, health care providers or non-health care professionals to assist them in practicing or improving their skills;
 - Cooperating with outside organizations that evaluate, certify, or license health care providers, staff, or facilities in a particular field or specialty;
 - Planning our organization's future operations;
 - Working with others (such as attorneys, accountants, and other providers) who assist us to comply with this Notice and other applicable laws;
 - Quality assessments and Peer Review activities;
 - Conducting and arranging for other business activities;
 - "Business associates" that perform various activities for Student Health Services (e.g. direct services, billing, and support activities). We have a written contract with any business associate with which we share your Protected Health Information that contains terms protecting the privacy of your health information. All Business Associates are required by law to maintain any information about you in accordance with the same HIPAA standards as us. If either we or the Business Associate determine information is not being maintained in accordance to standard, both entities are required to report this violation to you, the business associate (or covered entity) and to the Office of Civil Rights in certain circumstances. In certain cases, state law is also invoked and other reporting requirements are involved. Business Associate Agreements remain on file in Student Health Services and are updated as warranted.
3. We will use and disclose PHI about you in order to receive payment or help you obtain reimbursement for your health care services. This may include certain activities which your health insurance plan may undertake before it approves or pays for health care services we provide to or recommend for you. The information disclosed is limited to the

minimum necessary required to facilitate payment as required by law. Please note that no release of information will be made to a health plan pertaining to specific visits where you pay in full out-of-pocket for services received.

4. We may disclose your PHI for public health activities and purposes to a public health agency as permitted by law. This disclosure are for the purpose of:
 - preventing or controlling disease, injury, or disability;
 - contacting individuals and preventing the spread of a disease;
 - notifying the appropriate government authority about any child abuse or neglect; and
 - disclosing your PHI, if directed, by a public health authority to a foreign government collaborating with the public health authority.
5. De-identified aggregate information may be used for a variety of purposes, including research.
6. We may release PHI if asked to do so by a law enforcement official as long as applicable legal requirements are met. These law enforcement purposes include:
 - Legal processes as otherwise required by law;
 - Limited information requests for identification and location purposes;
 - Pertaining to victims of a crime;
 - Suspicion that death has occurred as a result of criminal conduct;
 - In the event that a crime occurs on the premises of the Gove Student Health Center or its immediate grounds; and
 - Medical emergency (not on the Health Center premises) and it is likely that a crime occurred.
7. We may disclose PHI to organizations helping with organ, eye, and tissue transplants.
8. We may disclose PHI to a coroner, medical examiner, or funeral director.
9. We may disclose PHI about you to comply with:
 - Workers' Compensation laws and other similar legally established programs.
 - We may use and disclose medical information about you when necessary to prevent a serious threat to your health and safety and to the safety of the public or another person.
 - We may disclose PHI to a public health authority that is authorized by law to receive reports of abuse or neglect. In addition, if we reasonably believe that you may be a victim of abuse, neglect, or domestic violence, we may disclose your PHI to the government entity or agency authorized to receive such information. The disclosure will be made consistent with applicable state and federal laws.
 - We may disclose your Protected Health Information to a person or company required by the Food and Drug Administration to notify people of recalls of products they may be using and to report reactions to medications or problems with products.
 - We may release medical information for intelligence, counterintelligence, and other national security activities authorized by law.

- For the activities deemed necessary by the appropriate military command authorities.
- We may release medical information for the purpose of a determination by the Department of Veteran Affairs of your eligibility for benefits;
- We may release medical information to a foreign military authority if you are a member of that foreign military service.
- We may release medical information if you are an inmate of a correctional institution or under the custody of a law enforcement official, we may release PHI to the correctional institution or law enforcement official.

10. We may disclose information if you are involved in a lawsuit or a dispute in response to an order from a court of competent jurisdiction or an administrative court order.

Your Rights

When it comes to your health information, you have certain rights.

We believe we have explained most of your rights in the Notice. However, certain other rights are yours and they are explained below:

1. Get an electronic or paper copy of your medical record
 - You can ask to see or get an electronic or paper copy of your medical record and other health information we have about you. Our electronic health record cannot produce electronic versions of the record, nor will we allow external media plugged into our computers. We are happy to provide you a paper copy of your record upon your request, within previously expressed limits.
 - We will provide a copy or a summary of your health information, usually within 3-5 business days of your request. We may charge a reasonable, cost-based fee.
2. Get a copy of this privacy notice
 - You can ask for a paper copy of this notice at any time, even if you have agreed to receive the notice electronically. We will provide you with a paper copy promptly.
3. File a complaint if you feel your rights are violated
 - You can complain if you feel we have violated your rights by contacting us using the information on page 2.
 - You can file a complaint with the U.S. Department of Health and Human Services Office for Civil Rights by sending a letter to 200 Independence Avenue, S.W., Washington, D.C. 20201, calling 1-877-696-6775, or visiting www.hhs.gov/ocr/privacy/hipaa/complaints/.
 - We will not retaliate against you for filing a complaint.

Your Choices

For certain health information, you can tell us your choices about what we share. If you have a clear preference for how we share your information in the situations described below, talk to us. Tell us what you want us to do, and we will follow your instructions.

1. In these cases, you have both the right and choice to tell us to:
 - Share information with your family, close friends, or others involved in your.....

care

- Share information in a disaster relief situation
- Include your information in a hospital directory

If you are not able to tell us your preference, for example if you are unconscious, we may go ahead and share your information if we believe it is in your best interest. We may also share your information when needed to lessen a serious and imminent threat to health or safety.

2. In these cases we never share your information unless you give us written permission:

- Most sharing of psychotherapy notes
- Other allowable forms of disclosure are prohibited by Student Health Services policy.

Our Responsibilities

- We are required by law to maintain the privacy and security of your protected health information.
- We will let you know promptly if a breach occurs that may have compromised the privacy or security of your information.
- We must follow the duties and privacy practices described in this notice and give you a copy of it.
- We will not use or share your information other than as described here unless you tell us we can in writing. If you tell us we can, you may change your mind at any time. Let us know in writing if you change your mind.

For more information see:

www.hhs.gov/ocr/privacy/hipaa/understanding/consumers/noticepp.html.

Changes to the Terms of this Notice

We can change the terms of this notice, and the changes will apply to all information we have about you. The new notice will be available upon request, on our web site, and we will mail a copy to you.

Effective Date of this Notice: January 23, 2020