

TEXAS WOMAN'S UNIVERSITY

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.

OUR LEGAL DUTY TO PROTECT MEDICAL INFORMATION ABOUT YOU

We understand your medical information is personal and we are committed to protecting your medical information. A medical record is created at the Student Health Services to provide you with quality care and to comply with certain legal requirements. This Notice applies to your medical record generated by the Student Health Services. This Notice describes how we may use and disclose your medical information, and provides examples where necessary. This Notice also describes your rights regarding our use and disclosure of your medical information.

We are required by law to make sure that medical information that identifies you is kept private; give you this Notice of our legal duties and privacy practices with respect to your medical information; and follow the terms of the Notice currently in effect. We reserve the right to change our privacy practices and this Notice at any time.

QUESTIONS REGARDING THIS NOTICE—CONTACT:

Privacy Officer

for

*Student Health
Services*

(940) 898-3826

or toll-free

(888) 898-8825

1) WE MAY USE AND DISCLOSE YOUR MEDICAL INFORMATION WITHOUT YOUR WRITTEN PERMISSION IN THE FOLLOWING CIRCUMSTANCES.

- We may use and disclose your medical information to provide medical treatment to you, and to coordinate or manage your health care and related services. This may include communicating with other health care providers regarding your treatment and coordinating and managing your health care with others. For example, we may use and disclose your medical information when you need a prescription, lab work, or other health care services. Also, we may use and disclose your medical information when referring you to another health care provider.
- We may use and disclose your medical information to bill and receive payment. For example: A bill may be sent to you or your insurance company. The information on or accompanying the bill may include informa-

tion that identifies you, as well as your diagnosis, procedures and supplies used, so that your health plan will pay for the medical bill. We may also tell your health plan about treatment you are expected to receive to obtain prior approval or to determine if your health plan will pay for this treatment.

- We may use and disclose your medical information for health care operations. We will use your health information for regular operations of the clinic to ensure that all of our patients receive quality care. For example: a provider may use information in your health record to assess the care and outcomes in your case and others like it. This information will then be used to continually improve the quality and effectiveness of the health care and

service we provide.

- We will disclose medical information about you when required by federal, state or local law. We may release medical information about you to authorized federal officials for national security and intelligence activities.
- We may use and disclose your medical information when necessary to prevent a serious threat to your health and safety or the health and safety of the public or another person.

- If you are a member of the armed forces, we may release medical information about you as required by military command authorities. We may also release medical information about foreign military personnel to the appropriate foreign military authority.
- We may disclose necessary information to the extent authorized by laws relating to worker's compensation or other similar programs established by law, which provide benefits for work-related injuries or illnesses.
- We may disclose your health information as required by law, for public health activities, which may include preventing or controlling disease, injury, or disability, reporting births and deaths, reporting medication reactions or problems, and reporting abuse, neglect or domestic violence.
- We may disclose your medical information in response to a court or administrative order. We may also disclose medical information about you in response to a subpoena, discovery request or other lawful process. We may disclose your medical information for law enforcement purposes as required by law. For example, we may disclose medical information about you to comply with laws that require the reporting of certain types of wounds or other physical injuries.
- We may disclose your medical information to coroners, medical examiners or funeral directors consistent with applicable law to carry out their duties.
- We may disclose your medical information to a correctional institution having lawful custody of you necessary for your health and the health and safety of other individuals.

2) SPECIAL CIRCUMSTANCES

- Alcohol, Drug Abuse, and Psychiatric Treatment Information may have special privacy protections. We will not disclose any information identifying an individual as being a patient or provide any medical information relating to the patient's substance abuse or psychiatric treatment unless: 1) patient consents in writing, or 2) a court order requires disclosure of the information, or 3) medical personnel need information to meet a medical emergency, or 4) qualified personnel use the information for the purpose of conducting scientific research, management audits, financial audits or program evaluation, or 5) it is necessary to report a crime or a threat to commit a crime, or 6) to report abuse or neglect as required by law.

3) YOU MAY OBJECT TO CERTAIN USES AND DISCLOSURE OF YOUR MEDICAL INFORMATION. UNLESS YOU OBJECT, WE MAY USE OR DISCLOSE YOUR MEDICAL INFORMATION IN THE FOLLOWING CIRCUMSTANCES:

- **Individuals involved in your care or payment for your care:** We may use or disclose information to notify or assist in notifying a family member, legal representative or another person responsible for your care.
- **Emergency circumstances and disaster relief:** We may disclose information about you to an entity assisting in a disaster relief effort so that your family can be notified of your location and general condition. Even if you object, we may still share the medical information about you, if necessary for emergency circumstances.

4) OTHER USES OF MEDICAL INFORMATION

Other uses and disclosures of medical information not covered by this notice or law that apply to us will be made only with your written permission. If you provide us permission to use or disclose medical information about you, you may revoke that permission, in writing, at any time. If you revoke your permission, we will no longer use or disclose medical information about you for the reasons covered by your revocation. 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.

5) YOUR RIGHTS REGARDING MEDICAL INFORMATION ABOUT YOU. YOU HAVE THE FOLLOWING RIGHTS REGARDING MEDICAL INFORMATION WE MAINTAIN ABOUT YOU:

- **Right to see and obtain copies of your medical information.** You have the right to see and obtain copies of medical information that may be used to make decisions about your care. Usually, this includes medical and billing records, but does not include psychotherapy notes. To inspect and copy your medical information, you must submit your request in writing on the appropriate form to the Director of Student Health Services or his/her designee. If you request a copy of the medical information, we may charge a fee for the costs of copying, mailing or other supplies associated with your request. *We may deny your request to see and obtain copies of your medical information in certain, very limited circumstances.* If you are denied access to your medical information, you may request that the denial be reviewed. Another licensed health care professional chosen by Student Health Services will review your request and the denial. The person conducting the review will not be the person who denied your request. We will comply with the outcome of the review.
- **Right to amend.** If you think that medical information we have about you is incorrect or incomplete, you may ask us to correct or add to the information. You have the right to request that we make amendments to clinical, billing and other records used to make decisions about you. Your request must be in writing and must explain your reason(s) for the amendment.

We may deny your request if: 1) the information was not created by us (unless you prove the creator of the information is no longer available to amend the record); 2) the information is not part of the records used to make decisions about you; 3) we believe the information is correct and complete; or 4) you would not have the right to see and copy the record as described above. We will tell you in writing the reasons for the denial and describe your rights to give us a written statement of appeal. To request an amendment, your request must be made in writing and submitted on the proper form to the Director of Student Health Services or his/her designee.
- **Right to an accounting of disclosures.** You have

the right to request an accounting of disclosures. This is a list of the disclosures we have made of medical information about you. This accounting of disclosures does not include disclosures made for your treatment, billing and collection of payment for your treatment, health care operations, made to or requested by you, or that you authorized, occurring as a byproduct of permitted uses and disclosures, made to individuals involved in your care, or for other purposes described in the above subsections.

To request this list or accounting of disclosures, you must submit your request in writing to the Director of Student Health Services or his/her designee. Your request must state a time period, which may not be longer than six years and may not include dates before April 14, 2003. The first accounting you request within a 12-month period will be free of charge. For additional accountings, we may charge you for the costs of providing the accounting. We will notify you of the cost involved and you may choose to withdraw or modify your request at that time before any costs are incurred.

- **Right to request restrictions.** You have the right to request a restriction or limitation on the medical information we use or disclose about you for treatment, payment or health care operations. *We are not required to agree to your request.* If we do agree with your request, we will comply with your request unless the information is needed to provide you emergency treatment or the disclosure is required by the Secretary of the Department of Health and Human Services, and/or the uses and other disclosures listed in this notice.

To request restrictions, you must make your request in writing to the Student Health Services Privacy Officer. 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 choose how we communicate with you.** You have the right to request that we communicate with you about medical matters in a certain way or at a certain location. For example, you can ask that we only contact you at work or by mail. You must make your request in writing to the Assistant Director of Student Health Services. We will not ask you the reason for your request. We will accommodate reasonable requests.
- **Right to a paper copy of this notice.** You have the right to a paper copy of this notice.

CHANGES TO THIS NOTICE

We reserve the right to change this notice at any time. We reserve the right to make the revised or changed notice effective for medical 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 the lobby of the Student Health Services. The effective date of this notice will be listed on the first page at the top of the document.

COMPLAINTS

If you believe your privacy rights have been violated, you may file a complaint with us or with the Secretary of the Department of Health and Human Services.

We support your right to the privacy of your medical information. There will be no retaliation on our behalf if you choose to file a complaint with the U.S. Department of Health and Human Services.

To file a complaint with the Student Health Services, contact:

Student Health Services Privacy Officer
PO Box 425467
Denton, TX , 76204
Or phone toll-free (888) 898-8825.

To file a complaint with the Secretary of the Department of Health and Human Services, contact:

Office of Civil Rights
Medical Privacy Complaint Division
U.S. Dept. of Health and Human Services
200 Independence Avenue, SW
HHH Building, Room 509H
Washington, DC 20201
Or phone toll-free (866) 627-7748;
TTY (886) 788-4989
Email through website: www.hhs.gov/ocr