

Notice of Patient Privacy Practices and Patient Rights

University Health Services (UHS), including all clinic staff, contracted providers, student workers, volunteers, and any individuals with access to patient records within the University Health Clinic, will follow the terms of this notice. This notice describes how medical information about you may be used and disclosed. We understand that medical information about you and your health is personal, and we are committed to protecting your medical information. This notice establishes how we protect the privacy and confidentiality of patient information. The clinic is committed to complying with all applicable federal and state laws, including the Health Insurance Portability and Accountability Act (HIPAA) and, where applicable, the Family Educational Rights and Privacy Act (FERPA). At UHS, we maintain a record of the care and services you receive to ensure the quality of your care and to comply with specific legal requirements. This notice applies to all records of your care generated by this clinic, whether created by clinic staff or a referring doctor.

We also describe your rights and certain obligations we have regarding the use and disclosure of medical information. We are required by law to keep private medical information that identifies you; give you this notice of our legal duties and privacy practice with respect to medical information about you; and follow the terms of the Notice of Privacy Practices currently in effect and notify you following a breach of unsecured protected health information as required by law.

HOW WE MAY USE AND DISCLOSE HEALTH INFORMATION

For Treatment. We may use medical information to provide you with medical treatment or services to coordinate or manage your care. We may share information with doctors, nurses, nurse practitioners, student employees, physician assistants, counselors, athletic trainers, professional staff, or other medical professionals involved in your care—either within UHS or through referrals to community providers. We may share information with hospitals, outside laboratories, counseling centers, pharmacies, or other individuals involved in your medical care, including family members or other authorized persons, with your consent.

For Payment. We may use and disclose your medical information to ensure that the treatment and services you receive at UHS can be accurately billed and collected. UHS may disclose your record to other departments on campus for billing purposes, allowing us to accept payment for the treatment and/or services you received.

For Health Care Operations. We may use and disclose your medical information to enhance our services, ensure the quality of care, train our staff, and manage the clinical operations effectively. Your information may be used in the following ways: (1) conducting quality or patient safety activities, population-based activities relating to improving health, reducing health care costs, and care coordination; (2) conducting training programs for staff, students, trainees, practitioners and non-health care professionals, performing accreditation assessments, licensing, or credentialing activities; (3) business planning, development, and management activities, including things like customer service and resolving complaints; (4) creating and using de-identified health information or a limited data set to combine data or do other tasks for various operational purposes; (5) we may disclose information to doctors, nurses, technicians, medical, nursing, or other health care students and personnel for teaching purposes; (6) we may provide information about your treatment to an ambulance company that carries you to the hospital so they can get paid for their services; (7) we may disclose your medical information to our community partners in connection with your treatment or other health-related activities; (8) we may disclose information when reviewing patient cases for quality improvement or ensuring compliance with university immunization requirements.

Campus-Related Compliance and Safety. In certain situations, information may be shared with designated University officials when required to meet public health, safety, or compliance requirements. Such disclosures will only be made to the extent permitted by law and necessary for compliance, health, or safety purposes.

Other Uses Permitted or Required by Law. We may disclose information including but not limited to the following situations: public health reporting, health oversight activities or audits, reporting of abuse, neglect, or domestic violence, legal proceedings, law enforcement, responding to court orders, organ donation, medical examiner or coroner requests, workers' compensation requests, national security or protective services, if required.

NOTICE OF INDIVIDUAL RIGHTS

Right to Inspect and Copy. You have the right to review and get a copy of your medical and billing information. The health clinic is permitted by law to charge a reasonable, cost-based fee for labor, supplies, postage, and the time spent preparing any summary.

Right to an Electronic Copy of Electronic Medical Records. If your Protected Health Information (PHI) is maintained in an electronic format, you have the right to request that an electronic copy of your record be given to you or transmitted to another individual or entity. With your written authorization, PHI can be disclosed to a third party for the specific purpose stated in your authorization. However, there are certain circumstances where UHS has the right to deny your request. You must submit your request and authorization in writing. We may charge you a reasonable, cost-based fee for labor associated with transmitting the electronic medical record. The contact information listed below can help you with your request.

Right to Amend. If you feel that the medical information we have about you is incorrect or incomplete, you may ask us in writing to amend the information. You must provide a reason that supports your request. We will notify you if we are unable to fulfill your request. The contact information listed below can help you with your request.

Right to Request Confidential Communications. You have the right to request that we communicate with you about medical matters in a specific manner or at a designated location. You must submit your request in writing and specify how or where you wish to be contacted. The contact information listed below can help you with your request.

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. You also have the right to request a limit on the medical information we disclose about you to someone involved in your care or the payment for your care, such as a family member or friend. We are not required to agree to your request. If we agree, we will comply with your request, unless the information is necessary to provide you with emergency treatment. To request restrictions, please submit your request in writing to the contact information listed below. If you have paid out-of-pocket in full for a service or item, you have the right to request that we not disclose information about that service or item to a health plan for purposes of payment or operations, and we are required to honor that request.

Right to a Paper Copy of this Notice. You have the right to a paper copy of this notice. You may ask us to give you a copy of this notice at any time. You may obtain a copy of this Notice at our website: www.una.edu/healthservices.

Changes to this Notice. We reserve the right to change this notice. We will post a copy of the current notice in the health clinic and on our website at www.una.edu/healthservices.

Complaints. If you believe your privacy rights have been violated, you may file a complaint with the Executive Director for Health & Well-Being or the Vice President of Student Affairs. All complaints must be submitted in writing. You may also file a complaint directly with the U.S. Department of Health and Human Services, Office for Civil Rights. You will not be penalized for filing a complaint.

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

Contact Information. If you have any questions about this notice or would like a more detailed explanation, please contact the Executive Director for Health & Well-Being at 416 N. Seminary Street, Florence, AL 35630, healthservices@una.edu, or 256.765.4328.