

Notice of Privacy Practices

As required by the privacy regulations created as a result of the Health Insurance Portability and Accountability Act (HIPAA), UL Lafayette Student Health Service (SHS) is required to maintain the privacy of certain confidential health care information as Protected Health Information (PHI) and to provide to you a notice of our legal duties and privacy policies with respect to your PHI. **This Notice advises you of our privacy practices, describes how medical information about you may be Used and Disclosed, and describes your legal rights and how you can get access to this information. Please review it carefully.**

1) Our commitment to your privacy:

- a) SHS is dedicated to maintaining the privacy of your individually identifiable health information (also called *protected* health information, or PHI). In conducting our business, we will create records regarding you and the treatment and services we provide to you. We are required by law to maintain the confidentiality of health information that identifies you. We also are required by law to provide you with this notice of our legal duties and the privacy practices that we maintain in the SHS concerning your PHI. By federal and state law, we must follow the terms of the Notice of Privacy Practices that we have in effect at the time.
- b) We realize that these laws are complicated, but we must provide you with the following important information:
 - i) How we may use and disclose your PHI
 - ii) Your privacy rights in your PHI
 - iii) Our obligations concerning the Use and Disclosure of your PHI

The terms of this notice apply to all records containing your PHI that are created or retained by SHS. We reserve the right to revise or amend this Notice of Privacy Practices. Any revision or amendment to this notice will be effective for all of your records that SHS has created or maintained in the past, and for any of your records that we may create or maintain in the future. SHS will post a copy of our current Notice in our lobby in a visible location at all times, you may access it on our web page at <http://studenthealth.louisiana.edu/content/about-us/privacy-practices-0> or you may request a paper copy of our most current Notice of Privacy Practices at any time.

- 2) If you have questions about this Notice, please contact: Student Health Service at (337) 482-5919.
- 3) **We may use and disclose your PHI.** The following categories describe the different ways in which we may use and disclose your PHI' in most cases without your written permission:
 - a) **Treatment.** SHS may use your PHI to treat you. For example, we may ask you to have laboratory tests (such as blood or urine tests), and we may use the results to help us reach a diagnosis. We might use your PHI in order to write a prescription for you, or we might disclose your PHI to a pharmacy when we order a prescription for you. Many of the people who work for SHS – including, but not limited to, our doctors, nurse practitioners, and nurses – may use or disclose your PHI in order to treat you or to assist others in your treatment. Additionally, we may also disclose your PHI to other health care providers, including all referrals, radiologists, laboratory personnel, pharmacists, and other medical facilities for purposes related to your treatment.
 - i) **Treatment of certain conditions.** SHS will use or disclose your PHI regarding certain specific conditions, such as HIV, AIDS, alcohol or drug treatment, mental health issues, and sexually transmitted diseases only:
 - (1) As permitted or required by law;
 - (2) By court order or subpoena; or
 - (3) If in the professional judgment of your health care provider such as is required to protect you or others from serious harm or death.
 - b) **Payment.** SHS may use and disclose your PHI in order to bill and obtain payment for the services or items you receive from us. For example, we may contact your health insurer to certify that you are eligible for benefits, and we

may provide your insurer with details regarding your treatment to determine if your insurer will cover, or pay for, your treatment. Also, we may use your PHI to bill you directly for services and items.

- c) **Health care operations.** SHS may use and disclose your PHI to operate our business. As examples of the ways in which we may use and disclose your information for our operations, SHS may use your PHI to evaluate the quality of care you received from us, or to conduct cost-management and business planning activities for SHS.
- i) **Business Associates.** Business associates (BA) are companies or people we contract with to perform certain services for us. Examples include auditors, attorneys, and individuals providing management, analysis, transcriptions, utilization review, or other similar services. UL Lafayette's business associates must comply with the HIPPA laws, and we have agreements with our business associates to protect the privacy and security of your health information.
 - ii) **Appointment reminders.** SHS may use and disclose your PHI to contact you and remind you of an appointment at UL Lafayette SHS.
 - iii) **Treatment options.** SHS may use and disclose your PHI to inform you of potential treatment options or alternatives related to your health.
 - iv) **Health-related benefits and services.** SHS may use and disclose your PHI to inform you of health-related benefits or services that may be of interest to you.
 - v) **Fax transmissions.** On occasion we may have the need to fax information to your pharmacy for prescription refills, to your insurance company or other health care provider such as another physician who needs information for a referral.
 - vi) **Check-in.** Upon check in, you will be asked your name and your UL Lafayette CLID number. You will not be asked to disclose any other information about your appointment at the front desk.
- d) **Individuals Involved In Your Care.**
- i) In life threatening/extreme emergency situations, we may use or disclose health information to notify, or assist in notifying a family member, personal representative, or another person responsible for your care about your location and general condition.
 - ii) We may release health information about you to a friend or family member who is involved in your health care or the payment of your health care.
 - iii) We may discuss medical information in the presence of a family member or friend if you are also present and indicate that it is okay to do so.
 - iv) In addition, we may disclose health information about you to an organization assisting in a disaster relief effort so that your family can be notified about your condition, status and location.
 - v) You have the opportunity to agree to, prohibit or restrict the use or disclosure of health information to these individuals.
- e) **Certain special circumstances.** The following categories describe unique scenarios in which we may use or disclose your identifiable health information:
- i) **Public health risks.** SHS may disclose your PHI to public health authorities that are authorized by law to collect information for the purpose of:
 - (1) Maintaining vital records, such as births and deaths
 - (2) Reporting child abuse or neglect
 - (3) Preventing or controlling disease, injury or disability
 - (4) Notifying a person regarding potential exposure to a communicable disease
 - (5) Notifying a person regarding a potential risk for spreading or contracting a disease or condition
 - (6) Reporting reactions to drugs or problems with products or devices
 - (7) Notifying individuals if a product or device they may be using has been recalled
 - (8) Notifying appropriate government agency(ies) and authority(ies) regarding the potential abuse or neglect of an adult patient (including domestic violence); however, we will only disclose this information if the patient agrees or we are required or authorized by law to disclose this information.

- (9) Notifying your employer under limited circumstances related primarily to workplace injury or illness or medical surveillance.
- ii) **Health oversight activities.** SHS may disclose your PHI to a health oversight agency for activities authorized by law. Oversight activities can include, for example: investigations, inspections, audits, surveys, licensure and disciplinary actions; civil, administrative and criminal procedures or actions; or other activities necessary for the government to monitor government programs, compliance with civil rights laws and the health care system in general.
 - iii) **Lawsuits and similar proceedings.** SHS may use and disclose your PHI in response to a court or administrative order, if you are involved in a lawsuit or similar proceeding. We also may disclose your PHI in response to a discovery request, subpoena or other lawful process by another party involved in the dispute, but only if we have made an effort to inform you of the request or to obtain an order protecting the information the party has requested.
 - iv) **Law enforcement.** We may release PHI if asked to do so by a law enforcement official (federal, state or local):
 - (1) Regarding a crime victim in certain situations, if we are unable to obtain the person's agreement
 - (2) Concerning a death we believe has resulted from criminal conduct
 - (3) Regarding criminal conduct at our offices, including insurance fraud and abuse
 - (4) In response to a warrant, summons, court order, subpoena or similar legal process
 - (5) To identify/locate a suspect, material witness, fugitive or missing person
 - (6) In an emergency, to report a crime (including the location or victim(s) of the crime, or the description, identity or location of the perpetrator)
 - v) **Deceased patients.** SHS may release PHI to a medical examiner or coroner to identify a deceased individual or to identify the cause of death. If necessary, we also may release information in order for funeral directors to perform their jobs.
 - vi) **Organ and tissue donation.** SHS may release your PHI to organizations that handle organ, eye or tissue procurement or transplantation, including organ donation banks, as necessary to facilitate organ or tissue donation and transplantation if you are an organ donor.
 - vii) **Research.** SHS may use and disclose your PHI for research purposes in certain limited circumstances. We will obtain your written authorization to use your PHI for research purposes **except** when an Internal Review Board or Privacy Board has determined that the waiver of your authorization satisfies all of the following conditions:
 - (1) The use or disclosure involves no more than a minimal risk to your privacy based on the following:
 - (a) an adequate plan to protect the identifiers from improper Use and Disclosure
 - (b) an adequate plan to destroy the identifiers at the earliest opportunity consistent with the research (unless there is a health or research justification for retaining the identifiers or such retention is otherwise required by law) and
 - (c) adequate written assurances that the PHI will not be re-used or disclosed to any other person or entity (except as required by law) for authorized oversight of the research study or for other research for which the use or disclosure would otherwise be permitted
 - (2) The research could not practicably be conducted without the waiver.
 - (3) The research could not practicably be conducted without access to and use of the PHI.
 - viii) **Serious threats to health or safety.** SHS may use and disclose your PHI when necessary to reduce or prevent a serious threat to your health and safety or the health and safety of another individual or the public. Under these circumstances, we will only make disclosures to a person or organization able to help prevent the threat.
 - ix) **Military.** SHS may disclose your PHI if you are a member of U.S. or foreign military forces (including veterans) and if required by the appropriate authorities.
 - x) **National security.** SHS may disclose your PHI to authorized federal officials for intelligence, counterintelligence, and other national security activities authorized by law.

- xii) **Protective Services for the President and others.** As authorized or required by law, we may disclose health information about you to authorized federal officials so they may provide protection to the President of the United States or other authorized persons or foreign heads of state or conduct special investigations.
 - xiii) **Inmates.** SHS may disclose your PHI to correctional institutions or law enforcement officials if you are an inmate or under the custody of a law enforcement official. Disclosure for these purposes would be necessary: (a) for the institution to provide health care services to you, (b) for the safety and security of the institution, and/or (c) to protect your health and safety or the health and safety of other individuals.
 - xiiii) **Workers' compensation.** SHS may release your PHI in order to comply with laws and regulations related to workers' compensation and similar programs.
- 4) **All other uses and disclosures:**
- a) **All other uses and disclosures of your PHI not contained in this Notice of Privacy Practices will not be disclosed without your authorization.**
 - i) **SHS will obtain your written authorization** by completing *Consent to Release or Obtain Confidential Information* for any 'Uses and Disclosures' that are not identified by this notice or permitted by applicable law.
 - ii) **Any authorization you provide to us regarding the 'Use and Disclosure of your PHI' may be revoked at any time in writing.** After you revoke your authorization, we will no longer use or disclose your PHI for the reasons described in the authorization. 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.
 - b) **Specifically, we must obtain your authorization to use and/or disclose your PHI in the following circumstances:**
 - i) **Marketing.** Any use or disclosure of your PHI for marketing purposes, except if our communication to you is in the form of a face-to-face communication made by us or a promotional gift of nominal value provided by us to you. If the marketing involves financial remuneration to us by a third party, your authorization must state that such remuneration is involved.
 - ii) **Sale of PHI.** Any disclosure of your PHI which is a sale requires your authorization and must reflect whether the disclosure will result in remuneration to us.
- 5) **Your rights regarding your PHI.** You have the following rights regarding the PHI that we maintain about you:
- a) **Confidential communications.** You have the right to request that SHS communicate with you about your health and related issues in a particular manner or at a certain location. For instance, you may ask that we contact you at home, rather than work. In order to request a type of confidential communication, you must complete a *Request for Alternative Confidential Communication* specifying the requested method of contact, or the location where you wish to be contacted. Our Center will accommodate **reasonable** requests. You do not need to give a reason for your request.
 - b) **Requesting restrictions.**
 - i) You have the right to restrict Disclosure of PHI to a health plan for payment if you have paid in full for the services and items provided in that visit.
 - ii) You have the right to request a restriction in our Use or Disclosure of your PHI for treatment, payment or health care operations. In order to request a restriction, you must complete the *Consent to Obtain or Release Information* and clearly indicate your request under the 'Do Not Disclose' section.
 - iii) You have the right to request that we restrict our disclosure of your PHI to only certain individuals involved in your care or the payment for your care, such as family members and friends. **We are not required to agree to your request;** however, if we do agree, we are bound by our agreement except when otherwise required by law, in emergencies or when the information is necessary to treat you. In your request you must describe in a clear and concise fashion:
 - (1) The information you wish restricted
 - (2) Whether you are requesting to limit SHS's Use, Disclosure or both
 - (3) To whom you want the limits to apply

- c) **Inspection and copies.** You have the right to inspect and obtain a copy of the PHI that may be used to make decisions about you, including patient medical records and billing records, but not including psychotherapy notes. In order to inspect and/or obtain a copy of your PHI, you must complete the *Consent to Obtain or Release Information* and clearly indicate that the request is to release information to self. SHS may charge a fee for the costs of copying, mailing, labor and supplies associated with your request. SHS may deny your request to inspect and/or copy in certain limited circumstances; however, you may request a review of our denial. Another licensed health care professional chosen by us will conduct reviews. Any PHI held electronically will be provided in electronic form when requested.
- d) **Amendment.** You may ask us to amend your health information if you believe it is incorrect or incomplete, and you may request an amendment for as long as the information is kept by or for SHS. To request an amendment, you must complete *Request to Amend Protected Health Information*. You must provide us with a reason that supports your request for amendment.
 - i) SHS may deny your request
 - (1) If you fail to submit your request (and the reason supporting your request) in writing.
 - (2) If you ask us to amend information that is in our opinion:
 - (a) Accurate and complete
 - (b) Not part of the PHI kept by or for the Service
 - (c) Not part of the PHI which you would be permitted to inspect and copy or
 - (d) Not created by SHS, unless the individual or entity that created the information is not available to amend the information
- e) **Accounting of disclosures.** You have the right to request an “accounting of disclosures”, of the non-routine disclosures SHS has made of your PHI which will be documented in your chart. Use of your PHI as part of SHS’s routine **Treatment, Payment and Healthcare Operation** is not required to be documented, for example: the doctor sharing information with the nurse; or the billing department using your information to file your insurance claim. In order to obtain an accounting of disclosures, you must complete *Request for Accounting of Disclosures of Protected PHI*. All requests for an “accounting of disclosures” must state a time period, which may not be longer than six (6) years from the date of disclosure and may not include dates before April 14, 2003. The first list you request within a 12-month period is free of charge, but SHS may charge you for additional lists within the same 12-month period. SHS will notify you of the costs involved with additional requests, and you may withdraw your request before you incur any costs.
- f) **The right to opt out of any fundraising communications.**
- g) **Right to a paper copy of this notice.** You are entitled to receive a paper copy of our notice of privacy practices. You may ask us to give you a copy of this notice at any time. To obtain a paper copy of this notice, contact **The Student Health Service at (337) 482-5919**.
- h) **Right to receive notifications whenever a breach of PHI occurs.** SHS is required by law to notify you in case of a breach of your unsecured PHI when it has been or is reasonably believed to have been accessed, acquired or disclosed as a result of a breach.
- i) **Right to file a complaint.** If you believe your privacy rights have been violated, you may file a complaint with SHS or with the Secretary of the Department of Health and Human Services. To file a complaint with our SHS, you must complete *Complaint Regarding Student Health Service Management of Protected Health Information*. **You will not be penalized for filing a complaint.** To file a complaint with the Department of Health and Human Services, contact U.S Department of Health and Human Services @ 200 Independence Avenue, S.W., Washington, D.C., 20201.

EFFECTIVE DATE OF THIS NOTICE: September 18, 2013

Again, if you have any questions regarding this notice or our health information privacy policies, please contact UL Lafayette **Student Health Service @ P.O. Box 43692, Lafayette, LA 70504-3692, (337) 482-5919**.