

NOTICE OF PRIVACY PRACTICES
FOR
WESTERN WASHINGTON UNIVERSITY
STUDENT HEALTH CENTER

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 Notice of Privacy Practices is being provided to you as a requirement of the Health Insurance Portability and Accountability Act (HIPAA). This Notice describes how we may use and disclose your protected health information to carry out treatment, payment or health care operations and for other purposes that are permitted or required by law. It also describes your rights to access and control your protected health information in some cases. Your “protected health information” means any of your written and verbal health information, including demographic data that can be used to identify you. This is health information that is created or received by your health care provider, and that relates to your past, present, or future physical or mental health condition.

I. Uses and Disclosures of Protected Health Information

The **WWU Student Health Center** may use your protected health information for purposes of providing treatment, obtaining payment for treatment, and conducting health care operations. Your protected health information may be used or disclosed only for these purposes unless the **WWU Student Health Center** has obtained your authorization or the use or disclosure is otherwise permitted by the HIPAA Privacy Regulations or State law. Disclosures of your protected health information for the purposes described in this Notice may be made in writing, orally, or by facsimile.

- A. Treatment.** We will use and disclose your protected health information to provide, coordinate, or manage your health care and any related services. This includes the coordination of management of your health care with a third party for treatment purposes. For example, we may disclose your protected health information to a pharmacy to fulfill a prescription, to a laboratory to order a blood test, or to an x-ray facility to order a radiology test. We may also disclose protected health information to other physicians or health care providers, including mental health therapists at WWU who may be treating you or consulting with your physician with respect to your care. In some cases, we may also disclose your protected health information to an outside treatment provider for purposes of the treatment activities of the other provider.
- B. Operations.** We may use or disclose your protected health information, as necessary, for our own health care operations in order to facilitate the function of the **WWU Student Health Center** and to provide quality care to all patients. Health care operations include such activities as:

- Quality assessment and improvement activities.
- Employee review activities
- Training programs including those in which students, trainees, or practitioners in health care learn under supervision
- Accreditation, certification, licensing or credentialing activities
- Review and auditing, including compliance reviews, medical reviews, legal services and maintaining compliance programs
- Business management and general administrative activities.

In certain situations, we may also disclose patient information to another provider or health plan for their health care operations.

- C. Other Uses and Disclosures.** As part of treatment, payment and health care operations, we may also use or disclose your protected health information for the following purposes:
- To remind you of an appointment, or follow up after a “missed” or “no show” appointment
 - To inform you of potential treatment alternatives or options.
 - To inform you of health-related benefits or services that may be of interest to you.

II. Uses and Disclosures Beyond Treatment, Payment, and Health Care Operations Permitted Without Authorization or Opportunity to Object

Federal privacy rules allow us to use or disclose your protected health information without your permission or authorization for a number of reasons including the following:

- A. When Legally Required.** We will disclose your protected health information when we are required to do so by any Federal, State, or local law.
- B. When There are Risks to Public Health.** We may disclose your protected health information for the following public activities and purposes:
- To prevent, control, or report disease, injury or disability as permitted by law.
 - To report vital events such as birth or death as permitted or required by law.
 - To conduct public health surveillance, investigations and interventions as permitted or required by law.
 - To collect or report adverse events and product defects, track FDA regulated products, enable product recalls, repairs, or replacements to the FDA and to conduct post marketing surveillance.
 - To notify a person who has been exposed to a communicable disease or who may be at risk of contracting or spreading a disease as authorized by the law.
 - To report to an employer information about an individual who is a member of the workforce as legally permitted or required.
- C. To Report Abuse, Neglect or Domestic Violence.** We may notify government authorities if we believe that a patient is the victim of abuse, neglect or domestic violence. We will make this disclosure only when specifically required or authorized by law or when the patient agrees to the disclosure.

- D. To Conduct Health Oversight Activities.** We may disclose your protected health information to a health oversight agency for activities including audits; civil, administrative, or criminal investigations, proceedings, or actions; inspections; licensure or disciplinary actions; or other activities necessary for appropriate oversight as authorized by law. We will not disclose your health information if you are the subject of an investigation and your health information is not directly related to your receipt of health care or public benefits.
- E. In Connection with Judicial and Administrative Proceedings.** We may disclose your protected health information in the course of any judicial or administrative proceeding in response to an order of a court or administrative tribunal as expressly authorized by such order or in response to a subpoena in some circumstances.
- F. For Law Enforcement Purposes.** We may disclose your protected health information to a law enforcement official for law enforcement purposes as follows:
- As required by law for reporting certain types of wounds or other physical injuries.
 - Pursuant to court order, court-ordered warrant, subpoena, summons, or similar process
 - For the purpose of identifying or locating a suspect, fugitive, material witness or missing person.
 - Under certain limited circumstances, when you are the victim of a crime.
 - To a law enforcement official if the provider has a suspicion that your death was the result of criminal conduct.
 - In an emergency in order to report a crime.
- G. In the Event of a Serious Threat to Health or Safety.** We may, consistent with applicable law and ethical standards of conduct, use or disclose your protected health information if we believe, in good faith, that such use or disclosure is necessary to prevent or lessen a serious and imminent threat to your health or safety or to the health and safety of the public.

III. Uses and Disclosures Permitted Without Authorization But With Opportunity to Object

We may choose to disclose your protected health information to your family member or a close personal friend if it is directly relevant to the person's involvement in your care. We can also disclose your information in connection with trying to locate or notify family members or others involved in your care concerning your location, condition or death.

You may object to these disclosures. If you do not object to these disclosures or we can infer from the circumstances that you do not object or we determine, in the exercise of our professional judgment, that it is in your best interest for us to make disclosure of information that is directly relevant to the person's involvement with your care, we may disclose your protected health information as described.

IV. Uses and Disclosures Which You Authorize

Other than as stated above, we will not disclose your health information other than with your written authorization. You may revoke your authorization in writing at any time except to the extent that we have taken action in reliance upon the authorization.

V. Your Rights

You have the following rights regarding your health information:

- A. **The Right to inspect and copy your protected health information.** You may inspect and obtain a copy of your protected health information that is contained in a designated record set for as long as we maintain the protected health information. A “designated record set” contains medical and billing records and any other records that your physician and the provider uses for making decisions about you.

Under Federal law, however, you may not inspect or copy the following records: psychotherapy notes; information compiled in reasonable anticipation of, or for use in, a civil, criminal, or administrative action or proceeding; and protected health information that is subject to a law that prohibits access to protected health information. Depending on the circumstances, you may have the right to have a decision to deny access reviewed.

We may deny your request to inspect or copy your protected health information if, in our professional judgment, we determine that the access requested is likely to endanger your life or safety or that of another person, or that it is likely to cause substantial harm to another person referenced within the information. You have right to request a review of this decision.

To inspect and copy your medical information, you must submit a written request to the Privacy Officer whose contact information is listed on the last pages of this Notice. If you request a copy of your information, we may charge you a fee for the costs of copying, mailing, or other costs incurred by us in complying with your request. Please contact our Privacy Officer if you have questions about access to your medical record.

- B. **The right to request a restriction on uses and disclosures of your protected health information.** You may ask us not to use or disclose certain parts of your protected health information for the purposes of treatment, payment or health care operations. You may also request that we not disclose your health information to family members or friends who may be involved in your care or for notification purposes as described in this Notice of Privacy Practices. Your request must state the specific restriction requested and to whom you want the restriction to apply.

The **WWU Student Health Center** is not required to agree to a restriction that you may request. We will notify you if we deny your request to a restriction. If the provider does agree to the requested restriction, we may not use or disclose your protected health information in violation of that restriction unless it is needed to provide emergency

treatment. Under certain circumstances, we may terminate our agreement to a restriction. You may request a restriction by contacting the Privacy Officer.

- C. **The right to request to receive confidential communications from us by alternative means or at an alternative location.** You have the right to request that we communicate with you in certain ways. We will accommodate reasonable requests. We may condition this accommodation by asking you for specification of an alternative address or other method of contact. We will not require you to provide an explanation for your request. You can notify your health care provider of your request or requests may be made in writing to our Privacy Officer.
- D. **The right to have your physician amend your protected health information.** You may request an amendment of protected health information about you in a designated record set for as long as we maintain this information. In certain cases, we may deny your request for an amendment. If we deny your request for amendment, you have the right to file a statement of disagreement with us and we may prepare a rebuttal to your statement and will provide you with a copy of any such rebuttal. Requests for amendment must be in writing and must be directed to our Privacy Officer. In this written request, you must also provide a reason to support the requested amendments.
- E. **The right to receive an accounting.** You have the right to request an accounting of certain disclosures of your protected health information made by the **WWU Student Health Center**. This right applies to disclosures for purposes other than treatment, payment or health care operations as described in this Notice of Privacy Practices. We are also not required to account for disclosures that you requested, disclosures that you agreed to by signing an authorization form, disclosures for a facility directory, to friends or family members involved in your care, or certain other disclosures we are permitted to make without your authorization. The request for an accounting must be made in writing to our Privacy Officer. The request should specify the time period sought for the accounting. We are not required to provide an accounting for disclosures that take place prior to April 14, 2003. Accounting requests may not be made for periods of time in excess of six years. We will provide the first accounting you request during any 12-month period without charge. Subsequent accounting requests may be subject to a reasonable cost-based fee.
- F. **The right to obtain a paper copy of this notice.** Upon request, we will provide a separate paper copy of this notice even if you have already received a copy of the notice or have agreed to accept this notice electronically.

VI. Our Duties

The **WWU Student Health Center** is required by law to maintain the privacy of your health information and to provide you with this Notice of our duties and privacy practices. We are required to abide by terms of this Notice as may be amended from time to time. We reserve the right to change the terms of this Notice and to make the new Notice provisions effective for all protected health information that we maintain. If the **Student Health Center** changes its Notice, we will provide a

copy of the revised Notice by sending a copy of the Revised Notice via email, regular mail or through in-person contact.

VII. Complaints

You have the right to express complaints to the **WWU Student Health Center** and to the Secretary of Health and Human Services if you believe that your privacy rights have been violated. You may complain to the **WWU Student Health Center** by contacting the **Student Health Center's** Privacy Officer verbally or in writing, using the contact information below. We encourage you to express any concerns you may have regarding the privacy of your information. You will not be retaliated against in any way for filing a complaint.

VIII. Contact Person

The **WWU Student Health Center's** contact person for all issues regarding patient privacy and your rights under the Federal privacy standards is the Privacy Officer. Information regarding matters covered by this Notice can be requested by contacting the Privacy Officer. Complaints against the **WWU Student Health Center** can be mailed to the Privacy Officer by sending it to:

WWU Student Health Center
Mailstop 9132
Bellingham, WA 98225

Or by emailing: Privacy.Officer@wwu.edu

Or by calling: (360) 650-3400

IX. Effective Date

This Notice is effective April 14, 2003.

WWU STUDENT HEALTH CENTER
Notice and Acknowledgement of Privacy Practices

I acknowledge that I have received the attached Notice of Privacy Practices

Patient or personal representative signature

Date

If personal representative signature appears above, please describe personal representative's relationship to patient: _____

Document of Good Faith Efforts

Patient Name _____

Date _____

The patient presented for treatment on this date and was provided with a copy of the Notice of Privacy Practices. A good faith effort was made to obtain a written acknowledgement of receipt of the Notice. However, an acknowledgement was not obtained because:

_____ **Patient refused to sign**

_____ **Patient was unable to sign or initial because** _____

_____ **There was a medical emergency (the provider will attempt to obtain acknowledgement at the next available opportunity)**

_____ **Other reason** _____

Signature of employee completing form: _____