



UNIVERSITY OF NORTH DAKOTA
Student Health Services
McCannel Hall
P.O. Box 9038
Grand Forks, North Dakota 58202
701.777.4500 Fax: 701.777.4835

NOTICE OF PATIENT PRIVACY PRACTICES

Effective Date April 14, 2003

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.

If you have questions or comments, regarding this notice, please contact the University of North Dakota Student Health Services at the above-mentioned address or telephone number. All requests, notifications, and complaints should be submitted to Student Health Attention: Candance I. Homstad, Health Care Analyst.

Whom Does This Notice Apply?

This notice has been published by the University of North Dakota Student Health Services. It applies to everyone who works for student health, including all employees, contractors, information technology service workers, work-study students and volunteers.

Why Do We Publish This Notice?

As medical professionals, we understand that information about you and your health is sensitive and personal. We are also required by law to maintain the privacy of information that we gather and use about you, and all of the patients we serve. We also will provide you with notices of our legal duties and privacy practices with respect to your information.

We are committed to the privacy of our patient's information. However, in order to serve you, we need to obtain, secure, and utilize your records. We occasionally need to share health information with other healthcare, insurance, and billing providers.

This notice is also to inform you about certain legal rights you have with respect to the information we secure. You have the right to review and copy information in your records. You may also request

that we amend these records, and may ask us to account for certain disclosures.

When Does This Notice Become Effective?

We are required to comply with the terms of this notice while it is in effect. We reserve the right to change the terms of this notice and to make the new terms effective for all information to which this notice applies. This notice will be in effect from April 14, 2003, until the date we publish an amended notice. If we do publish an amended notice, we will notify you of the amendment at your next appointment to Student Health Service. We will also publish this information on our website at <http://www.undstudenthealth.com>, or a copy may be requested by contacting us at the above telephone number or address.

What Information Does This Notice Cover?

This notice covers all information in our written or electronic records which concerns you, your healthcare, and payment for services we provide for your care. This notice also covers information we may have shared with other organizations to help us provide care to you, get reimbursed for services provided to you, or to manage our administrative operations.

Uses and Disclosures of Protected Health Information. How We May Use and Disclose Medical Information About You:

In order for us to provide you healthcare, we are permitted to use or disclose your health information for the following purposes:

1. **Treatment.** We may use or disclose information about you for treatment purposes. This information may be communicated to doctors, nurses, technicians, medical students, or other individuals who work in our practice who are involved in providing you healthcare. We may also disclose information about you to organizations and individuals involved in your care who are outside of our practice, such as consulting physicians, laboratories, social workers, and other persons in the medical profession. For example, if we refer you to another physician or a hospital for specialty services, we will provide all clinical information which might be necessary or helpful to assist in your care. Or, if it is necessary to send a sample of your blood to a laboratory for analysis, we will provide the laboratory with the information they need to analyze your blood correctly.
2. **Payment.** We may use or disclose information about you for payment purposes to our staff involved in billing and claims payment. We may also disclose such information to your health plan or other third party financially responsible for your care, or to claims and billing services if necessary. For example, if you are covered by a health plan we cannot get paid for the services provided to you unless a claim is submitted. This may include diagnosis and treatment information. This is only an example. There may be other ways we may use or disclose information about you in connection with reimbursement for your care.
3. **Health Care Operations.** We may use or disclose information about you in connection with the operation of our practice. These activities may include; practice quality improvement, training of medical students, insurance underwriting, medical or legal review, and business planning or administration of our practice. For example, to deliver quality care to you, we may wish to review the quality of care you receive. Or, we may audit our management practices so we can become more efficient. These are only examples, and we may use or disclose information about your for healthcare operations in many other ways.

Other Permitted Disclosures.

We may also disclose information about you without your consent for the following purposes:

1. We may use or disclose your protected health information to public health or other government agencies that are allowed to receive this information, or to persons who report to the FDA. We may disclose vital statistics, communicable diseases, or information about product recalls.
2. We may disclose your protected health information to authorized agencies in the event of suspected child abuse, neglect, or domestic violence. Disclosure will be consistent with state and federal laws.
3. We may disclose your protected health information to authorized agencies in other cases of suspected abuse, neglect, or domestic violence, under the following circumstances, with your agreement; if required by law, if you are incapacitated, a minor, or it appears necessary to prevent serious harm to you or others.
4. We may disclose your protected health information to a health oversight agency for activities authorized by regulatory, licensing, and other legal purposes that are necessary for healthcare system government programs, and civil rights laws.
5. We may disclose protected health information in judicial or administrative proceedings, in response to a court order, and in certain cases in response to a subpoena, discovery request, or other legal purpose.
6. We may disclose protected health information under certain conditions to law enforcement agencies, subject to applicable legal requirements and limitations.
7. We may disclose protected health information to your authorized superiors or other authorized federal officials, if you are in the United States military, national security, intelligence, or Foreign Service.
8. We may disclose protected health information to coroners, funeral directors, and organ donation organizations, for purposes allowed by law, such as identification or determining cause of death.
9. We may disclose your protected health information to researchers when their research has been approved by an institutional review board or privacy board, and the board has determined that the research meets certain requirements for protection of that information.
10. We may disclose your protected health information to comply with workers'

compensation laws and other similar programs established by law.

Pharmacy.

In order to provide optimum care to our patients, Student Health Pharmacy routinely receives the entire patient medical record when an order to fill prescriptions has been received by one of our providers. The Student Health Pharmacy is committed to protecting your personal health information and is required to abide by the terms of this notice.

Reminders, Marketing and Research.

We may send you information to support your healthcare, including appointment reminders, information about alternative treatments, and health related services which may be of interest to you. *Please advise us if you do not wish to receive such communications* and we will not use or disclose your information for such purposes. If you do not wish to receive this type of communication, you must advise us in writing.

What Legal Rights Do You Have in Connection to Your Health Information?

By law, you are entitled to:

1. **Request a restriction.** Ask us to further restrict our use and disclosure of information about you. We are not required to grant such a request, but if we do grant your request, we must abide by it.
2. **Confidential communications.** You have a right to request that we communicate with you about medical matters in a certain way or at a certain location.
3. **Review your medical record.** You have a right to review your personal medical records.
4. **Obtain a copy of your medical record.** You have a right to obtain a copy of all or any part of your medical information. We may charge you a reasonable fee for copying materials.
5. **Request an amendment.** You have a right to request an amendment to your medical records. If you believe that the medical information about you is

incorrect or incomplete, you may request an amendment in writing and provide a reason to support your request. We are not required to make such an amendment. You are entitled to request in writing a written statement of disagreement, which will be included in your medical record. If you choose to make such a statement, we are entitled to submit a statement of explanation, or response to your appeal, which will be placed in your medical record.

6. **Right to obtain accounting of disclosures.** You have a right to receive an accounting of disclosures we have made and to obtain an accounting of disclosures. You have a right to receive specific information about disclosures that were made after April 14, 2003. This does not include disclosures for purposes of treatment, payment, or healthcare operations.

7. **Right to revoke consent for treatment/payment and healthcare operations.** If you have provided us with an authorization for any purpose, you may revoke it at any time. You may revoke an authorization by giving us written notice at our contact address mentioned above. Your revocation will be effective as of the time we receive it, and will not apply to any uses or disclosures which occur before we have received such a request.

8. **Right to file a complaint.** If you believe we have violated your privacy rights, you may forward a written complaint to us. You may also file a complaint with the Secretary of the United States Department of Health and Human Services. If you do file a complaint, we are legally prohibited from retaliating against you.

Complaints can be submitted to:
Region VIII
Office for Civil Rights
U.S. Dept of Health & Human Services
1961 Stout Street, Room 1185 FOB
Denver, CO 80294-3538
Phone: (303) 844-2025
Fax: (303) 844.2025
TDD (303) 844.3439