



## Student Health Clinic

### 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 THIS NOTICE CAREFULLY**

**Protected Health Information (PHI)** is demographic and individually identifiable health information about you that will or may identify you and relates to your past, present or future physical or mental health condition and related health care services. Notice of Privacy Practices describes how we may use and disclose your PHI in accordance with applicable law. It also describes your rights regarding how you may gain access to and control your PHI.

We are required by law to maintain the privacy of PHI and to provide you with notice of our legal duties and privacy practices with respect to PHI. We are required to abide by the terms of this Notice of Privacy Practices. We reserve the right to change the terms of our Notice of Privacy Practices at any time. Any new Notice of Privacy Practices will be effective for all PHI that we maintain at that time. We will provide you with a copy of the revised Notice of Privacy Practices by posting a copy on our website, sending a copy to you in the mail upon request or providing one to you at your next appointment.

#### **HOW WE MAY USE AND DISCLOSE HEALTH INFORMATION ABOUT YOU**

**For Treatment:** Your PHI may be used and disclosed by those who are involved in your care for the purpose of providing, coordinating, or managing your health care treatment and related services. This includes consultation with clinical supervisors, other healthcare providers, and other treatment team members. We may disclose PHI to any other consultant only with your authorization.

**For Payment:** We may use and disclose PHI so that we can receive payment for the treatment services provided to you. This will only be done with your authorization. Examples of payment-related activities are: making a determination of eligibility or coverage for insurance benefits, processing claims with your insurance company, reviewing services provided to you to determine medical necessity, or undertaking utilization review activities.

**For Health Care Operations:** We may use or disclose, as needed, your PHI in order to support our business activities including, but not limited to, quality assessment activities, employee review activities, licensing, and conducting or arranging for other business activities. For example, we may share your PHI with third parties that perform various business activities (e.g., billing or typing services) provided we have a written contract with the business that requires it to safeguard the privacy of your PHI. For training or teaching purposes PHI will be disclosed only with your authorization.

**Appointment Reminders:** We may use and disclose medical information to contact you as a reminder that you have an appointment for treatment or medical care at Student Health Services.



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**Directory Information:** Unless you request that such information not be released, we may disclose limited “directory information” about you while you are a patient at the Student Health Clinic. Specifically, we may disclose your presence and general health condition to people who ask for you by name.

**Individuals Involved In Your Care:** Unless you object, we may disclose to a family member, other relative, or a close personal friend, or any other person you identify, protected health information directly relevant to that person’s involvement with your care. We will also disclose protected health information to an individual if we reasonably infer from the circumstances, based on the exercise of professional judgment that you do not object to the disclosure.

**Limited Uses When You Are Not Present or are incapacitated:** If you are not present or cannot agree or object to disclosure of information because of incapacity or an emergency circumstance, we will, in the exercise of professional judgment, disclose protected information in your best interests. We may use professional judgment and experience to make reasonable inferences of your best interest in allowing a person to pick up prescriptions, medical supplies or other similar protected health information on your behalf.

**In the Event of a Disaster:** We may disclose medical information about you to other health care providers and to an entity assisting in a disaster relief effort to coordinate care and so your family can be notified about your condition and location.

**Business Associates:** We may disclose medical information to business associates with whom we contract so they may provide services on behalf of Student Health Services. We require all business associates to implement safeguards to protect medical information.

**Verbal Permission:** With your verbal permission, we may use or disclose your information to family members that are directly involved with your treatment.

**To Avert a Serious Threat to Health and Safety:** We may use and disclose medical information about you when necessary to prevent or lessen a serious threat to your health and safety or the health and safety of the public or another person, unless that information is learned during counseling or therapy. Any disclosure would only be to someone able to help prevent the threat. Mental Health records are subject to stricter disclosure guidelines. You may request a copy of those privacy practices.

**Special Situations:** In these special situations, disclosure of your protected health information would be in accordance with state and federal laws: Cancer registries and other registries; military personnel; worker’s compensation; public health risks; health oversight activities; judicial and administrative proceedings; law enforcement; organ and tissue donation; coroners; medical examiners and funeral directors.

**With Authorization:** Uses and disclosures not specifically permitted by applicable law will be made only with your written authorization, which may be revoked.



## Student Health Clinic

### Your Rights Regarding Your PHI

You have the following rights regarding PHI we maintain about you. To exercise any of these rights, please submit your request in writing to Student Health Clinic.

- **Right of Access to Inspect and Copy.** You have the right to inspect and copy medical information that may be used to make decisions about your care. Your right to inspect and copy PHI will be restricted only in those situations where there is compelling evidence that access would cause serious harm to you. We may charge a reasonable, cost-based fee for copies. Your request for records must be made in writing. If you are denied access to medical information, you may request that the denial be reviewed. Another health care provider will review your request and the denial. We will comply with the outcome of this review.
- **Right to Amend.** If you feel that the PHI we have about you is incorrect or incomplete, you may ask us to amend the information. To request an amendment, your request must be in writing and you must submit a reason that supports your request. We may deny your request for an amendment if it is not in writing or it does not include a reason to support your request. We may deny your request if you ask us to amend information that: was not created by us, unless the person or entity that created the information is no longer available to make the amendment; is not part of the medical information kept by Student Health Services; is not part of the information that you would be permitted to inspect and copy; or is accurate and complete. If you disagree with our denial, you may submit a statement of disagreement or ask that your request become part of your record. In response, we may prepare a rebuttal as part of your record.
- **Right to an Accounting of Disclosures.** You have the right to request an accounting of disclosures that we make of your PHI. We may charge you a reasonable fee if you request more than one accounting in any 12-month period.
- **Right to Request Restrictions.** You have the right to request a restriction or limitation on the use or disclosure of your PHI. Such requests must be in writing. We are not required to agree to your request. If we do agree to your restriction, we will comply with your request unless the information is needed to provide for your emergency treatment.
- **Right to Request Confidential Communication.** 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. To request confidential communications, you must make your request in writing. We will not ask the reason for your request. We will accommodate reasonable requests. Your request must specify how or where you wish to be contacted.
- **Right to a Copy of this Notice.** You have the right to a copy of this notice.

#### Questions or Complaints

If you believe we have violated your privacy rights, you have the right to file a complaint in writing with the Director of Medical Services, Chuck Jensen at 777 Grandview Drive, Kalispell, MT 59901 (406-756-3808) or with the Secretary of Health and Human Services at 200 Independence Avenue, S.W., Washington, D.C. 20201 or by calling (202) 619-0257. We will not retaliate against you for filing a complaint.

Name: \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_