

**WINTHROP UNIVERSITY CENTER FOR STUDENT WELLNESS
DIVISION OF STUDENT AFFAIRS
NOTICE OF PRIVACY PRACTICES**

THIS NOTICE DESCRIBES HOW MEDICAL INFORMATION ABOUT YOU MAY BE USED AND DISCLOSED AND HOW YOU CAN OBTAIN ACCESS TO THIS INFORMATION.

If you have any questions about this notice, please contact Nicole Ford, Operations Manager, Winthrop University Center for Student Wellness 803/323-2206.

PLEASE REVIEW THIS CAREFULLY. THE PRIVACY OF YOUR HEALTH INFORMATION IS IMPORTANT TO US.

Any healthcare professional authorized to document information in your physical or mental health record will follow this notice as well as all departments in Winthrop University (WU) Center for Student Wellness (CSW).

Your Physical and Mental Health Records

Your medical form and mandatory immunization record is on file in Health Services, either on paper or electronically. In addition, each time you seek care at Health Services or Counseling Services, a record of your visit is made, either on paper or electronically. This record typically includes your symptoms, examinations, test results, diagnoses, treatments, plan for care, and any charges incurred (for medicine, lab tests, supplies, etc.).

Our Legal Duty

Federal law requires us to:

- ✓ Maintain the privacy of your medical information.
- ✓ Provide you with this notice about our privacy practices, our legal duties, and your rights concerning your health information.
- ✓ Abide by the practices described in this notice.
- ✓ Notify you if we change any of the policies described herein.

This notice takes effect on April 14, 2003 and will remain in effect until we replace it. As the law permits, we reserve the right to change our privacy practices and to make the new terms effective for all physical or mental health information that we maintain, including information that we received or created before we made the changes. Written notices will be available at the Front Desk located in Health Services, in your Mediat Patient Portal account, and on the Winthrop website.

Uses and Disclosures of Health Information

The following describes the different ways we may use or disclose health information. For each category of use or disclosure some examples are presented. Not every use or disclosure will be listed by example, but all of the ways in which we may use or disclose health information will fall into one of the following categories.

On Your Authorization: We may disclose health information about you with your written authorization, which you may revoke at any time in writing. Your revocation will not affect any uses or disclosures permitted by your authorization while it was in effect. Without your written authorization, we may not use or disclose your health information for any reason except as described in this notice.

Treatment: The healthcare team at the Center for Student Wellness uses your record/health information for assessing, planning, implementing, and evaluating your treatment. In addition, we may provide your health information to another physician or other healthcare provider providing treatment to you.

Payment: We may use your information to obtain payment for services we provide to you. Any charges incurred or purchases made at the Center for Student Wellness are posted to your student account and will be listed as Health Services when a bill is sent from accounting to your billing address. A copy of a bill containing information identifying you, your diagnosis, procedures, supplies used, etc., may be given to you after you receive care/service.

Healthcare Operations: We may use and disclose your information for our healthcare operations. Healthcare operations include quality assessment and improvement activities, reviewing the competence or qualifications of healthcare professionals, evaluating practitioner and provider performance, conducting training programs, accreditation, certification, licensing or credentialing activities.

Treatment Alternatives. We may use and disclose your information to recommend possible treatment options or alternatives that may be of interest to you. We may also mail to you copies of your lab reports.

To Your Friends or Family Involved in Your Care: If a person such as a friend or family member is helping to care for you, we may release health information necessary for your care to them. Before we disclose any information to such people, we will provide you with an opportunity to object to that use or disclosure. In an emergency, if you are incapacitated or if you are not present, we may disclose health information based on our best professional judgment that use or disclosure of your information is in your best interest. We may use professional judgment and common experience to allow another person to pick up your filled or written prescription, medical supplies or similar forms of health information, for example. We may disclose information to notify or assist in notifying a person involved in your care of your general condition and location.

Follow-up Reminders: We may phone you, leave a phone message at your personal voice mail, text you, or send you a card in the mail (or e-mail if no response) to remind you to phone or come to the Center for Student Wellness for follow-up care or test results. We may phone you or send a card by mail to notify you of test results.

Disaster Relief: We may release information to public or private organizations authorized by law to handle disaster relief efforts.

Business Associates: Another organization or Business Associate may perform some services provided by the Center for Student Wellness. For example, some of your laboratory tests are performed at an outside medical laboratory. Any Business Associate is required to safeguard your information.

Research: We may use or disclose information to researchers when Winthrop University has approved their research and protocols ensure the privacy of your health information.

Public Benefit: We may disclose health information for law enforcement purposes, in response to a subpoena, or as authorized by law for the following purposes considered to be in the public interest, safety, health or public benefit:

- ✓ to public health entities for disease and vital statistic reporting, child abuse reporting, adult or domestic abuse reporting, FDA oversight
- ✓ to employers to comply with Worker's Compensation law
- ✓ to health oversight agencies
- ✓ to law enforcement entities concerning crimes, victims, suspicious deaths
- ✓ to correctional institutions regarding inmates
- ✓ to the military and to federal officials for intelligence, counterintelligence, and national security
- ✓ to coroners, medical examiners, and funeral directors
- ✓ to avert a serious threat to health or safety

Your Health Information Rights

Although your health record is the physical property of the provider or facility that compiled your record, the information belongs to you. Federal law gives you the right to:

Access: You have the right to inspect and to obtain a copy of your records. You may request that records be in a form other than photocopies. We will use the format requested if it is practicable for us to do so. Your request for records or copies must be in writing.

Restriction: You have the right to request additional restriction on the use and disclosure of your health information. We do not have to agree to the restriction, but if we do, we will abide by the restriction. Any agreement regarding further restricting use of information must be in writing.

Alternative Communication: You have the right to request that we communicate with you about protected health information by alternative means or at alternative locations. Requests must be in writing. We will accommodate reasonable requests.

Accounting of Disclosures: You have the right to request a list of instances in which we or our business associates disclosed your health information over the last six years (but not before April 14, 2003). The list will not include disclosures for treatment, payment, healthcare operations, as authorized by you, for law enforcement, and for certain other activities as listed above. We must comply with your request within 60 days unless you agree to a 30-day extension. There is no charge for the first request in any 12-month period; however, we may charge you a reasonable, cost-based fee for any additional requests.

Amendment: You have the right to request that we amend your health record if you think it is incorrect or incomplete. Your request must be in writing and must explain why we should amend your health information. We may deny your request. We will provide you with information about our denial and how to disagree with it.

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. Even if you have agreed to receive this notice electronically, you are still entitled to a paper copy of this notice.

- ✓ You may obtain a copy of this notice at our website, <http://www.winthrop.edu/hcs>
- ✓ You may obtain a paper copy of this notice from WU Center for Student Wellness.

Changes to this Notice: We reserve the right to change this notice. We reserve the right to make the revised or changed notice effective for medical information we already have about you as well as any information we receive in the future. We will post a copy of the current notice in our office. Copies will be available upon request.

Questions and Complaints

If you have any questions about this Notice of Privacy Practice, or you believe that your privacy rights have been violated, you can file a complaint in writing with the Winthrop University Privacy Officer or with the Secretary of the U.S. Department of Health and Human Services. We will provide you with the addresses to file your complaint upon request. We support your right to the privacy of your health information. ***There will be no penalty, threat, discrimination, or retaliation for a complaint to the Privacy Officer or the Department of Health and Human Services.***

Acknowledgment of Receipt of Notice of Privacy Practices

I, (print name) _____, acknowledge that I received a copy of the Center for Student Wellness' Notice of Privacy Practices on ____/____/____.

Signed _____
(06/23)