



## STUDENT HEALTH CENTER

### 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 IT CAREFULLY!

#### KEY TERMS:

HIPAA (Health Insurance Portability and Accountability Act of 1996)

FERPA (Family Educational Rights and Privacy Act)

PHI (Protected Health Information)

HEALTH OR MEDICAL RECORD:

Each time you visit a hospital, physician, dentist, or other healthcare provider, a record of your visit is made. Typically, this record contains your symptoms, examination and test results, diagnosis, treatment, and a plan for future care or treatment. This record is often referred to as your **health or medical record**.

This notice provides you with a description of your rights and our obligations with regard to your PHI, the uses and disclosures we may make regarding your PHI with and without your consent or authorization, and who to contact for more information, or to file a complaint.

HIPAA and FERPA require us to ensure that PHI about you is kept private. It also requires us to give you this notice which explains our legal responsibilities, privacy practices, your health information rights, and how PHI about you may be used and disclosed. We will not use or disclose your PHI without your consent or authorization except as required by law or described in this notice. In addition to HIPAA and FERPA, NC State law and UNCC policies, regulations and rules also govern the use and disclosure of your PHI.

We reserve the right to change this notice and our privacy practices in the future. Any changes made will apply to all of the health information

we have about you at that time. If we make a change, we will post a notice in our building. Upon request, we will give you a copy of the new notice.

#### YOUR "GENERAL CONSENT" WILL BE SOUGHT TO DISCLOSE YOUR "PHI" FOR TREATMENT, PAYMENT AND HEALTHCARE OPERATIONS

- **Treatment:** Your health information is used by our doctors, nurses and other healthcare providers involved in your care. For example, our providers use your health information to diagnose your condition and to develop an appropriate treatment plan. If there is a need to refer you to an outside healthcare provider, your health information may be disclosed to that provider to assist him/her with your care.
- **Payment:** Your health information may be used by our business office to prepare a bill for you, your insurance company for reimbursement, or any person you designate to be responsible for all or part of your payment. The bill may contain information that identifies you, as well as information about your diagnosis, treatment or procedures that may have been done. If you elect to put your charges on your UNCC fee bill, the only information that will appear on your student account will be the date of service and the total amount charged.
- **Healthcare Operations:** In an effort to continually improve the quality and effectiveness of the healthcare and services we deliver, our healthcare providers or quality improvement team may use information in your health record to assess the care and outcomes in your case and others like it. In addition, students, trainees, or other healthcare personnel, who come to our facility to learn to practice or improve their skills under our supervision, may have access to your health information. In certain cases, your PHI may be used by or disclosed to a business associate who performs certain services in connection with our health care treatment, payment processes, and health care operations.

Business associates: *There are some services provided in our organization through contacts with business associates. Examples may include some physician services, auditors, software vendors, companies who store archived medical records off-site, liability insurance carriers, etc.*

*When these services are contracted, we may disclose your PHI to our business associate so that they can perform the job we have asked them to do. To protect your PHI, however, we require the business associate to appropriately safeguard your information.*

#### Special Provisions for Minors under North Carolina Law:

Under North Carolina law, minors, with or without the consent of a parent or guardian, have the right to consent to services for the prevention, diagnosis and treatment of certain illnesses including: venereal disease and other diseases that must be reported to the State; pregnancy; abuse of controlled substances or alcohol; and emotional disturbance. Regarding abortion services, however, North Carolina law requires the consent of both the minor and the parent, guardian or a grandparent with whom the minor has been living for at least six (6) months, unless a court has determined that the minor alone can consent to the abortion. If you are a minor and you consent to one of these services, you have all the authority and rights included in this Notice relating to that service. In addition, the law permits certain minors to be treated as adults for all purposes. These minors have all rights and authority included in this Notice for all services.

#### YOUR RIGHTS WITH REGARD TO YOUR PHI

##### **You have the right to see and copy PHI about you (Access to PHI):**

You have the right to request to see and receive a copy of PHI contained in clinical, billing and other records used to make decisions about you. Your request must be in writing. We may charge you related fees. Instead of providing you with a full copy of the PHI, we may give you a summary or explanation of the PHI about you, if you agree in advance to the form and cost of the summary or explanation. There are certain situations in which we are not required to comply with your request. Under these circumstances, we will respond to you in writing, stating why we will not grant your request and describing any rights you may have to request a review of our denial. You may request to see and receive a copy of PHI by contacting the covered unit's Privacy Officer.

##### **You have the right to request amendment of PHI about you (Request Amendment):**

You have the right to request that we make amendments to clinical, billing and other records used to make decisions about you.

Your request must be in writing and must explain your reason(s) for the amendment. We may deny your request if: 1) the information was not created by us (unless you prove the creator of the information is no longer available to amend the record); 2) the information is not part of the records used to make decisions about you; 3) we believe the information is correct and complete; or 4) you would not have the right to see and copy the record as described in paragraph 3 above. We will tell you in writing the reasons for the denial and describe your rights to give us a written statement disagreeing with the denial. If we accept your request to amend the information, we will make reasonable efforts to inform others of the amendment, including persons you name who have received PHI about you and who need the amendment. You may request an amendment of your PHI by contacting the covered unit's Privacy Officer.

##### **You have the right to a list of disclosures we have made (Accounting of Disclosures):**

If you ask our contact person in writing, you have the right to receive a written list of certain of our disclosures of PHI about you. You may ask for disclosures made up to six (6) years before your request (not including disclosures made prior to April 14, 2003).

The list will include the date of the disclosure, the name (and address, if available) of the person or organization receiving the information, a brief description of the information disclosed, and the purpose of the disclosure. If, under permitted circumstances, PHI about you has been disclosed for certain types of research projects, the list may include different types of information.

If you request a list of disclosures more than once in 12 months, we can charge you a reasonable fee. You may request a listing of disclosures by contacting the covered unit's Privacy Officer.

##### **You have the right to request restrictions on uses and disclosures of PHI about you (Request Restrictions):**

You have the right to request that we restrict the use and disclosure of PHI about you. We are not required to agree to your requested restrictions. However, even if we agree to your request, in certain situations your restrictions may not be followed. These situations include emergency treatment, disclosures to the Secretary of the Department of Health and

Human Services. You may request a restriction by contacting the covered unit's Privacy Officer.

**You have the right to request different ways to communicate with you (Receive Confidential Communication):**

You have the right to request how and where we contact you about PHI. For example, you may request that we contact you at your work address or phone number or by email. Your request must be in writing. We must accommodate reasonable requests, but, when appropriate, may condition that accommodation on your providing us with information regarding how payment, if any, will be handled and your specification of an alternative address or other method of contact. You may request alternative communications by contacting the covered unit's Privacy Officer.

**OUR RESPONSIBILITIES**

UNC-Charlotte is required to:

Privacy – To maintain the privacy of PHI about you.

Notice of Privacy Practices – To provide you with a notice as to our legal duties and privacy practices with respect to information we collect and maintain about you and abide by the terms of the notice currently in effect.

Notification – To notify you if we are unable to agree to a requested amendment or restriction regarding use or disclosure of PHI.

Means of Confidential Communication – To accommodate reasonable requests you may have to communicate PHI by alternative means or at alternative locations.

Record of Disclosures - With certain exceptions, maintain a record of each request for access to and each disclosure of PHI from your health record.

**DISCLOSURE WITHOUT AUTHORIZATION**

"Authorization" is a specialized written permission for use and/or disclosure of your PHI for purposes **other than** treatment, payment, or health care operations.

We may use and disclose your **PHI without your authorization** for the following purposes:

a. Required by Law or Necessary for Public Health Activities: When the use and/or

disclosure are required by federal, state, or local law, or are necessary for public health activities. For example, North Carolina law requires that physicians report to the Commission for Health Services communicable diseases, including HIV and certain other diseases listed by the Commission.

b. Abuse, Neglect, and Domestic Violence: When the disclosure relates to victims of abuse, neglect, or domestic violence. For example, North Carolina law requires physicians to report child abuse and neglect to the county department of social services.

c. Health Oversight Activities: When the use and/or disclosure is for health oversight activities. For example, to a state or federal oversight agency which is authorized by law to oversee our operations.

d. Judicial or Administrative Proceedings: When the disclosure is for a judicial or administrative proceeding. For example, we may disclose your health information in response to an order of a court of law.

e. Law Enforcement: When the disclosure is for law enforcement purposes. For example, under North Carolina law we are required to report to the police wounds or illness from gunshots, knives, poison, or other apparent acts of criminal violence where grave bodily harm has been caused. In certain circumstances, North Carolina restricts disclosure of your name to police or other law enforcement officers. In these circumstances we will not release your name. For example, where you have requested treatment and rehabilitation for drug dependence, we will not disclose your name unless you authorize our sharing of it. Also, even if we refer you to another person for treatment and rehabilitation, we will continue to keep your name confidential.

f. Decedents: When the use and/or disclosure is to a coroner, medical examiner, or funeral director for the purpose of determining cause of death or other duties authorized by law. For example, state law requires the report of deaths to the county medical examiner where the death was caused by suicide or homicide or other suspicious, unusual, or unnatural circumstances.

g. When the Use and/or Disclosure Relates to Medical Research: We may reveal PHI about you in connection with certain research activities which have been approved by an institutional review board (IRB) that has

reviewed the research proposal and established the protocols to ensure the privacy of your PHI.

h. Serious Threats to Health or Safety: When the use and/or disclosure is to avert a serious threat to health or safety. For example, we may disclose your health information to prevent or lessen a serious and imminent threat to the health and safety of another person or the public.

i. Specialized Government Functions: When the use and/or disclosure relates to specialized government functions. For example, we may disclose your health information if it relates to military and veteran's activities, security and intelligence activities, protective services for officials, medical suitability, and correctional institutions.

j. Workers' Compensation. When the use and disclosure is necessary to comply with workers' compensation laws or similar programs

**ANY OTHER USE OR DISCLOSURE OF PROTECTED HEALTH INFORMATION ABOUT YOU REQUIRES YOUR WRITTEN AUTHORIZATION**

Under any circumstances other than those listed above, we will ask for your written authorization before we use or disclose PHI about you. If you sign a written authorization allowing us to disclose PHI about you in a specific situation, you can later cancel your authorization in writing. If you cancel your authorization in writing, we will not disclose protected health information about you after we receive your cancellation, except for disclosures which were being processed before we received your cancellation.

**SUBSTANCE ABUSE SERVICES**

North Carolina law generally requires that we obtain your written consent before we may disclose PHI related to substance abuse services. There are some exceptions to this requirement, in addition those stated above:

a) If we determine that there is an imminent threat to your health or safety, or the health or safety of someone else, we may disclose information about you to prevent or lessen the threat.

b) We also will release information about you if the law requires us to do so, for example, when a court orders disclosure, when we suspect

abuse or neglect of a child or disabled adult, and when one of our physicians believes that a client has a communicable disease or is infected with HIV and is not following safety measures.

**FOR MORE INFORMATION OR TO REPORT A PROBLEM**

If you have questions and would like additional information, you may contact the Student Health Center HIPAA Privacy Officer. University of North Carolina at Charlotte 9201 University City Boulevard Charlotte, NC 28223-0001 704-687-7400 (Phone) 704-687-6611 (Fax) www.studenthealth.uncc.edu

If you believe your privacy rights have been violated, you can file a complaint with the Privacy Officer or with the Secretary of the United States Department of Health and Human Services.

**THERE WILL BE NO RETALIATION FOR FILING A COMPLAINT**

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