

## **Notice of Privacy Practices for The University of Northern Iowa Student Health Clinic**

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 any questions about this Notice please contact:

University of Northern Iowa  
Student Health Clinic  
Privacy Officer  
Cedar Falls, IA 50614-0221  
Privacy Officer:  
Shelley O'Connell at 319-273-7224  
or  
Email: [healthcenter@uni.edu](mailto:healthcenter@uni.edu)

**Effective Date: January 22, 2010**

### **Purpose of This Privacy Notice**

This Notice of Privacy Practices 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. "Protected health information" is information about you, including demographic information, that may identify you and that relates to your past, present or future physical or mental health or condition and related health care services. For purposes of this notice, we will refer to "Protected Health Information" as "PHI".

We are required to abide by the terms of this Notice of Privacy Practices. We may change the terms of our notice at any time. The new notice will be effective for all protected health information that we maintain at that time. Upon your request, we will provide you with any revised Notice of Privacy Practices by accessing our website [www.uni.edu/health](http://www.uni.edu/health) or by calling the office and requesting that a revised copy be sent to you in the mail or asking for one at the time of your next appointment.

#### **1. Use and Disclosure of PHI**

When you self-register for your appointment at the UNI Student Health Clinic you will be asked to acknowledge that you have received a copy of this Notice of Privacy Practices. You are responsible for reading and understanding this notice. Your healthcare provider will use or disclose your PHI as described in the above section. Your PHI may be used and disclosed by your physician, our office staff and others outside our office that are involved in your care and treatment for the purpose of providing health care services to you. Your PHI may also be used and disclosed to pay your health care bills and to support the operation of the physician's practice.

These privacy policies will be followed by:

- Any health care professional authorized to enter information into your medical record

- All employees of the UNI Student Health Clinic

Following are examples of the types of uses and disclosures of your PHI that the physician's office is permitted to make. These examples are not meant to be exhaustive but to describe the types of uses and disclosures that may be made by our office.

2. Treatment: We will use and disclose your PHI to provide, coordinate, or manage your health care and any related services. This includes the coordination or management of your health care with a third party that has already obtained your permission to have access to your protected health information. For example, your PHI may be provided to a physician to whom you have been referred to ensure that the physician has the necessary information to diagnose or treat you.

In addition, we may disclose your PHI from time-to-time to another physician or health care provider (e.g., a specialist or laboratory) who, at the request of your physician, becomes involved in your care by providing assistance with your health care diagnosis or treatment.

### 3. Our Pledge Regarding Your Medical Information

We understand that medical and psychological information about you and your health is personal, and we are committed to protecting it. A record of the care and services you receive at the UNI Student Health Clinic is created and maintained at that location.

Your personal health information is required to be kept confidential and private under a number of federal and state laws. For example, Iowa Code Chapter 22.7(2) addresses the confidentiality of public hospital, medical and professional counselor records; Iowa Code Chapter 228 addresses the disclosure of mental health and psychological information; the Family Educational Rights and Privacy Act (FERPA), 20 U.S.C. §1232(g) and 34 CFR Part 99, addresses the confidentiality of student educational records; and the Health Insurance Portability and Accountability Act (HIPAA), 42 U.S.C. 1320(d) and 45 CFR Parts 160 and 164, addresses the confidentiality of patient health information and records.

We are required by law to:

- Make sure that medical and psychological information that identifies you is kept private.
- Provide you this notice of our legal duties and privacy practices regarding your medical and psychological information. You will have the opportunity to review and obtain a copy of this notice no later than the first time you visit the UNI Student Health Clinic. We will also ask you to acknowledge that you have been offered this opportunity.
- Provide you with, and ask you to sign, a more detailed Consent to Treatment form that will explain specific, and often more stringent, requirements pertaining to use and disclosure of your mental health and psychological information if you are seeking services from the UNI Student Counseling Center.
- Follow the terms of the notice that is currently in effect. We may change the terms of our notice at any time. The new notice will be effective for all PHI that we maintain at that time. Upon your request, we will provide you with any revised Notice of Privacy Practices. You may obtain a copy by contacting the UNI Student Health Clinic Privacy Officer (contact information at the end of this

notice) and requesting that a revised copy be sent to you in the mail or by asking for one at the time of your next appointment. The current notice and any revised notice are available on the internet on the UNI Student Health Clinic Website at: <http://www.uni.edu/health/>

#### 4. How We May Use And Disclose Medical Information About You

The following categories describe ways that we use and disclose medical and psychological information. Examples of each category are included. Not every use or disclosure in each category is listed; however, all of the ways we are permitted to use and disclose information fall into one of these categories:

- For Treatment: We may use medical information about you to provide, coordinate, or manage your health care treatment or related services. We may disclose medical information about you to other physicians or health care providers who are or will be involved in taking care of you. For example, we would disclose your PHI, as necessary, when you need a prescription, lab work, x-ray, physical therapy, or other health care services. Another example is that your PHI may be provided to a health care professional to whom you have been referred or who may treat you during a break between semesters to ensure that the health care professional has the necessary information to diagnose or treat you.
- For Payment: We may use and disclose medical information about you in order to bill you, an insurance company, or third party for the treatment and services you receive from one of our health care components. We may also tell your health insurance plan about a treatment you are going to receive to obtain prior approval, to determine whether your plan will cover the treatment, and for undertaking utilization review activities. For example, obtaining approval for a hospital stay may require that your relevant PHI be disclosed to the health plan to obtain approval for the hospital admission. Additionally, if you are responsible for a portion of the bill and that portion is not paid within 90 days, the charges will be sent to your University Bill (U Bill) maintained by UNI Accounts Receivable.
- For Health Care Operations: We may use or disclose, as needed, your PHI in order to support the business activities of our practice. These operations allow us to improve the quality of care that we provide to our patients. They include, but are not limited to, quality assessment activities, employee review activities, training of students, and conducting or arranging for other business activities. For example, we may disclose your PHI to our peer review committee or accrediting agencies. We may call you by name in the waiting room when your physician is ready to see you. We may use or disclose your PHI, as necessary, to contact you to remind you of your appointment. We may share your PHI with third party "business associates" that perform various activities (e.g., laboratory services, transcription services) for the UNI Student Health Clinic. Whenever an arrangement between our office and a business associate involves the use or disclosure of your PHI, we will have a written contract that contains terms that to protect the privacy of your PHI. We may use or disclose your PHI, as necessary, to provide you with information about treatment alternatives or other health-related benefits and services that may be of interest to you. For example, your name and address may be used to send you a newsletter about the services we offer. You may contact our Privacy Officer to request that these materials not be sent to you.

#### 5. General Rule: Uses and Disclosures of PHI Are Based Upon Your Written Authorization

For uses and disclosures of your PHI other than for Treatment, Payment and Health Care Operations, your PHI will be used or disclosed only with your written authorization, unless otherwise permitted or required by law as described below. You may revoke this authorization at any time, in writing, except to the extent that your physician or the UNI Student Health Clinic component has taken action in reliance on the use or disclosure indicated in the authorization.

#### 6. Exception to General Rule For Uses and Disclosures To Family or Friends Involved in Your Health Care

Before we disclose your medical information to a member of your family, a relative, a close friend or any other person you identify that is involved in your health care, we will provide you with an opportunity to object to such uses or disclosures. If you are not present, or in the event of your incapacity or an emergency treatment situation exists, we will only disclose your PHI to others involved in your health care based on our professional judgment of whether the disclosure would be in your best interest. We may use or disclose PHI to notify or assist in notifying a family member, personal representative, or any other person that is responsible for your care of your location, general condition or death. We will also use our professional judgment and experience with common practice to allow a person involved in your health care to pick up filled prescriptions, medical supplies, x-rays, or other forms of medical information. In these situations, only the minimum necessary PHI that is relevant to your health care will be disclosed.

#### 7. Exceptions to General Rule For Uses and Disclosures of Your PHI That May Be Made Without Your Consent, Authorization or Opportunity to Object

We may use or disclose your PHI in the following situations without your consent or authorization. These situations include:

7.1 Required By Law: We may use or disclose your PHI to the extent that Federal, State or Local law requires the use or disclosure. The use or disclosure will be made in compliance with the law and will be limited to the relevant requirements of the law. You will be notified, when required by law, of any such uses or disclosures.

7.2 Public Health: We may disclose your PHI for public health activities and purposes to a public health authority that is permitted by law to collect or receive the information. The disclosure will be made for the purpose of controlling disease, injury or disability. We may also disclose your PHI, if directed by the public health authority, to a foreign government agency that is collaborating with the public health authority.

7.3 Communicable Diseases: We may disclose your PHI, if authorized by law, to a person who may have been exposed to a communicable disease or may otherwise be at risk of contracting or spreading the disease or condition.

7.4 Health Oversight: We may disclose PHI to a health oversight agency for activities authorized by law, such as audits, investigations, and inspections. Oversight agencies seeking this information include government agencies that oversee the health care system, government benefit programs, other government regulatory programs and civil rights laws.

7.5 Abuse or Neglect: We may disclose your PHI to a public health authority that is authorized by law to receive reports of child abuse or neglect. In addition, we may disclose your PHI to the governmental entity or agency authorized to receive such information if we believe that you have been a victim of dependent adult abuse or neglect. In this case, the disclosure will be made consistent with the requirements of applicable federal and state laws.

7.6 Serious Threat to Health or Safety: We may, consistent with applicable law and ethical standards of conduct, use or disclose your PHI 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 or safety of the public.

7.7 Food and Drug Administration: We may disclose your PHI to a person or company required by the Food and Drug Administration to report adverse events, product defects or problems, biologic product deviations; to track products, to enable product recalls, to make repairs or replacements, or to conduct post marketing surveillance, as required.

7.8 Specialized Government Functions: We may disclose your PHI when it relates to specialized government functions such as military and veteran's activities, national security and intelligence activities, protective services for the President, and medical suitability or determinations of the Department of State.

7.9 Legal Proceedings: We may disclose PHI in the course of any judicial or administrative proceeding, in response to an order of a court or administrative tribunal (to the extent such disclosure is expressly authorized), in certain conditions in response to a subpoena, discovery request or other lawful process.

7.10 Law Enforcement: We may also disclose PHI, so long as applicable legal requirements are met, for law enforcement purposes. These law enforcement purposes include (1) legal processes and otherwise required by law, (2) limited information requests for identification and location purposes, (3) suspicion that death or serious injury has occurred as a result of criminal conduct, (4) in the event that a crime occurs on the premises of the UNI Student Health Clinic and (5) on the occurrence of a medical emergency when it is likely that a crime has occurred.

7.11 Coroners, Funeral Directors, and Organ Donation: We may disclose PHI to a coroner or medical examiner for identification purposes, determining cause of death, or for the coroner or medical examiner to perform other duties authorized by law. We may also disclose PHI to a funeral director, as authorized by law, in order to permit the funeral director to carry out his/her duties. We may disclose such information in reasonable anticipation of death. PHI may be used and disclosed for cadaveric organ, eye or tissue donation purposes.

7.12 Research: Although in most cases health-related research is conducted only after you have provided authorization to disclose your protected health information to the researcher, in certain circumstances when the research proposal has been approved by an institutional review board or is preparatory to research, your PHI may be used or disclosed for health-related research without your authorization.

7.13 Workers' Compensation: We may disclose your PHI as authorized to comply with workers' compensation laws and other similar legally established programs.

7.14 Disaster Relief: We may use or disclose your PHI to an authorized public or private entity, such as the American Red Cross, to assist in disaster relief efforts and to coordinate notification of your location with family or other individuals involved in your health care.

7.15 Required Uses and Disclosures: Under the law, we must make disclosures when required by the Secretary of the Department of Health and Human Services to investigate or determine our compliance with the requirements of the HIPAA Privacy Regulations and other Federal or State laws.

## 8. Your Rights Regarding Your Protected Health Information

Following is a statement of your individual rights with respect to your PHI and a brief description of how you may exercise these rights.

8.1 You have the right to inspect and copy your PHI. This means you may inspect and obtain a copy of PHI about you that is contained in a designated record set for as long as we maintain the PHI. A "designated record set" contains medical and billing records and any other records that your physician or other health care professionals use for making decisions about you. We will respond to your written request to inspect and/or copy within 30 days. We may charge you a fee for the cost of copying the documents involved.

Under federal law, however, you may not inspect or copy the following records: psychotherapy notes; information compiled in reasonable anticipation of, or use in, a civil, criminal, or administrative action or proceeding, and PHI that is subject to law that prohibits access to PHI. Depending on the circumstances, you may have a right to have a decision to deny access reviewed. Please contact our Privacy Officer if you have questions about access to or decisions concerning your health care record.

8.2 You have the right to request a restriction of your PHI. This means you may ask us not to use or disclose any part of your PHI for the purposes of treatment, payment or health care operations. You may also request that any part of your PHI not be disclosed 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 be in writing and must state the specific restriction requested and to whom you want the restriction to apply. Your physician or other health care professional is not required to agree to a restriction that you may request. Any agreement we may make to a request for restrictions must be in writing signed by a person authorized to make such an agreement on our behalf. We will not be bound, unless our agreement is so memorialized in writing. If we do agree to the requested restriction, we may not use or disclose your PHI in violation of that restriction unless it is needed to provide emergency treatment. With this in mind, please discuss any restriction you wish to request with your physician or other health care professional. You may request a restriction by contacting and discussing the issue with the Privacy Officer.

8.3 You have the right to request to receive confidential communications from us by alternative means or at an alternative location. We will accommodate reasonable requests. We may also condition this

accommodation by asking you for information as to how payment will be handled or specification of an alternative address or other method of contact. Your request must be in writing, but we will not request an explanation from you as to the basis for the request. Please make this request to our Privacy Officer.

8.4 You may have the right to amend your PHI. This means you may request an amendment of PHI about you in a designated record set for as long as we maintain this information. Your request must be in writing and explain why the information should be amended. We will respond to your written request to amend within 60 days of receiving the request. We may deny your request for an amendment in circumstances where we have not created the information or when we believe that the information is accurate and complete. 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. Please contact our Privacy Officer if you have questions about amending your medical record.

8.5 You have the right to receive an accounting of certain disclosures we have made, if any, of your PHI. This right applies to disclosures for purposes other than treatment, payment or health care operations as described in this Notice of Privacy Practices. It excludes disclosures we may have made to you, to others based upon your express authorization, to family members or friends involved in your care, for a facility directory, for notification purposes, or as part of a limited data set that does not directly identify you. You have the right to receive specific information regarding these disclosures that occurred after April 14, 2003. We will respond to your written request for an accounting within 60 days. You may request a shorter timeframe. The right to receive this information is subject to certain exceptions, restrictions and limitations.

8.6 You may receive a paper copy of this notice from us, upon request, even if you have agreed to accept this notice electronically.

#### 9.0 Questions and Complaints

If you want more information about our privacy practices or have questions or concerns, please contact us using the information listed at the end of this notice. The patient has the right to contact the SHC to have us communicate with you in confidence by alternative means or at an alternative location.

A complaint may be filed:

- If you are concerned that we may have violated your privacy rights
- If you disagree with a decision we made about access to your PHI or in response to a request you made to amend or restrict the use or disclosure of your PHI

You may complain to our Privacy Officer using the contact information listed at the end of this notice. You also may submit a written complaint to the U.S. Department of Health and Human Services. We will provide you with the address to file your complaint with the U.S. Department of Health

and Human Services upon request. You may contact our Privacy Officer if you have any questions or need information about the complaint process:

University of Northern Iowa  
Student Health Clinic Director  
Shelley O'Connell  
Cedar Falls, IA 50614-0221  
Phone: 319-273-7224 or Fax: 319-273-7030  
email: [healthcenter@uni.edu](mailto:healthcenter@uni.edu)