Notice of Health Information Practices – Furman University Student Health Services

This notice describes how information about you may be used and disclosed and how you can get access to this information. Please review carefully.

Introduction

In Furman University Student Health Services, we are committed to treating and using protected health information about you responsibly. This Notice describes the personal information we collect, and how and when we use or disclose that information. It also describes your rights as they relate to your protected health information. This Notice is effective April 14, 2003 and applied to all protected health information as defined by federal regulations.

Understanding Your Health Records/Information

Each time you visit Furman University Student Health Services, a record of your visit is made. Typically, this record contains your symptoms, examination and test results, diagnoses, treatment, and a plan for future care or treatment. This information, often referred to as your health or medical record, serves as a:

- Basis for planning your care and treatment
- Means of communication among the many health professions who contribute to your care
- Legal document describing the care you received
- Means by which you or a third-party payer can verify that services billed were actually provided
- A tool in educating health professionals
- A source of information for public health officials charged with improving the healthcare of the nation
- A source of data for facility planning and marketing
- A tool with which we can assess and continually work to improve the care we render and the outcomes we achieve
- Understanding what is in your record and how your health information is used helps you to:
  - Ensure its accuracy
  - Better understand who, what, where, and why others may access your health information
  - Make more informed decisions when authorizing disclosure to others

Your Health Information Rights

Although your health record is the physical property of Furman University Student Health Services, this record belongs to you. You have the right to:

- Request a restriction on certain uses and disclosures of your information
- Receive confidential communications concerning your medical condition and treatment
- Inspect and copy your protected health information
- Amend or submit corrections to your protected health information
- Receive an accounting of how and to whom your protected health information has been disclosed
- Receive a printed copy of this notice
Our Responsibilities

Furman University Student Health Services is required to:

- Maintain the privacy of your health information
- Provide you with a notice as to our legal duties and privacy practices with respect to information we collect and maintain about you
- Abide by the terms of this notice
- Notify you if we are unable to agree to a requested restriction
- Accommodate reasonable requests you may have to communicate health information by alternative means or at alternative locations

As permitted by law, we reserve the right to amend or modify our privacy policies and practices. These changes in our policies and practices may be required by changes in federal and state laws and regulations. Whatever the reason for these revisions, we will provide you with a revised notice on your next office visit. The revised policies and practices will be applied to all protected health information that we maintain. We will not use or disclose your health information without authorization, except as described in this notice. We will also discontinue to use or disclose your health information after we have received a written revocation of the authorization according to procedures included in the authorization.

How We May Use and/or Disclose Your Health Information

*We will use your health information for treatment.* Your health information may be used by staff members or disclosed to other health care professionals for the purpose of evaluating your health, diagnosing medical conditions, and providing treatment. For example: results of laboratory tests and procedures will be available in your medical record to all health professionals who may provide treatment or who may be consulted by staff members.

*We will use your health information for payment.* Your health plan may request and receive information on dates of service, the services provided, and the medical condition being treated in order to pay for the service rendered to you.

*Communication with family:* Due to the nature of our health service, we will use our best judgment when disclosing health information to a family member, other relatives, or any other person that is involved in your care or that you have authorized to receive this information. Please inform Student Health Services when you do not wish a family member or other individual to have authorization to receive your information.

*Healthcare oversight:* Federal law requires us to release your information to an appropriate health oversight agency, public health authority or attorney, or other federal/state appointee if there are circumstances that require us to do so.

*Law enforcement:* Your health information may be disclosed to law enforcement agencies, without your permission, to support government audits and inspections, to facilitate law enforcement investigations, and to comply with government mandated reporting.
Public health: As required by law, we may disclose your health information to public health or legal authorities charged with preventing or controlling disease, injury, or disability.

Research/Teaching/Training: We may use your information for the purpose of research, teaching, and training.

Other Uses and Disclosures: Disclosure of your health information or its use for any purpose other than listed above requires your specific written authorization. If you change your mind after authorizing a use or disclosure of your information, you may submit a written revocation of the authorization. However, your decision to revoke the authorization will not affect or undo any use or disclosure of information that occurred before you notified us of your decision.

For More Information or to Report a Problem

If you have complaints or questions and would like additional information regarding this notice or the privacy practices of Furman University Student Health Center, please contact: Privacy Official/Furman University Student Health Services.

If you believe your privacy rights have been violated, please contact the Student Health Services Privacy Official, or you may file a complaint with the Office for Civil Rights, U.S. Department of Health and Human Services. There will be no retaliation for filing a complaint with either the practice’s Privacy Official or with the Office of Civil Rights. The address for the Office of Civil Rights is: Office for Civil Rights, U.S. Department of Health and Human Services, 200 Independence Avenue, S.W., Room 509F, HHH Building, Washington, DC 20201.