

BYU-Hawaii 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.

BYU Hawaii's Student Health Center is required by law to maintain the privacy of your personal health information and give you this notice that describes our legal duties and privacy practices concerning your personal health information. We must also notify you if your personal health information is accessed or disclosed in a way that compromises its security or privacy. In general, when we release your personal health information, we must release only the information we need to achieve the purpose of the use or disclosure. However, all of the personal health information you designate will be available for release when you sign an authorization form. You can request the information for yourself or for a provider regarding your treatment. We must follow the privacy practices described in this notice.

However, we reserve the right to change the privacy practices described in this notice, in accordance with the law. Changes to our privacy practices would apply to all personal health information we maintain. If we change our privacy practices, the revised Notice of Privacy Practices will be available on our website at <https://healthcenter.byuh.edu/>.

Without your written authorization, we CAN use your personal health information for the following purposes:

- 1. Treatment.** For example, a doctor may use the information in your medical record to determine which treatment option, such as a drug or surgery, best addresses your health needs.
- 2. Payment.** In order for an insurance company to pay for your treatment, we must submit a bill that identifies you, your diagnosis, and the treatment provided to you. As a result, we will pass such health information onto you or your insurer in order to help receive payment for your medical bills.
- 3. Health care operations.** We may use your personal information to improve the quality or cost of care we deliver. These quality and cost improvement activities may include examining the effectiveness of the treatment provided to you when compared to patients in similar situations or sending you appointment reminders.
- 4. As required by law.** Sometimes we must disclose some of your personal health information if it is required by federal, state, or local law.
- 5. Public health activities.** We may be required to report your personal health information to authorities to help prevent or control disease, injury, or disability. This may include using your medical record to report certain diseases, injuries, birth or death information, information of concern to the Food and Drug Administration, or information related to child abuse or neglect. We may also have to report to your employer certain work-related illnesses and injuries so that your workplace can be monitored for safety.

6. Victims of abuse, neglect, or domestic violence. We may disclose your personal health information to a government authority if we reasonably believe you are a victim of abuse, neglect, or domestic violence.

7. Health oversight activities. We may disclose your personal health information to authorities so they can monitor and regulate those who work in the health care system or for government benefit programs.

8. Judicial and administrative proceedings. Under certain circumstances, we may disclose your personal health information in the course of a lawsuit or court proceeding, including in response to a court order, subpoena, discovery request, or other lawful process.

9. Law enforcement. If requested, we may disclose your personal health information to law enforcement officials to provide information about a crime or suspected crime or to help identify missing persons.

10. Activities related to death. We may disclose your personal health information to coroners, medical examiners and funeral directors so they can carry out their duties related to your death, such as identifying the body, determining cause of death, or in the case of funeral directors, to carry out funeral preparation activities.

11. Organ, eye, or tissue donation. We may release your personal health information to organizations that handle organ procurement or organ, eye, or tissue transplantation, or to an organ donation bank, as necessary to facilitate a donation and transplantation.

12. Research. We may disclose your personal health information for research if the research has been approved by an official research review board, which is required to evaluate the research proposal and establish standards to protect the privacy of your health information.

13. Avoidance of a serious threat to health or safety. We may release your personal health information to proper authorities if we believe, in good faith, that such release is necessary to prevent or minimize a serious and approaching threat to you or the public's health or safety.

14. Specialized government functions. If you are involved with the military, national security, or intelligence activities, or if you are an inmate in a correctional institution or in the custody of law enforcement officials, we may release your personal health information to the proper authorities so they may carry out their duties under the law.

15. Workers' compensation. We may disclose your personal health information to the appropriate persons in order to comply with the laws related to workers' compensation or other similar programs.

16. Health Center directory. Unless you object, we may use your personal health information—such as your name, location in our facility, general health condition (e.g. "stable" or "unstable"), and religious affiliation—for our directory. The information about you contained in our directory will be released to

people who ask for you by name. However, the information about your religious affiliation will only be disclosed to clergy.

17. Emergency situations / disaster relief. If you are unable to consent or in the case of an emergency, we may disclose limited portions of your personal health information if we deem it to be in your best interest and the disclosure is not contrary to your prior expressed preference. In addition, we may release your personal health information to organizations authorized to handle disaster relief efforts so those who care for you can receive information about your location or health status. Even so, we will inform you and provide an opportunity for you to object once it becomes possible to do so.

18. To those involved with your care or payment of your care. If people such as family members, relatives, or close personal friends are helping care for you or helping you pay your medical bills, we may release important personal health information about you to those people. The information released to these people may include your location within our facility, your general condition, or death. You have the right to object to such disclosure, unless you are unable to function or there is an emergency. .

NOTE: Except for the situations listed above, we must obtain your specific written authorization for any other release of your personal health information.

We need written authorization from you before we can use or disclose your personal health information for the following purposes:

1. Use or disclosure of psychotherapy notes (if outside the scope of treatment, payment, or health care operations);
2. Marketing communications (except for certain health-related communications); or
3. Sale of your personal health information.

If you sign an authorization form, you may withdraw your authorization at any time in writing. If you wish to withdraw your authorization, please submit your written withdrawal request to BYU-Hawaii Student Health Center, (808) 675-3510.

Your Personal Health Information Rights

You have several rights with regard to your personal health information. If you wish to exercise any of the following rights, please contact BYU-Hawaii Student Health Center, (808) 675-3510. Specifically, you have the right to:

- 1. Inspect and obtain a copy of your personal health information.** Under limited circumstances, we may deny you access to a portion of your health information, and you may request a review of the denial.
- 2. Request a correction to your personal health information.** You must make such requests in writing and give a reason as to why your personal health information should be changed. However, if we did not create the health information that you believe is incorrect, or if we disagree with you and believe your health information is correct, we may deny your request. Your request will be reviewed by the Medical

Director, and Assistant Director of the Student Health Center. If a correction is warranted, it will be made in the manner of an addendum to the appropriate document and you will be notified by mail.

3. Request restrictions on how your personal health information is used and disclosed. You may want to limit the personal health information provided to family or friends involved in your care or payment of medical bills. You may also want to limit the personal health information provided to authorities involved with disaster relief efforts. We are required to agree to your request to restrict disclosure of your personal health information if the information relates to health care services that you paid for completely out of pocket. However, in all other circumstances, we are not required to agree to your requested restriction.

4. As applicable, receive confidential communication of health information. You have the right to ask that we communicate your health information to you in different ways or places. For example, you may wish to receive information about your health status in a private room or through a written letter sent to a private address. We must accommodate reasonable requests.

5. Receive a record of disclosures of your health information. In some limited instances, you have the right to receive a list of the disclosures of your personal health information we have made to third parties during the previous six years. This list must include the date of each disclosure, who received the disclosed personal health information, a brief description of the personal health information disclosed, and why the disclosure was made. We must comply with your request for a list within 60 days, unless you agree to a 30-day extension, and we may not charge you for the list, unless you request such list more than once per year.

6. Obtain a paper copy of this notice. The BYU-Hawaii Student Health Center Notice of Privacy Practices is available at any time at the Reception desk. A complete copy of the Notice is posted on our website at <https://healthcenter.byuh.edu/>.

7. Complain. If you believe your privacy rights have been violated, you may file a complaint with us and with the U.S. Department of Health and Human Services at <http://www.hhs.gov/ocr/hipaa>. We will not retaliate against you for filing such a complaint. To file a complaint with either entity, please contact BYU-Hawaii Student Health Center, (808) 675-3510 or email mvalent3@byuh.edu, who will provide you with the necessary assistance and paperwork.

Again, if you have any questions or concerns regarding your privacy rights or the information in this notice, please contact BYU-Hawaii Student Health Center, (808) 675-3510.

This Notice of Medical Information Privacy is effective September 23, 2013.