

## UAA 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.**

The UAA Student Health Center has always been dedicated to protecting the privacy of your health information. We are also required by law to maintain the privacy of your protected health information and to provide you with a notice of our legal duties and privacy practices. We must provide you with our Notice of Privacy Practices, to follow the practices that are described in this notice, and to ask for your written acknowledgement that you have received our Notice of Privacy Practices.

This Notice of Privacy Practices describes how we may use and disclose your protected health information to carry out treatment, payment, and/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, and/or future physical and/or mental health.

#### **Uses and Disclosures of Protected Health Information**

The UAA Student Health Center uses your protected health information for treatment, payment, and health care operations. The following paragraphs provide examples of the types of uses and disclosures of your protected health information that the UAA Student Health Center is permitted to make.

**Treatment:** We will use and disclose your protected health information to provide, coordinate, or manage your health care and any related services. For example, if you require laboratory testing, we may submit protected health information about you to a laboratory or x-ray facility to help us order tests or x-rays for you. We may use your protected health information to write a prescription for you and we might disclose your protected health information to a pharmacy when we order a prescription for you, or to a medical provider to whom you are referred by the Student Health Center. The staff of the Student Health Center may use your protected health information to treat you or assist others in your treatment. The Student Health Center may, at its discretion, require your authorization before disclosing your protected health information to a health care provider not employed by the Student Health Center.

**Payment:** Your protected health information will be used or disclosed as needed to obtain payment for your health care services. For example, we may send limited information regarding your bill for health services obtained at the Student Health Center to the University of Alaska Anchorage Accounting Office, if this amount is added to your UAA student account. If you have health insurance that we can bill for you (e.g. currently Premera Blue Cross Blue Shield of Alaska or Mega Life Student Insurance), we may disclose protected health information to your insurance company to determine eligibility or to assist with payment of insurance benefits.

**Healthcare Operations:** Your protected health information may be used to support the activities within the UAA Student Health Center. These activities may include quality assessment activities, employee review activities, and the training of health care students. We may use or

disclose your protected health information with our business associates who perform various activities for the Student Health Center. We may call your name in the waiting room when your health care provider is ready to see you or when our staff needs further information from you.

**Uses and Disclosures of Protected Health Information That May Be Made After You Have An Opportunity to Agree or Object, or When You Are Unable to Object**

**Involvement In Care/Notification:** If you are given an opportunity to agree or object and you do not object, we may disclose your protected health information to a member of your family, a relative, a close friend, or any other person you identify, if that information directly relates to that person's involvement in or payment for your health care, or to notify a person responsible for your care of your location, general condition, or death. If you are not able to agree or object to the use or disclosure of the protected health information, for example in an emergency situation, then we may, using our professional judgment, determine whether you would object or whether the disclosure is in your best interest.

**Permitted Uses and Disclosures That May be Made Without Your Opportunity to Object:**

Provided certain conditions are met, we may use or disclose your protected health information without your authorization, such as:

**Serious Threats To Health or Safety:** We may use and disclose your protected health information when necessary to prevent or reduce a serious threat to your health and safety or the health and safety of another individual, the UAA community, or the public. We will only disclose your protected health information to a person or organization in order to help prevent or lessen the threat or to identify or apprehend a suspect in a violent crime.

**When Required by Law:** We may use or disclose your protected health information to the extent that federal, state, or local law requires us to do so. This will only be done to comply with the law and will be limited to the specific information required by the law.

**Public Health:** We may disclose your protected health information to public health authorities that are authorized by federal, state, or local laws to engage in public health activities, such as collect information for the purpose of maintaining vital records, preventing or controlling disease, preventing injury or disability, investigation of exposure to communicable diseases, or reactions to drugs or vaccines.

**Health Oversight:** We may disclose protected health information 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 regulatory programs, and civil rights laws.

**Abuse, Neglect, or Domestic Violence:** If we believe that you have been a victim of abuse, neglect, or domestic violence, we may disclose your protected health information to a public health authority that is authorized by law to receive reports of child abuse, neglect, or domestic violence. In addition, we may disclose your protected health information to comply with federal and state laws governing abuse, neglect or domestic violence.

**Food and Drug Administration:** We may disclose your protected health information to a person or company required by the Food and Drug Administration to report or respond to quality,

safety or effectiveness issues, including adverse events, product recalls, to make repairs or replacements or to conduct post-marketing surveillance.

**Legal Proceedings:** We may disclose protected health information in the course of any judicial or administrative proceeding, in response to an order of a court or administrative tribunal, in certain conditions in response to a subpoena, discovery request or other lawful process.

**Law Enforcement:** We may also disclose protected health information, if applicable legal requirements are met, for law enforcement purposes, such as information pertaining to victims of a crime, identification of suspects, or to prevent a crime.

**Coroners, Funeral Directors, and Organ Donation:** We may disclose the protected health information of deceased individuals to a coroner, medical examiner, funeral director, or organization involved in organ donation or transplantation to the extent authorized by law to carry out their duties.

**Research:** We may disclose your protected health information to researchers to the extent your authorization has been waived or modified by a properly constituted Institutional Review Board or Privacy Board, or for reviews preparatory to research.

**Military Activity and National Security:** We may disclose your protected health information if you are a member of the US or foreign military forces and if we are required to do so by the appropriate authorities. We may also disclose your protected health information to authorized federal officials for intelligence and national security activities authorized by law.

**Workers' Compensation:** We may disclose your protected health information as authorized to comply with workers' compensation laws.

**Inmates:** We may disclose your protected health information to correctional institutions or law enforcement officials if you are an inmate or under the custody of a law enforcement official.

**Required Uses and Disclosures:** As required by law, we may disclose your protected health information to the Department of Health and Human Services to investigate or determine our compliance with federal requirements.

### **Uses and Disclosures of Protected Health Information Based Upon Your Written Authorization**

Other uses and disclosures of your protected health information will be made only with your written authorization, unless otherwise permitted or required by law as described above. You will be asked to specify which parts of your protected health information may be released and to whom it will be released. You may revoke this authorization at any time, but you must do so in writing. Your revocation will be effective as provided by law.

## **YOUR RIGHTS REGARDING YOUR PROTECTED HEALTH INFORMATION:**

### **You have the right to inspect and copy your protected health information.**

You may inspect and obtain a copy of protected health information about you, including your medical and billing records. However, we may refuse to provide access to certain psychotherapy notes, if such information exists and meets the definition of psychotherapy notes, or information compiled for or in reasonable anticipation of a civil, criminal or administrative proceeding. You must submit a request to us in writing and we will assist you with that process. We may charge a fee for the costs of copying, mailing, labor, and supplies associated with your request.

### **You have the right to request a restriction of your protected health information.**

This means you may ask us not to use or disclose any part of your protected health information for the purposes of treatment, payment, or health care operations. Your request must state the specific restriction requested and to whom you want the restriction to apply. We are not required to agree to a restriction that you may request. If we do agree to the requested restriction, we may not use or disclose your protected health information in violation of that restriction unless it is needed to provide emergency treatment. In order to request a restriction, you must make your request in writing and we will assist you with that process.

### **You have the right to request to receive confidential communications from us by alternative means or at an alternative location.**

For example, if you would rather we not contact you at your home address or telephone number, we can contact you at your work address or telephone number. We will accommodate reasonable requests. You do not need to give a reason for your request. We may require that your request be submitted in writing and we will assist you with that process.

### **You have the right to amend your protected health information.**

You may ask us to amend your health information if you believe it is incorrect or incomplete, and you may request an amendment for as long as the information is kept by or for the UAA Student Health Center. To request an amendment, your request must be made in writing and we will assist you with that process. You must provide us with a reason that supports your request for amendment. We may deny your request in certain circumstances. If we deny your request for amendment, you have the right to file a statement of disagreement with us, and your medical record will note the disputed information.

### **You have the right to receive an accounting of certain disclosures we have made, if any, of your protected health information.**

This applies to disclosures for purposes other than treatment, payment, or health care operations. It excludes disclosures we may have made to you, to your family members or friends involved in your care as mentioned above, or for notification purposes as mentioned above. You have the right to receive specific information regarding applicable disclosures. The right to receive this information is subject to certain exceptions, restrictions, and limitations.

### **You have the right to obtain a paper copy of this notice from us.**

We will provide you with a paper copy of this notice, upon request, even if you have agreed to accept this notice electronically. This notice is also available on our website at [www.uaa.alaska.edu/health](http://www.uaa.alaska.edu/health).

**Complaints:**

You may complain to us if you believe your privacy rights have been violated. All complaints must be submitted in writing and we will assist you with that process. You will not be penalized for filing a complaint. You may also complain to the Region X Office of Civil Rights, U.S. Department of Health and Human Services, 2201 Sixth Avenue, Suite #900, Seattle, Washington 91821-1831, Phone (206) 615-2287, FAX (206) 615-2297, TDD (206) 615-2296, e-mail [OCRComplaint@hss.gov](mailto:OCRComplaint@hss.gov).

**Contact Person:**

If you have questions about this notice, please contact:

Privacy Officer

UAA Student Health Center, BEB Room #120

3211 Providence Drive

Anchorage, AK 99508

Phone: 907-786-4040

Fax: 907-786-4049

**Revisions to this Notice of Privacy Practices:**

We are required by law to abide by the terms of the Notice of Privacy Practices currently in effect. The terms of the current notice apply to all records containing your protected health information that are created or retained by the UAA Student Health Center. We reserve the right to revise or amend this Notice of Privacy Practices at any time. Any revision or amendment to this notice will be effective for all of your records that the UAA Student Health Center has created or maintained in the past, and for any of your records that we may create or maintain in the future. The UAA Student Health Center will post a copy of our current Notice of Privacy Practices in our offices in a visible location at all times, and you may request a copy of our most current Notice of Privacy Practices at any time.

**This notice becomes effective on April 14, 2003.**