

Notice of Health Information Practices

THIS NOTICE DESCRIBES HOW INFORMATION ABOUT YOU MAY BE USED AND DISCLOSED AND HOW YOU CAN GET ACCESS TO THIS INFORMATION. PLEASE REVIEW IT CAREFULLY.

Introduction

At Butler University Student Health Center (Health Center), we are committed to treating and using protected health information about you responsibly. This Notice of Health Information Practices 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 applies to all protected health information as defined by federal regulations.

Understanding Your Health Record/Information

Each time you visit the Health Center, 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 professionals 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 data for medical research,
- A source of information for public health officials charged with improving the health of this state and the nation,
- A source of data for our planning and marketing, and
- 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, when, where, and why others may access your health information; and make more informed decisions when authorizing disclosure to others.

Your Health Information Rights

Although your health record is the physical property of the Health Center, the information belongs to you. You have the right to:

- Obtain a paper copy of this notice of information practices upon request,
- Inspect and copy your health record (subject to certain limitations),

- Request to amend your health record (subject to certain limitations),
- Obtain an accounting of many of the disclosures of your health information that we make,
- Request communications of your health information by alternative means or at alternative locations,
- Request a restriction on certain uses and disclosures of your information (subject to certain limitations), and
- Revoke your authorization to use or disclose health information except to the extent that action has already been taken.

If you would like more information about these rights and how to exercise them, you should contact: the Director, Student Health Services at 317-940-9385.

Our Responsibilities

The Health Center is required to:

- Maintain the privacy of your health information,
- Provide you with this 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 or a requested amendment, and
- Accommodate reasonable requests you may have to communicate health information by alternative means or at alternative locations.

We reserve the right to change our practices and to make the new provisions effective for all protected health information we maintain. Should our information practices change, we will maintain the new notice at our offices. We will post a copy of our current notice at the Health Center. You may request a copy of our current notice at any time by contacting: the Director, Student Health Services.

We will not use or disclose your health information without your authorization, except as described in this notice. If you have authorized us to use or disclose your health information for a purpose that is not described in this notice, we will discontinue to use or disclose your health information after we have received a written revocation of the authorization according to the procedures included in the authorization. You should be aware that we are unable to withdraw any uses or disclosures that we may have already made with your written authorization.

For More Information or to Report a Problem

If have questions and would like additional information, you may contact the Health Center's Director, Student Health Services or designee at: 317-940-9385.

If you believe your privacy rights have been violated, you can file a complaint with the practice's Director or 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 Privacy Officer or the Office for Civil Rights.

Examples of Disclosures for Treatment, Payment, Health Care Operations, and Other Uses and Disclosures: This notice does not describe every possible use or disclosure of your health information, however any use or disclosure we make of your health information will fall into one of the following general categories.

We will use your health information for treatment.

For example: Information obtained by a nurse, physician, or other member of your health care team will be recorded in your record and used to determine the course of treatment that should work best for you. Your physician will document in your record his or her expectations of the members of your health care team. Members of your health care team will then record the actions they took and their observations. In that way, the physician will know how you are responding to treatment.

We will also provide your physician or a subsequent health care provider with copies of various reports that should assist him or her in treating you once you're discharged from this hospital.

We will use your health information for payment.

For example: A bill may be sent to you or a third-party payer. The information on or accompanying the bill may include information that identifies you, as well as your diagnosis, procedures, and supplies used. *The Health Center will bill your student account (upon your request) for some of the procedures, tests, or immunizations that we may give. The Health Center will also give you a receipt for services rendered.*

We will use your health information for regular health operations.

For example: Members of the medical staff, the risk or quality improvement manager, or members of the quality improvement team may use information in your health record to assess the care and outcomes in your case and others like it. This information will then be used in an effort to continually improve the quality and effectiveness of the healthcare and service we provide.

Business associates: There are some services provided in our organization through contacts with business associates. When these services are contracted, we may disclose your health information to our business associate so that they can perform the job we've asked them to do and bill you or your third-party payer for services rendered. To protect your health information, however, we require the business associate to appropriately safeguard your information.

Notification: We may use or disclose information to notify or assist in notifying a family member, personal representative, or another person responsible for your care, your location, and general condition.

Communication with family: Health professionals, using their best judgment, may disclose to a family member, other relative, close personal friend or any other person you identify, health information relevant to that person's involvement in your care or payment related to your care.

Abuse, Neglect, or Domestic Violence: We may notify the appropriate government authority if we reasonably believe that you have been the victim of abuse, neglect, or domestic violence.

Judicial and Administrative Proceedings: We may disclose your health information in response to a court or an administrative order. We may also disclose your health information in response to a subpoena, discovery request, or other lawful process by another person, but only if we believe that the party seeking the information has made reasonable efforts to tell you about the request or to obtain an order protecting the information requested.

Research: We may disclose information to researchers when their research has been approved by an institutional review board that has reviewed the research proposal and established protocols to ensure the privacy of your health information. We may also allow researchers to view health information if they are designing a research project; however, we will require them to keep the health information confidential and prevent them from contacting you.

Coroners, Medical Examiners, and Funeral directors: We may disclose health information to coroners, medical examiners, and funeral directors consistent with applicable law to carry out their duties.

Organ procurement organizations: Consistent with applicable law, we may disclose health information to organ procurement organizations or other entities engaged in the procurement, banking, or transplantation of organs for the purpose of tissue donation and transplant.

Emergencies: We may use or disclose your health information when we believe in good faith that it is necessary to prevent a serious threat to your health or safety or the health or safety of another person or the public.

Appointment Reminders and Health-Related Benefits: We may contact you to provide appointment reminders or information about treatment alternatives or other health-related benefits and services that may be of interest to you.

Fund raising: We may contact you as part of a fund-raising effort.

Food and Drug Administration (FDA): We may disclose to the FDA health information relative to adverse events with respect to food, supplements, product and product defects, or post marketing surveillance information to enable product recalls, repairs, or replacement.

Workers compensation: We may disclose health information to the extent authorized by and to the extent necessary to comply with laws relating to workers compensation or other similar programs established by law.

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.

Correctional institution: Should you be an inmate of a correctional institution, we may disclose to the institution or agents thereof health information necessary for your health and the health and safety of other individuals.

Law enforcement: We may disclose health information for law enforcement purposes as required by law or in response to a valid subpoena.

Military and Veterans: We may disclose the health information of individuals who are members of the Armed Forces, as required by appropriate military command authorities. Health information may be disclosed for purposes of determining an individual's eligibility for or entitlement to benefits under appropriate military laws. We may also disclose the health information of foreign military personnel to the appropriate foreign military authority.

National Security and Intelligence Activities: We may disclose your health information to authorized federal officials for lawful intelligence, counterintelligence, and other national security activities as authorized by law.

Protective Services for the President and Others: We may disclose your health information to authorized federal officials, so they may adequately provide protection to the President, other authorized persons, or foreign heads of state. Health information may also be disclosed to conduct special investigations.

Health Oversight: Federal law makes provision for your health information to be released to an appropriate health oversight agency, public health authority or attorney.

Whistleblowing. Federal law allows for your health information to be disclosed to certain public agencies, provided that a work force member or business associate believes in good faith that we have engaged in unlawful conduct or have otherwise violated professional or clinical standards and are potentially endangering one or more patients, workers or the public.

Notice of Privacy Policies Revision Number _____.