

College of William and Mary
Student Health Center

PATIENT 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 College of William and Mary Student Health Center values the privacy of its patients and the confidentiality of the personal and health information entrusted to us. In order to protect this privacy, we have policies and procedures to limit disclosures of Personal Health Information (PHI) to those minimally necessary for the medical care of the patient, those for which the patient has given permission, and/or those required by law or public safety, and in certain emergency situations.

OUR RESPONSIBILITIES:

This organization 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 alternate locations

NOTICE OF CHANGE TO PRIVACY PRACTICES:

If we make a change in our privacy practices, we will change this notice and make the new notice available upon request. We will not use or disclose your health information without your authorization, except as described in this notice.

Examples of Disclosures for Treatment, Payment and Health Operations

Potential disclosures of an individual's information include:

- 1. Medical treatment:** Medical and personal information may need to be shared with medical practitioners, nurses, pharmacists, health educators, dietitians, medical records and clinic clerical personnel, and medical technologists (laboratory, radiology, and pharmacy) in order to provide effective and efficient care.
- 2. Billing:** The Student Health Center bills on a monthly basis. Unpaid charges at the end of each month are sent to the Bursar's Office **for collection**. The bill only shows information which contains name, student identification number or social security number when necessary, date of service without the medical diagnoses, procedures or the medication disclosed. The bill appears as "Student Health Center Charge".
- 3. Third party payment:** Itemized billing statements that include the information given in (2) above AND diagnoses, procedures, or medications will be released to the patient or his/her designated representative only upon the specific request and with the written consent of the patient.

4. **Oversight activities:** Oversight includes internal and external audits, chart reviews, investigations, licensures, and inspections required for compliance with government, college, and accreditation programs and laws as well as the Health Center's quality assurance/risk management programs. Only the minimal necessary information will be released. However, on occasion, these reviews will involve sighting of individual information by the auditor, accreditation examiner, etc. All individuals performing these reviews, audits, etc. will be required to agree with and sign the non-disclosure confidentiality standards of the Health Center before being allowed access.
5. **Public health and safety:** Personal and health information may be disclosed to the proper authorities to report deaths, certain infectious diseases, occupational injuries and diseases, child abuse/neglect, domestic violence, problems with medications and other products as required by law to prevent/control disease, injury or disability to the patient or to others.
6. **Legal requirements:** Personal and medical information may be disclosed as required by court or administrative order, subpoena, discovery request, or other lawful process. It may also be disclosed when legally requested by national security, intelligence, and other federal officials.
7. **Contacts:** The patient may be contacted by the Student Health Center to provide appointment reminders or other information of health-related benefits or services that may be of interest to the patient.
8. **Serious threat to health or safety:** The Student Health Center may use and disclose your individual health information when necessary to reduce or prevent a serious threat to your individual health or the public.
9. **Other uses:** The Student Health Center may contact patients utilizing a Student Health Center cell phone when a long distance number is provided by the patient to give health related information. The Student Health Center may also contact patients via E-mail. E-mail communication will **not** include any specific personal health information, but may include reminders of appointments or notification that your lab results are here and to please contact us to discuss those results. Additionally, if you provide us with a cell phone number, we will assume that it is acceptable to you that we contact you via your cell phone. Lab results may be left on your voice mail, sent to your CS Box, or home address unless otherwise directed by you.

YOUR INDIVIDUAL RIGHTS

You have a Right to:

1. Look at or obtain copies of your medical information. You must make your request in writing. You may also request access by sending a letter to the Student Health Center Medical Records Dept. A cost based fee may be charged for copying medical records.
2. Request that we place additional restrictions on our use or disclosure of your medical information. We are not required to agree to these additional restrictions, but if we do, we will abide by our agreement (except in the case of an emergency).
3. Request that we communicate with you about your medical information by different means or to different locations. Your request that we communicate your medical information to you by different means or to different locations must be made in writing to the Medical Records Dept. at the Student Health Center.
4. Request that we change your medical information. We may deny your request if we did not create the information you want changed or for certain other reasons. If we deny your request, we will provide you a written explanation. You may respond with a statement of disagreement that will be added to the information you wanted changed. If we accept your request to change the information, we will make reasonable efforts to tell others, including people you name, of the change and to include the changes in any future sharing of that information.

Maintaining privacy: The College of William and Mary Student Health Center is required by law to maintain the privacy of protected health information and to provide and abide by this notice of legal duties and privacy practices.

The Patient Notice of Privacy Practice will be available in the Student Health Center lobby, on the Student Health Center public web site at www.wm.edu/health/. Copies of the notice may be obtained by requesting them at any of the clinic reception desks. The Student Health Center reserves the right to make changes to this notice and/or its procedures without notification, other than posting or making available copies of revised notices in locations as above. Such changes, if and when made, will become effective for all of the health information that Student Health Center maintains.

Information and complaints: Patients may file complaints regarding the security and/or privacy of their personal health information with the Interim Vice President for Student Affairs, Virginia Ambler, or the Director of the Student Health Center, Virginia Wells, M. D.

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If you believe your privacy rights have been violated, you can file a complaint with the Director of Health Information Management or with the Secretary of Health and Human Services. There will be no retaliation for filing a complaint.

Effective Date: August 22, 2008/la