

California State University, Los Angeles
Student Health Center
Notice of Privacy Practices

Effective Date: June 30, 2010

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

Our Responsibilities

The Student Health Center (SHC) is required by law to maintain the privacy of your health information and to provide you with this Notice of Privacy Practices (Notice) of the SHC's legal duties and privacy practices with respect to health information. We are legally required to follow the terms of this Notice.

We reserve the right to make changes to this Notice at any time in the future; to make the new notice provisions effective for all Protected Health Information (PHI) that it maintains. If changes are made to the Notice the SHC will:

- Post the new Notice in our waiting areas
- Have copies of the new Notice available upon request
- Post the new Notice on the CSULA SHC Web site

Your health information will not be used or disclosed without your written authorization, except as described in this Notice. Except as noted above, you may revoke your authorization in writing at any time.

The rest of this Notice will:

- Discuss how we may use and disclose health information about you
- Explain your rights with respect to health information about you
- Describe how and where you may file a privacy-related complaint

If you have questions about information in this Notice or about our privacy policies, procedures, or practices, you may contact our Privacy Officer at (323) 343-3336.

What information is collected?

Each time you visit the SHC, a record (designated record set) of your health information is kept. Typically, this record contains your symptoms, examination and test results, diagnoses, treatment and a plan for future care. This information is often referred to as your health record, serves as a basis for planning your care and treatment and serves as a means of communication among health professionals who contribute to your care. 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 helps you make more informed decisions when authorizing disclosure to others.

In addition, PHI includes all data elements directly related to an individual containing demographic information able to specifically distinguish an individual: name, birth date, telephone numbers, fax numbers, postal address information, electronic mail addresses, social security numbers, medical record numbers, health plan beneficiary numbers, account numbers, certificate/license numbers, vehicle identifiers and serial numbers (including license plate numbers), device identifiers and serial numbers, Web Universal Resource Locators (URLs), Internet Protocol (IP) address numbers, biometric identifiers (including finger and voice prints), full face photographic images and any other unique identifying number, characteristic, or code.

What information is shared?

Except under certain circumstances, uses and disclosures of PHI other than those permitted by the Privacy Rule will be made only with your written authorization. You have the right to revoke an authorization at any time by notifying the SHC in writing. You have the right to request restrictions not to disclose PHI to a health plan for those services for which you have paid out-of-pocket unless for treatment purposes or required by law.

The SHC may use or disclose your PHI under certain circumstances without your consent, such as:

- **For Treatment:**
We may use and disclose PHI in the provision, coordination, or management of your health care, including consultations between health care providers regarding your care and referrals for health care from one health care provider to another.

Example: You are a patient of the SHC and a nurse may use health information about you when setting up an appointment. The clinician will likely use health information when reviewing your health record and ordering lab tests. The lab technician will likely use health information when processing or reviewing your blood test results. The clinician concludes that you should be referred to another physician in providing appropriate care to you.

- **For Payment:**
We may use and disclose PHI to obtain reimbursement for the health care provided to you including determinations of eligibility and coverage and other utilization review activities. While the SHC does not bill private health insurance companies, we do bill for some services.

California State University, Los Angeles
Student Health Center
Notice of Privacy Practices

Effective Date: June 30, 2010

Example: You are a patient of the SHC and are enrolled in the Family PACT Program. A SHC clinician provides services that are covered by the Family PACT Program and submits claims for your reproductive health services. When we do this, we share information to obtain reimbursement for services provided.

- **For Persons Involved In Your Care:**

As a general rule, we do not disclose your PHI, to others, including spouses, parents, friends, or officials of the University. However, we may disclose health information about you to a relative, close personal friend or any other person you identify. If the patient is a minor, we disclose health information about the minor to a parent, guardian, or other person responsible for the minor except in limited circumstances when such information is protected by law.

In the event of an emergency, we may also use or disclose health information about you to your emergency contact, a relative, another person involved in your care or possibly a disaster relief organization (such as the American Red Cross) to notify someone about your location or condition.

You may ask us at any time not to disclose health information about you to persons involved in your care. We will agree to your request and not disclose the information except in certain limited circumstances (such as emergencies) or if the patient is a minor. If the patient is a minor, we may or may not be able to agree to your request.

Example: Your husband regularly comes to the SHC with you for your appointments, and he helps you with your medication. When the physician is discussing a new medication with you, you invite your husband to come into the private room. The physician discusses the new medication with you and your husband.

- **For Health Care Operations:**

We may use and disclose PHI about you when performing a variety of business activities that we call "health care operations." These "health care operations" activities allow us, for example, to improve the quality of the health care services we provide and reduce health care costs. While your health information may be used and disclosed in the following circumstances, information that identifies you personally is not disclosed. We may use and disclose PHI to support functions of the following activities:

1. Reviewing and evaluating the skill, qualification, and performance of your health care providers.
2. Reviewing and improving the quality and efficiency of cost of care that we provide to you or groups of people who have similar health problems to help manage and coordinate health care services. .
3. Responding to patient complaints, clinician reviews, compliance programs, audits, and administrative activities.
4. Cooperating with outside organizations that assess the quality of the care provided, including government agencies and private organization that certify or license health care providers, staff or facilities.

Example: You are a patient of the SHC diagnosed with diabetes. The SHC physicians and other staff providers decide to study how we treat patients with diabetes in order to determine the quality of care they receive and whether changes might be necessary for improvement. The SHC uses your health information, as well as health information from all other patients diagnosed with diabetes, to develop a statistical evaluation of the care given to diabetes patients. That study is provided to the national accrediting body as an example of the SHC quality assurance process. When the accreditation body conducts an on-site evaluation of the SHC, the accreditation team reviews your health record in order to validate the SHC study. The accrediting body's final report does not identify any specific patients.

- **Some Other Ways We May Share Your Information:**

Required by Law:

We may disclose health information about you whenever we are required by law to do so. There are many state and federal laws that require us to use and disclose health information.

Example: State law requires us to report gunshot wounds and other injuries if the SHC medical provider believes a patient has been the victim of abuse, neglect or domestic violence to the police and to report known or suspected child abuse or neglect to the Department of Social Services. The SHC medical provider will comply with those state laws and with all other applicable laws.

National Priority Uses and Disclosures:

We may disclose PHI about you without your permission for various activities that are recognized as "national priorities" when required by law. The government has determined that under certain circumstances (described below), it is so important to disclose PHI that it is necessary to disclose PHI without the individual's permission.

The SHC will only disclose health information about you in the following circumstances when we are required by law. Below are brief descriptions of the "national priority" activities recognized by law.

- **Threat to health or safety:** In, good faith, it is believed that the use or disclosure is necessary to prevent or lessen a serious and imminent threat to the health or safety of a person or the public.

California State University, Los Angeles
Student Health Center
Notice of Privacy Practices

Effective Date: June 30, 2010

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- Public health activities: To persons who may be at risk of contracting or spreading a disease or condition; to public health authorities to prevent or control disease or condition; reporting child abuse and neglect; and disclosures to the Food and Drug Administration to collect or report adverse events or product defects.
 - Abuse, neglect or domestic violence: To a government authority (such as the Department of Social Services) to receive reports of abuse, neglect or domestic violence.
 - Health oversight activities: To a health oversight agency (such as an agency responsible for overseeing the health care system or certain government programs). For example, a government agency may request information from us while they are investigating possible insurance fraud.
 - Court proceedings: In response to a Court, or an Officer of the Court (such as an attorney), administrative order, subpoena, discovery request, or other lawful process.
 - Law enforcement: To a law enforcement official to identify or locate a suspect, fugitive, material witness, or missing person; disclosures about a crime victim if disclosure is necessary for immediate law enforcement activity; disclosure about a death that may have resulted from criminal conduct; and disclosure to provide evidence of criminal conduct on University premises.
 - Coroners and others: To a coroner or medical examiner to identify a deceased person or determine the cause of death or a funeral director or to an organization that helps with organ, eye and tissue transplants.
 - Workers' compensation: In order to comply with workers' compensation laws.
 - Research organizations: Subject to approval by institutional privacy review boards, or research organizations if the organization has satisfied certain conditions about protecting the privacy of PHI.
 - Military and certain government functions: If you are in the Armed Forces or foreign military under appropriate military command; to authorized federal officials for military and veterans activities and national security and intelligence activities and disclosure to correctional institution or custodial law enforcement officials about inmates. An inmate does not have the right to the Notice of Privacy Practices.
 - Appointment reminders: To contact you to provide appointment reminders.
 - Treatment alternatives: To tell you about or recommend possible treatment alternatives or other health related benefits and services that may be of interest to you.
 - Health-related benefits and services: To tell you about health-related benefits, services, or health education classes that may be of interest to you.
 - Business associates: There may be some services provided in the SHC through contracts with Business Associates when services are contracted (e.g., laboratory and radiology). To protect your PHI, however, we require the Business Associate to appropriately safeguard your information.
 - Marketing purposes: To contact you as part of a marketing effort for the SHC. For example, we might provide materials related to health information or services to you or groups of people who have similar health problems to help manage and coordinate the care.
 - U.S. Department of Health and Human Services HHS investigations: To investigate or determine the SHC's compliance with the HIPAA Privacy Rule.

Authorization

Other than the uses and disclosures described above, we will not use or disclose PHI about you without your authorization or signed permission by you or your personal representative. In some instances, we may wish to use or disclose PHI about you and we may contact you to ask you to sign an authorization form. In other instances, you may contact us to ask us to disclose PHI and we will ask you to sign an authorization form.

If you sign a written authorization allowing us to disclose PHI about you, you may later revoke (or cancel) your authorization in writing (except in very limited circumstances related to obtaining insurance coverage). If you would like to revoke your authorization, you may write us a letter revoking your authorization or fill out an Authorization Revocation Form. If you revoke your authorization, we will follow your instructions except to the extent that we have already relied upon your authorization and taken some action.

California State University, Los Angeles
Student Health Center
Notice of Privacy Practices

Effective Date: June 30, 2010

YOU HAVE RIGHTS WITH RESPECT TO HEALTH INFORMATION ABOUT YOU

Unless otherwise required by law, your PHI is the physical property of the SHC. However, you have certain rights with respect to your information. You have the right to:

• **Receive a copy of this Notice of Privacy Practices at any time**

In addition, a copy of this Notice will always be posted in our waiting area and is available for download on the SHC's Website. You can obtain a copy from the SHC receptionist.

• **Request restrictions on our uses and disclosures of your health information**

You have the right to request that we limit the use and disclosure of PHI about you for treatment, payment and health care operations. This includes your right to request that we not disclose your PHI to a health plan for payment or health care operations if you have paid out of pocket for the services provided.

- You have the right to receive a notification of any unauthorized disclosure of your PHI in the event that a breach has occurred.

We reserve the right not to agree to a given requested restriction.

If we do agree to your request, we must follow your restrictions (except if the information is necessary for emergency treatment). You may cancel the restrictions at any time. We may cancel a restriction at any time as long as we notify you of the cancellation and continue to apply the restriction to information collected before the cancellation.

• **Request to receive communications of PHI in confidence**

You have the right to choose how we contact you.

Example: You may prefer to have information mailed to your work address rather than to your home address, or you may prefer to receive phone calls to your cell phone rather than to your home number.

We will agree to any reasonable request for alternative methods of contact. If you would like to request an alternative method of contact, you must provide us with a request in writing. You may write us a letter or fill out a Student *Contact Request Form*.

• **Request an amendment to your PHI**

You have the right to request the SHC to amend (correct or supplement) PHI about you that we maintain in certain groups of records. We may deny your request for an amendment if we determine that the PHI that is the subject of the request:

- Was not created by us, unless you provide a reasonable basis to believe that the originator of the PHI is no longer available to act on the requested amendment;
- Is not part of your health or billing records;
- Is not available for inspection as set forth above; or
- Is accurate and complete

In any event, any agreed upon amendment will be included as an addition to, and not a replacement of, already existing records. If you would like us to amend information, you must provide us with a request in writing and explain why you would like us to amend the information. You may either write us a letter requesting an amendment or fill out an *Amendment Request Form*. *Amendment Request Forms* are available from medical record department. You have a right to receive a written response from the SHC within 60 days.

• **Inspect and obtain a copy of your PHI**

You have the right to see or review and receive a copy of health and billing information about you. You have a right to PHI for the previous six years. You also have the right to obtain a copy or forward a copy of your health information to a third party. There is certain PHI which is not included in your right to access PHI. These are psychotherapy notes; information related to criminal, civil or administrative actions; information prohibited from release because it is subject to or exempted from Clinical Laboratory Improvements Amendments (CLIA); and information created by someone other than the SHC or given to the SHC under a promise not to release. If you would like to inspect or receive a copy of health information about you, you must provide us with a request in writing. You may write us a letter requesting access or fill out an *Access Request Form*. *Access Request Forms* are available from SHC medical record department.

Requests for information in the SHC will be processed within 30 days of receipt. We may deny your request in certain circumstances. If we deny your request, we will explain our reason for doing so in writing. We will also inform you in writing if you have the right to have our decision reviewed by another person.

If you would like to keep a copy of the information, a reasonable copying charge may apply.

California State University, Los Angeles
Student Health Center
Notice of Privacy Practices

Effective Date: June 30, 2010

• **Receive an accounting of disclosures of your PHI**

You have the right to receive an accounting of disclosures made to individuals or entities other than to you, except for disclosures:

- To carry out treatment, payment and health care operations as provided above;
- To persons involved in your care or for other notification purposes as provided by law;
- To correctional institutions or law enforcement officials as provided by law;
- For national security or intelligence purposes;
- That occurred prior to the date of compliance with privacy standards ;
- Incidental to other permissible uses or disclosures;
- That are part of a limited data set (does not contain PHI that directly identifies individuals);
- Made to patient or their personal representatives;
- When a written authorization form from the patient has been received.

If you would like to receive an accounting of disclosures made you may send us a letter requesting an accounting, fill out an *Accounting Request Form*, or contact SHC medical records. *Accounting Request Forms* are available from medical records..

• **Revoke your authorization to use or disclose health information.**

You have the right to revoke a prior authorization to use and disclose your PHI. After the revocation, the SHC may no longer use or disclose PHI without your authorization. The SHC will not be liable for a use or disclosure of your PHI, if the SHC in good faith based our actions upon a prior authorization, and has already acted in reliance upon the authorization.

YOU MAY FILE A COMPLAINT ABOUT OUR PRIVACY PRACTICES

If you believe that your privacy rights have been violated or if you are dissatisfied with our privacy policies or procedures, you may file a complaint either with us or with the federal government. We will not take any action against you or change our treatment of you in any way if you file a complaint.

To file a written complaint with the SHC, you may bring your complaint to the SHC or you may mail it to the following address:

Monica Jazzabi, M.D., Director
Student Health Center
California State University, Los Angeles Student Health Center
5151 State University Drive
Los Angeles, CA 90032-8411

To file a complaint with the federal government, you may send your complaint to the following address:

U.S. Department of Health and Human Services
Office of Civil Rights
Hubert H. Humphrey Bldg.
200 Independence Avenue, S.W.
Room 509F HHH Building
Washington, DC 20201