
Notice of Privacy

CSLA Student Health Center

“THIS NOTICE DESCRIBES HOW MEDICAL INFORMATION ABOUT YOU MAY BE USED AND DISCLOSED AND HOW YOU CAN GET ACCESS TO AND LIMIT DISCLOSURE OF THIS INFORMATION. PLEASE REVIEW IT CAREFULLY”

“What is Protected Health Information”?

The Student Health Center is required by law to maintain the privacy of all Protected Health Information. This Notice of Privacy will tell you what information we collect, how we may share information and how you can limit our sharing of information.

What Information is collected?

Protected Health Information (PHI) is all the information regarding your health care at the Student Health Center, health care information given to the Student Health Center at your request by other providers, and health care billing information. Generally, it is the information in your medical and/or mental health record and computer data stored in the Student Health Center MedPro system.

What information is shared?

Disclosure of Protected Health Information is done only after you have given written authorization. You may cancel your consent at any time by notifying the Student Health Center in writing.

The Student Health Center may use or disclose your Protected Health Information under certain circumstances without your consent, such as:

- Mandatory disease reporting
- Emergency situations
- Subpoena or court order
- Your health care provider cannot get consent due to substantial barriers in communication, and the health care provider determines that your consent is inferred from the circumstances
- Mandatory reporting of criminal acts, such as abuse
- Medical record review for internal quality assessment purposes

If other applicable law prohibits or limits use or disclosure of your Protected Health Information, the Student Health Center will follow the more stringent law.

You have the right:

- To restrict the use of your Protected Health Information. However, the Student Health Center may choose to refuse your restriction if it is in conflict of providing you with quality health care or in the event of an emergency situation.
- To receive confidential communication about your Protected Health Information.
- To inspect and be provided a copy of your Protected Health Information, unless this might be harmful to you or to others.
- To request amendments of your Protected Health Information.
- To receive an accounting of disclosures of Protected Health Information.
- To complain to the Student Health Center if you believe your privacy rights have been violated. If you wish to file a complaint, you may contact the Student Health Center Director at 323-343-3342. There will be no retaliation of any kind against you by the Student Health Center for filing such a complaint. All complaints will be investigated.

The Student Health Center will abide by the terms of this notice and will maintain the confidentiality of all Protected Health Information.