

# Notice of Privacy Practices

University of Connecticut  
Student Health Services

Effective Date: April 14, 2003

THIS NOTICE DESCRIBES HOW HEALTH INFORMATION ABOUT YOU MAY BE USED AND DISCLOSED BY THE UNIVERSITY OF CONNECTICUT STUDENT HEALTH SERVICES AND HOW YOU CAN GET ACCESS TO THIS INFORMATION. PLEASE REVIEW THIS NOTICE CAREFULLY.

We understand that information about your health and program is personal. We are committed to protecting your health information. When you register, we create a file for care and services you will receive from Student Health Services. We use this record to provide you with quality services and to comply with certain legal requirements. This notice applies to all of the information maintained by the Student Health Services about services for you. Other providers of service may have different policies or notices regarding the information they maintain about your health.

This notice will explain the ways in which we use and disclose your protected health information (PHI). We also describe your rights and certain obligations we have regarding the use and disclosure of your PHI.

The law requires us to:

- Make sure that any of your PHI is kept private;
- Give you this notice of our legal duties and privacy policy practices with respect to your PHI; and
- Follow the terms of the notice that is currently in effect.

**The effective date of this notice is: April 14, 2003**

## **YOUR RIGHTS REGARDING MEDICAL INFORMATION ABOUT YOU**

You have the following rights regarding health information we maintain about you:

**Right to Inspect and Obtain a Copy:** You have the right to inspect and obtain a copy of health information that we maintain about you in your medical record. Usually, this includes health and billing records but does not include psychotherapy notes or certain information subject to the Clinical Laboratory Improvement Amendments of 1988.

To inspect and obtain a copy of health information we may maintain about you, you must submit your request in writing to the Privacy Officer at Student Health Services - 234 Glenbrook Road, Unit 2011, Storrs, CT 06269-2011. If you request a copy of the information, we may charge you a small fee for the costs of copying, mailing or other

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supplies associated with your request. We will notify you of the cost involved and you may choose to withdraw or modify your request at that time before any costs are incurred.

We may deny your request to inspect and obtain a copy of information, in certain very limited circumstances. If you are denied access to health information, you may have the right to request that the denial be reviewed. Another person, chosen by the Student Health Services, will review your request and the denial. We will comply with the outcome of the review.

**Right to Amend:** If you feel that health information we have about you is incorrect or incomplete; you may ask us to amend the information. You have the right to request an amendment for as long as the information is kept by or for the Student Health Services.

To request an amendment, your request must be made in writing and submitted to the Privacy Officer at the Student Health Services. In addition, you must provide a reason that supports your request.

We may deny your request for an amendment if it is not in writing or does not include a reason to support the request. In addition, we may deny your request if you ask us to amend information that:

- Was not created by us, unless the person or entity that created the information is no longer available to make the amendment;
- Is not part of the health information kept by or for the Student Health Services;
- Is not part of the information which you would be permitted to inspect and copy; or
- Is accurate and complete.

If we agree to the amendment, in whole or in part, we will make a reasonable effort to inform and provide the amendment within a reasonable time frame. Individuals who may receive this amendment are:

- Persons identified by you as having received your PHI and in need of the amendment; or
- Persons, including business associates who have previously received your PHI and have relied on the information for your benefit.

**Right to an Accounting of Disclosures:** You have the right to request an "accounting of disclosures." This is a list of the disclosures the Student Health Services made of your PHI.

The accounting will include:

- The date of the disclosure;

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- The name of the entity or person who received the PHI and, if known, the address of such entity or person;
- A brief description of the PHI disclosed; or
- A brief statement of the purpose of disclosure, or a copy of their authorization.

The accounting will not include uses and disclosures:

- For treatment, payment and health care operations
- To you about your PHI
- For the facility's directory or to persons involved your care
- That occurred prior to the effective date of this notice, April 14, 2003
- Information regarding records you are not entitled to view or copy.

To request this list or accounting of disclosures, you must submit your request in writing to the Privacy Officer. Your request must state a time period, which may not be longer than six years and may not include dates before April 14, 2003. Your request should indicate in what form you want the list (for example, on paper, or electronically). The first list you request within a 12-month period will be free. For additional lists, we may charge you for the cost of providing the list. We will notify you of the cost involved and you may choose to withdraw or modify your request at that time before any costs are incurred.

**Right to Request Restrictions:** You have the right to request a restriction or limitation on the health information we use or disclose about you for treatment, payment or health care operations.

You also have the right to request a limit on the health information we disclose about you to someone who is involved in your care or for the payment for your care.

For example, you could ask that we not use or disclose information about a surgery you had.

***We are not required to agree to your request.*** If we do agree, we will comply with your request unless the information is needed to provide you emergency treatment.

To request restrictions, you must make your request in writing to the Privacy. In your request, you must tell us:

- (1) What information you want to limit;
- (2) Whether you want to limit our use, disclose or both; and
- (3) To whom you want limits to apply, for example, disclosures to your spouse.

**Right to Request Confidential Communications:** You have the right to request that we communicate with you about health matters in a certain way. For example, you can ask that we only contact you at a student dormitory or by mail.

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To request confidential communications, you must make your request in writing to the Student Health Services Privacy Officer. We will not ask you the reason for your request. We will accommodate all reasonable requests. Your request must specify how or where you wish to be contacted.

**Right to a Paper Copy of this Notice:** You have a right to a paper copy of this notice. You may ask us to give you a copy of this notice at any time. Even if you have agreed to receive this notice electronically, you are still entitled to a paper copy of this notice.

You may also obtain a copy of this notice at our web site:  
<http://www.shs.uconn.edu/>

To obtain a paper copy of this notice you can contact the Student Health Services Privacy Officer at Student Health Services - 234 Glenbrook Road, Unit 2011, Storrs, CT 06269-2011.

## **HOW WE MAY USE AND DISCLOSE YOUR PROTECTED HEALTH INFORMATION.**

The following categories describe different ways that we use and disclose your PHI. For each category we will explain what we mean and give some examples. We will not list every use or disclosure in the examples. However, all of the ways we are permitted to use and disclose PHI will fall within one of the categories.

### **We May Use and Disclose Your Protected Health Information For:**

**Treatment:** We may use your PHI to provide services for you. We may disclose information about you to Student Health Services staff that provides services to you.

For example:

- Staff may need to know that you are taking a certain medication or have a medical condition that may affect your treatment.
- We may disclose your PHI to other health care providers who are involved in taking care of you. For instance, your health care provider may need information about an illness as part of your treatment process.

**Payment:** We may use and disclose your PHI so the cost of the services you receive can be billed to health plans or to you.

For example:

- We may provide information to your insurance carrier.

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**Health Care Operations:** We may use and disclose your PHI for Student Health Services operations. These uses and disclosures are necessary to provide care and improve the quality of services provided.

For example:

- We may use your PHI to review our programs and services and to evaluate the performance of our staff or the performance of a contracted provider.
- We may combine health information about many individuals to decide what changes in service might be needed.
- We may also use combined information to evaluate how we are managing changes in resources or services.

**Appointment Reminders:** We may use or disclose your PHI to remind you about appointments for services or treatments.

**Student Health Services Directory:** Unless you notify us that you object, we may include certain limited information about you in a directory while you are an in-patient or being treated at Student Health Services. This information may include your name, location in the Student Health Services, your general condition (e.g., fair, stable, etc.) and your religious affiliation. The directory information, except for your religious affiliation, may also be released to people who ask for you by name. Your religious affiliation may be given to a member of the clergy, such as a priest or rabbi, even if they don't ask for you by name.

**Service Alternatives:** We may use or disclose your PHI to inform you of, or recommend, possible service or program alternatives that may be of interest to you.

**Individuals Involved in Your Support or Payment for Your Support:** We may release medical information about you to a family member, other relative, or a close personal friend of yours, or any other person identified by you. The information disclosed will be related to their involvement with your care or to payment for your care. We may release information to your emergency contact of your location, general condition or death or information about you to an entity assisting in disaster relief efforts.

**Business associates:** There are some services provided in our organization through contracts with business associates. Examples include physician services in dermatology and radiology, certain laboratory tests, and a transcription service we use when documenting your medical history. 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.

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**Research:** If you have chosen to participate in clinical research studies, under certain circumstances, we may use and disclose your PHI for research purposes.

For example, a research project may involve comparing the progress of all individuals involved in a certain type of treatment program compared to those in a different program.

All research projects are subject to a special approval process. This process evaluates a proposed research project and its use of health information. Before we use or disclose health information for research, the project will have been approved through the University of Connecticut's research approval process. We will ask for your authorization if the researcher will have access to your name, address or other information that reveals who you are, or will be involved in your support.

**Education:** Under certain circumstances, we may use and disclose your PHI for educational purposes.

Students in the University of Connecticut's medical or training programs may deliver some of the services provided at Student Health Services. These students work under the supervision of trained medical personnel. These students may have full access to an individual's medical history unless the individual has placed restrictions on that access.

**As Required by Law:** We will disclose your PHI when required to do so by federal, state or local law.

**To Avert a Serious Threat to Health or Safety:** We may use and disclose your PHI when legally permitted to prevent a serious threat to your health or safety or the health or safety of the public or another person. Any disclosure, however, would only be to someone able to help prevent the threat.

**Workers' Compensation:** We may disclose your PHI for workers' compensation or similar programs. These programs provide benefits for work-related injuries or illness.

**Public Health Risk:** We may disclose your PHI for public health activities. These activities include the following:

- To prevent or control disease, injury or disability;
- To report births and deaths;
- To report abuse or neglect;
- To report reactions to medications or problems with products;
- To notify people of recalls of products they may be using;
- To notify a person who may have been exposed to a disease or may be at risk for contracting or spreading a disease or condition;

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- To notify the appropriate government authority if we believe a person has been the victim of abuse, neglect or domestic violence. We will only make this disclosure if you agree or when required or authorized by law.

**Health Oversight Activities:** We may disclose health information to a health oversight agency for activities authorized by law. These oversight activities may include audits, investigations, inspections and licensure. These activities are necessary for the government to monitor the health care system, government programs, and compliance with civil rights laws.

**Lawsuits and Disputes:** If you are involved in a lawsuit or a dispute, we may disclose your PHI in response to a court or administrative order. We may also disclose your PHI in response to a subpoena, discovery request, or other lawful process. We will disclose the information only if efforts have been made to tell you about the request or to obtain an order protecting the information requested.

**Law Enforcement:** We may disclose health information if asked to do so by law enforcement officials:

- In response to a court order, subpoena, warrant, summons or similar process;
- To identify or locate a suspect, fugitive, material witness, or missing person;
- About the victim of a crime if, under limited circumstances, we are unable to obtain the person's agreement;
- About a death we believe may be the result of criminal conduct;
- About criminal conduct within one of our programs;
- In emergency circumstances to report a crime; the location of the crime or victims; or the identity, description or location of the person who committed the crime.

**Coroners, Medical Examiners and Funeral Directors:** We may disclose health information to a coroner or medical examiner. This may be necessary to identify a deceased person or determine the cause of death. We may also disclose health information about individuals to funeral directors, as necessary, to carry out their duties.

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

**Protective Services for the President of the United States and Others:** We may disclose your PHI to authorized federal officials so they may provide protection to the President of the United States, other authorized persons or foreign heads of state; or to conduct special investigations.

**In Legal Custody:** If you are an inmate of a correctional institution or under custody of a law enforcement official, we may disclose health information about you to the correctional institution or law enforcement official.

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This disclosure would be necessary:

- (1) For the institution to provide you with health care
- (2) To protect your health and safety or the health and safety of others; or
- (3) For the safety and security of the correctional institution.

## **CHANGES TO THIS NOTICE**

We reserve the right to change this notice. We reserve the right to make the revised or changed notice effective for health information we already have about you as well as any information we receive in the future. We will post a copy of the current notice in our facilities and on our web site. The notice will contain the effective date of the notice on the first page. In addition, each time you receive new services from us, we will offer you a copy of the current notice in effect.

## **COMPLAINTS**

If you believe your privacy rights have been violated, you may file a complaint with:

- The Student Health Services:

University of Connecticut Student Health Services  
234 Glenbrook Road, Unit 2011  
Storrs, CT 06269-2011  
(860) 486-4700

- All complaints must be submitted in writing
- For further instructions on filing a complaint with the Student Health Services, contact the Privacy Officer at 860-486-4700.

- The Department of Health and Human Services:

Region I, Office for Civil Rights  
US Department of Health and Human Services  
Government Center, JF Kennedy Federal Building--Room 1875  
Boston, MA 02203  
Voice (617) 565-1340 - FAX (617) 565-3809 - TDD (617) 565-1343

***You will not be penalized for filing a complaint.***

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## **OTHER USES OF HEALTH INFORMATION**

Other uses and disclosures of health information not covered by this notice or the laws that apply to us will be made only with your written authorization. If you provide us written authorization to use or disclose medical information about you, you may revoke that authorization, in writing, at any time. If you revoke your authorization, we will no longer use or disclose health information about you for the reasons covered by your written authorization. You understand that we are unable to take back any disclosures we have already made with your authorization, and that we are required to retain our records of the services that we provided you.

## **CONTACTS FOR FURTHER INFORMATION**

If you have any questions about this notice please contact the Privacy Officer at the Student Health Services. University of Connecticut, The Student Health Services 234 Glenbrook Road Unit 2011, Storrs, CT 06269-2011 (860)-486-4700