

## DREW UNIVERSITY HEALTH SERVICE

### NOTICE OF PRIVACY INFORMATION 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 PRIVACY OF YOUR HEALTH INFORMATION IS IMPORTANT TO US.**

#### **A. PURPOSE OF THE NOTICE.**

This Notice will provide you with information regarding the privacy practices of Drew University Health Service (DUHS), and applies to all of your health information created and/or maintained at our office, including any information that we receive from other health care providers or facilities. The Notice describes the ways in which we may use or disclose your health information and also describes your rights and our obligations concerning such uses or disclosures.

DUHS is committed to preserving the privacy and confidentiality of your health information. DUHS maintains written policies and procedures that safeguard the privacy of your health information and that clarify your rights and responsibilities as a consumer. These policies comply with all related state and federal regulations.

DUHS will abide by the terms of this Notice, including any future revisions that we may make to the Notice as required or authorized by law. We reserve the right to change this Notice and 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. DUHS will post a copy of the current Notice in the Health Service waiting room which will identify its effective date. A printable copy will be posted on our website at <http://www.depts.drew.edu/health/> and a paper copy will be made available at the Health Service to Drew students who request it.

All employees of DUHS (including student receptionists) must sign confidentiality agreements as a condition of employment. All employees receive specific training in proper management of private information at the time of employment and on an annual basis. Student receptionists are able to schedule appointments and bill for services but are not permitted to view the contents of medical records.

#### **B. USES AND DISCLOSURES OF HEALTH INFORMATION FOR TREATMENT, PAYMENT, AND HEALTH CARE OPERATIONS.**

1. **Treatment, Payment and Health Care Operations.** The following section describes different ways that we may use and disclose your health information for purposes of treatment, payment, and health care operations. We explain each of these purposes below and include examples of the types of uses or disclosures that may be made for each purpose. We have not listed every type of use or disclosure, but the ways in which we use or disclose your information will fall under one of these purposes.

- a. **Treatment.** We may use your health information to provide you with health care treatment and services. We may disclose your health information to doctors, nurses, medical and nursing students, rehabilitation specialists, athletic trainers or other professionals who are involved in your health care.

For example, when we order physical therapy services to improve your strength ability we will need to talk with the physical therapist so that we can coordinate services and develop a plan of care. We also may need to refer you to another health care provider to receive certain services. We will share information with that health care provider in order to coordinate your care and services.

- b. **Payment.** DUHS may use or disclose your health information to your health insurance company or other third party that you have authorized for the purpose of reimbursement to us or to you for services you received from us. We also may disclose health information about you to your health insurance plan in order to obtain prior approval for the services we provide to you, or to determine that your health plan will pay for the treatment.

For example, we may need to give health information to your health plan in order to obtain prior approval to refer you to a health care specialist, such as a neurologist or orthopedic surgeon, or to perform a diagnostic test such as a magnetic resonance imaging scan (MRI).

In the event that your student account is billed for a service received at DUHS, the nature of the fee will only be described as “Personal Health Expenses” on the Drew bill.

- c. **Health Care Operations.** We may use or disclose your health information in order to perform the necessary administrative, educational, quality assurance, and business functions of our clinic.

For example, we may use your health information to evaluate the performance of our staff in caring for you. We also may use your health information to evaluate whether certain treatments or services offered by our office are effective. We also may disclose your health information to other physicians, nurses, technicians, or health profession students for teaching and learning purposes.

### C. USES AND DISCLOSURES OF HEALTH INFORMATION IN SPECIAL SITUATIONS.

We may use or disclose your health information in certain special situations as described below. For these situations, you have the right to limit these uses and disclosures as provided for in Section E of this Notice.

1. **Appointment Reminders.** We may use or disclose your health information for purposes of contacting you to remind you of a health care appointment.
2. **Family Members and Friends.** DUHS requires your written permission to disclose personal health information to your family or friends. However, under special circumstances we may make disclosures to your family or friends when: (a) you are unable to provide written permission but we have your verbal agreement to do so; or (b) we can infer from the circumstances that you would not object to such disclosures. For example, if you invite your friend or family member into the exam room with you, we will assume that you agree to our disclosure of your information while your friend or family member is present in the room.

In extreme cases, or when a life threatening or serious emergency situation exists that prevents you from giving written or verbal permission, we may disclose your health information to family members or friends who are involved with your care, or to others on a need to know basis. For example, if you present to our office or hospital with an emergency medical condition, we may share information with the family member or friend that accompanies you to the hospital, or who is responsible for notifying your family of an emergency such as the Dean of Student Affairs.

### D. OTHER PERMITTED OR REQUIRED USES AND DISCLOSURES OF HEALTH INFORMATION.

There are certain instances in which we may be required or permitted by law to use or disclose your health information without your permission. These instances are as follows:

1. **As required by law.** We may disclose your health information when required by federal, state, or local law to do so. For example, we are required by the Department of Health and Human Services (DHHS) to disclose your health information in order to allow DHHS to evaluate whether we are in compliance with the federal privacy regulations. We may disclose your health information to a health oversight agency that is authorized by law to conduct health oversight activities, including audits, investigations, inspections, or licensure and certification surveys. These activities are necessary for the government to monitor the persons or organizations that provide health care to individuals and to ensure compliance with applicable state and federal laws and regulations.
2. **Public Health Activities.** We may disclose your health information to public health authorities that are authorized by law to receive and collect health information for the purpose of preventing or controlling disease, injury, or disability; to report births, deaths, suspected abuse or neglect, reactions to medications; or to facilitate product recalls.

3. **Judicial or Administrative Proceedings.** We may disclose your health information to courts or administrative agencies charged with the authority to hear and resolve lawsuits or disputes. We may disclose your health information pursuant to a court order, a subpoena, a discovery request, or other lawful process issued by a judge or other person involved in the dispute, but only if efforts have been made to (a) notify you of the request for disclosure or (b) obtain an order protecting your health information.
4. **Research.** In the event that DUHS participates in research of any kind that involves human subjects, the research must have achieved Institutional Review Board (IRB) approval, and student involvement must be totally voluntary. In all cases, a thorough description of the project will be available to prospective participants, and specific written permission will be required before the participants personal health information will be used or disclosed to researchers including access to your name, address, or other identifying information.
5. **To Avert a Serious Threat to Health or Safety.** We may use or disclose your health information when necessary to prevent a serious threat to the health or safety of you or other individuals.
6. **Military and Veterans** If you are a member of the armed forces, we may use or disclose your health information as required by military command authorities.

#### **E. USES AND DISCLOSURES REQUIRING YOUR WRITTEN AUTHORIZATION.**

Except for the purposes identified in Sections B through D, we will not use or disclose your health information for any other purposes unless we have your specific written authorization. You have the right to revoke a written authorization at any time as long as you do so in writing. If you revoke your authorization, we will no longer use or disclose your health information for the purposes identified in the authorization, except to the extent that we have already taken some action in reliance upon your authorization.

#### **F. YOUR RIGHTS REGARDING YOUR HEALTH INFORMATION.**

You have the following rights regarding your health information. You may exercise each of these rights, in writing, by providing us with a completed form that you can obtain from the front desk (Ext 3414). In some instances, we may charge you for the cost(s) associated with providing you with the requested information. Additional information regarding how to exercise your rights, and the associated costs, can be obtained from Kathleen Nottage, Director, Drew University Health Service.

1. **Right to Inspect and Copy.** You have the right to inspect and copy health information that may be used to make decisions about your care. If you request copies, we will charge you \$2.00 for each page or \$35.00 for the complete chart as permitted by New Jersey Law. We may deny your request to inspect and copy your health information in certain limited circumstances. If you are denied access to your health information, you may request that the denial be reviewed.  
  
**(You should note that, if you are a parent or legal guardian of a minor, certain portions of the minor's medical record will not be accessible to you including records relating to pregnancy, abortion, sexually transmitted diseases, substance use and abuse, and contraception and/or family planning services.)**
2. **Right to Amend.** You have the right to request an amendment of your health information that is maintained by or for our clinic and is used to make health care decisions about you. We may deny your request if it is not properly submitted or does not include a reason to support your request. We may also deny your request if the information sought to be amended: (a) was not created by us, unless the person or entity that created the information is no longer available to make the amendment; (b) is not part of the information that is kept by or for our clinic; (c) is not part of the information which you are permitted to inspect and copy; or (d) is accurate and complete.
3. **Right to an Accounting of Disclosures.** You have the right to request an accounting of the disclosures of your health information made by us. This accounting will not include disclosures of health information that we made for purposes of treatment, payment or health care operations or pursuant to a written authorization that you have signed.

4. **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, such as a family member or friend, who is involved in your care or in the payment of your care. For example, you could ask that we not use or disclose information regarding a particular treatment that you received. We are not required to agree to your request. If we do agree, that agreement must be in writing and signed by you and us.
5. **Right to Request Confidential Communications.** You have the right to request that we communicate with you about your health care in a certain way or at a certain location. For example, you can ask that we only contact you at work or by mail.
6. **Right to a Paper Copy of this Notice.** You have the right to receive 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.

#### **G. EFFECTIVE DATE AND DURATION OF THIS NOTICE.**

1. **Effective Date.** This Notice is effective April 1, 2003.
2. **Right to Change Terms of this Notice.** We may change the terms of this Notice at any time. If we change the terms of this Notice, we may make the new Notice terms effective for all private health information that we maintain, including any information created or received prior to issuing the new Notice. If we change this Notice, we will post the new Notice in our waiting room and on our Internet site at <http://www.depts.drew.edu/health/>.

#### **H. QUESTIONS OR COMPLAINTS.**

If you have any questions regarding this Notice or wish to receive additional information about our privacy practices, please contact our Privacy Officer at 973-408-3414. If you believe your privacy rights have been violated, you may file a complaint with our office, (Privacy Officer, Drew University Health Service, 36 Madison Avenue, Madison, New Jersey 07940) or with the Director, Region II, Office for Civil Rights (OCR), (U. S. Department of Health and Human Services, Jacob Javits Federal Building, 26 Federal Plaza - Suite 3312, New York, New York 10278. Voice Phone (212) 264-3313. Fax (212) 264-3039. TDD (212) 264-2355.)

All complaints must be submitted in writing. You may, but are not required to, use OCR's Health Information Privacy Complaint Form. To obtain a copy of this form, or for more information about the Privacy Rule or how to file a complaint with OCR, contact any OCR office or go to [www.hhs.gov/ocr/hipaa](http://www.hhs.gov/ocr/hipaa). You will not be penalized for filing a complaint.