

**Wright State University  
Student Health Services  
051 Student Union  
3640 Colonel Glenn Hwy.  
Dayton, OH 45435  
(937) 775-2552**

## **Notice of Privacy Practices**

This notice applies to all protected health information ("PHI") maintained by Wright State University Student Health Services (WSU SHS). It describes how medical information about you may be used and disclosed and how you can get access to this information. **PLEASE REVIEW IT CAREFULLY.**

This Notice of Privacy Practices is NOT an authorization. This Notice of Privacy Practices describes how we may use and disclose your PHI (PHI) to carry out treatment, payment or health care operations and for other purposes that are permitted or required by law. It also describes your rights to access and control your PHI. PHI is information about you, including demographic information, that may identify you and that relates to your past, present or future physical or mental health condition and related health care services.

We are committed to the protection of patient health information in accordance with applicable law and accreditation standards regarding patient privacy. The health information about you is personal. A record of the care and services you receive is needed to provide you with quality care and to comply with legal requirements.

Your PHI may be used and disclosed by your healthcare provider, our office staff and others outside of our office that are involved in your care and treatment for the purpose of providing health care services to you, to pay your health care bills, to support the operation of the center's practice, and any other use required by law.

In certain circumstances, we may use and disclose PHI about you without your written consent:

- **For Treatment**  
We may use and disclose your PHI to provide, coordinate, or manage your healthcare and any related services. This includes the coordination or management of your healthcare with a third party that is involved in your care and treatment. For example, your PHI may be provided to a physician to whom you have been referred, vendors, surgery centers/hospitals, referring physicians, family practitioners, physical therapists, home health providers, and laboratories, etc. to ensure that the healthcare provider has the necessary information to diagnose or treat you.
- **For Payment**  
Your PHI will be used, as needed, to obtain payment for your healthcare services. For example, it may be necessary to disclose your PHI in order to obtain approval for a hospital stay, surgery, MRI or other diagnostic test, injection procedures, injection series, physical therapy, etc., or to determine eligibility or coverage for insurance benefits, to review services provided to you for medical necessity, and to undertake utilization activities.

- **For Healthcare Operations**  
We may use or disclose, as needed, your PHI in order to support the business activities of WSU SHS. These activities include, but are not limited to, quality assessment, employee review, licensing, and conducting or arranging for other business activities. We may also call you by name in the waiting room when your healthcare provider is ready to see you. We may use or disclose your protected healthcare information, as necessary, to contact you to remind you of your appointment, to provide results from exams or tests or to inform you about treatment alternatives or other health-related benefits and services that may be of interest to you.
- **To Others Involved in Your Healthcare**  
We may disclose PHI about you to a family member, relative, or another person designated by you in writing who is involved in your health care or payment for your health care. If you are not present or are incapacitated or it is an emergency or disaster relief situation, we will use our professional judgment to determine whether disclosing limited PHI is in your best interest under the circumstances.
- **As Required or Permitted by Law**  
We may use or disclose your protected health information in the following situations without your authorization. These situations include: as required by law, public health issues as required by law, communicable diseases, health oversight, abuse or neglect, food and drug administration requirements, legal proceedings, law enforcement, coroners, funeral directors, organ donation, criminal activity, military activity and national security, inmates, and other required uses and disclosures. Under the law, we must make disclosures to you upon your request. Under the law, we must also disclose your protected health information when required by the Secretary of the Department of Health and Human Services to investigate or determine our compliance with the requirements under Section 164.500 of the HIPAA Privacy Rule.
- **For Shared Medical Record/Health Information Exchanges**  
We maintain PHI about our patients in shared electronic medical records. We also participate in various electronic health information exchanges that facilitate access to PHI by other health care providers who provide you care. For example, if you are admitted on an emergency basis to another hospital that participates in the health information exchange, the exchange will allow us to make your PHI available electronically to those who need it to treat you at the hospital.

## **USES AND DISCLOSURES THAT REQUIRE YOUR AUTHORIZATION**

**Other Permitted and Required Uses and Disclosures** will be made **only with your consent, authorization or opportunity to object** unless required by law. Without your authorization, we are expressly prohibited to use or disclose your PHI for marketing purposes. We may not sell your PHI without your authorization. We may not use or disclose most psychotherapy notes contained in your PHI without your authorization. We will not use or disclose any of your PHI that contains genetic information that will be used for underwriting purposes.

## **YOUR PROTECTED HEALTH INFORMATION RIGHTS**

### **Right to Request Restrictions**

You have the right to request a restriction of your PHI. This means you may ask us not to use or disclose any part of your PHI for the purposes of treatment, payment or healthcare operations. You may also request that any part of your PHI not be disclosed to family members or friends who may be involved in your care or for notification purposes as described in this Notice of Privacy Practices. Your request **must be in writing** and must state the specific restriction requested and to whom you want the restriction to apply. Your provider is not required to agree to your requested restriction except if you request that the provider not disclose PHI to your health plan with respect to healthcare for which you have paid in full out of pocket. If WSU SHS agrees to the restriction, it will comply with your request unless the information is needed to provide you emergency treatment.

### **Right to Inspect and Copy (fees may apply)**

You have the right to inspect or copy your PHI whether in paper or electronic format. Under federal law, however, you may not inspect or copy the following records: Psychotherapy notes, information compiled in reasonable anticipation of, or used in, a civil, criminal, or administrative action or proceeding, PHI restricted by law, information that is related to medical research in which you have agreed to participate, information whose disclosure may result in harm or injury to you or to another person, or information that was obtained under a promise of confidentiality.

### **Right to Amend**

If you feel that PHI we have about you is incorrect or incomplete, you may ask us to amend the information, for as long as WSU SHS maintains the information. If we deny your request, we will provide you a written explanation. You may respond with a statement of disagreement to be appended to the information you wanted amended. If we accept your request to amend the information, we will make reasonable efforts to inform others, including people you name, of the amendment and to include the changes in any future disclosures of that information.

### **Right to a List of Disclosures**

You have the right to receive an accounting of disclosures, paper or electronic, except for disclosures pursuant to authorization, for purposes of treatment, payment, healthcare operations; required by law, up to six (6) years prior to your request (not including disclosures made prior to April 14, 2003). Your request **must be in writing**.

### **Right to Request Alternate Means of Communication**

You have the right to request that we communicate with you about your health information in a certain way or at a certain location. We will accommodate all reasonable requests. You must make any such request in writing. You have the right to obtain a paper copy of this notice from us, upon request, even if you have agreed to accept this notice alternatively, i.e. electronically.

### **Right to Revoke Authorization**

If you authorize WSU SHS to use or disclose your PHI, you may revoke that authorization at any time. We are unable to take back any disclosures we have already made with your permission. To revoke an authorization you must **submit your request in writing**.

### **Right to receive Notice of Breach**

We will notify you if your unsecured protect health information has been breached.

### **Right to file a Complaint**

If you believe your privacy rights have been violated, you may file a complaint with WSU SHS or with the Secretary of the Department of Health and Human Services. To file a complaint with WSU SHS, you must put your complaint in writing. Filing a complaint will not affect your care and/or treatment.

### **Right to Designate a Personal Representative**

You may designate a person with the delegated authority to consent to, or authorize the use or disclosure of, PHI.

**We are required by law to maintain the privacy of, and provide individuals with, this notice of our legal duties and privacy practices with respect to protected health information. We are also required to abide by the terms of the notice currently in effect. If you have questions in reference to this HIPAA form, please ask to speak with our HIPAA Compliance Officer in person or by phone.**

**Important Notice: We reserve the right to revise or change this Notice and to make the new notice provisions effective for all PHI WSU SHS maintains. Each time you register for health care services at a site covered by this Notice, the most current copy of this notice will be available for you. You have a right to obtain a paper copy of this Notice upon request.**

**Effective Date: August 26, 2013**