

Dear Patient:

This notice describes how information about you may be used and disclosed and how you can get access to this information. Please review it carefully.

## **Introduction**

At the College of Charleston Student Health Service (SHS) we are committed to keeping your protected health information (PHI) confidential. This Notice of Health Information Practices describes the personal information we collect, and how and when we use or disclose that information. Disclosure may occur without your authorization for purposes of treatment, payment and health care operations. Although not currently covered under the federal regulation called HIPAA (Health Insurance Portability and Accountability Act) the SHS will comply with this law as it represents the highest standard available for protection of your confidential health information.

## **Understanding Your Health Record/Information**

Each time you visit the College of Charleston Student Health Service a record is made of your visit. This record typically contains your symptoms, examination, test results, diagnosis, treatment, and a plan for future care or treatment if appropriate. This information makes up your “medical record” or personal and protected health information, and serves as a:

- Basis for planning your care and treatment
- Means of communication with other health professionals who contribute to your care
- Legal document describing the care you received
- Means by which your or a third-party can verify that services were provided
- Under very restricted circumstances a source of information for public health officials charged with protecting the health of this state and the nation
- Tool with which to assess and continually work to improve the care we render and the outcomes we wish to achieve

## **Your Rights**

Although your health record is the physical property of the College of Charleston Student Health Service, the information contained within this record belongs to you. You have the right to:

- Obtain a copy of this notice of information of practices upon request
- Inspect and request a copy of your health record
- Request a disclosure of your health information by alternative means
- Request an amendment to your health record
- Obtain an accounting of disclosures of your health information
- Request a restriction on certain uses and disclosures of your information
- Revoke your authorization to use or disclose health information except to the extent that disclosure has already occurred

## **Our Responsibilities**

The Student Health Service at the College of Charleston will: • Maintain the privacy of your health information

- Provide you with this notice as to privacy policies with respect to information we collect and maintain.
- Abide by the terms of the this notice
- Notify you if we are unable to agree to a requested restriction
- Accommodate reasonable requests you may have to communicate health information by alternative means to other providers

We reserve the right to change our practices and to make the new provisions effective for all protected health information we maintain. Should our privacy practices change, we will post these changes at the Student Health Service website and notify all students by e-mail using their College e-mail address. We will not use or disclose your health information without your signed authorization, except as described in this notice. We will also discontinue using or disclosing your health information after we have received a written revocation of the authorization according to the procedures included in the authorization. All health records are destroyed ten (10) years after the student has left the College of Charleston.

**Disclosures for treatment, payment and health operations may include the following:**

***Treatment:*** Information obtained by a nurse, nurse practitioner, physician, or other member of your health care team will be recorded in your record and used to determine the course of treatment that should work best for you. We will also provide pertinent health information in your medical record to any health care consultants you are referred to for more specialized care.

***Insurance Reimbursement:*** We do not bill insurance companies. All care at the Student Health Service is currently included in the Student Health Service fee with the exception of certain vaccines. Laboratory tests, x-rays, hospital visits and referrals in the community are not covered.

***Quality Improvement:*** Quality Improvement Activities are those that are recognized as necessary to evaluate care for the purpose of continuously improving care to patients. These activities may include periodic chart reviews, tracking illness trends, and patient satisfaction surveys. This information will then be used in an effort to continually improve the quality and effectiveness of the health care we provide.

***Business Associates:*** There are some services provided in our organization through contacts with business associates. Business associates are health care providers or facilities which may be involved in your care. Examples would be the medical laboratory where we send our specimens, specialists in the community, and out-patient radiology centers. Other examples include government agencies that license and verify our pharmacy and laboratory. All business associates are required by law to protect your personal health information.

***Patient Visits:*** Students may give us permission to notify the Academic Dean's Office of clinic visits by completing an Absence Memo. Verbal consent may be acceptable under certain circumstances. The Academic Dean's Office will then notify the student's professors of the visit. We will not provide any additional information about the visit unless requested to do so by the patient. Students with chronic health problems may also complete an Absence Memo which will be kept on file at the Academic Dean's Office and professors will be notified if indicated.

***Notification:*** We may use or disclose information to notify or assist in notifying a family member, in case of emergency. The law requires health care provider break confidentiality under certain circumstances which include a patient endangering themselves or others.

**Communication with Family:** Only with the patient's consent the health professional may disclose to a family member, other relative, close personal friend or any other person the patient identifies, health information relevant to that person's involvement with the patient's care or payment related to care.

**Communication with you via telephone and e-mail:** We may contact you by phone or by e-mail to provide appointment reminders or to let you know a test result is back. Our message will not contain the reason for the appointment or the results of the lab test unless you specifically give us permission to do so.

**Food and Drug Administration:** We may disclose to the Food and Drug Administration health information relative to adverse events with respect to food, supplements, products and product defects, medications or surveillance information to enable product recalls, repairs or replacement.

**Worker's Compensation:** If you are an employee of the College and sustained an injury while working, we may disclose health information to the extent authorized by and to the extent necessary to comply with laws relating to workers compensation or other similar programs established by law.

**Public Health:** As required by law we may disclose your health information to public health or legal authorities charged with preventing or controlling disease, injury or disability.

**Law Enforcement:** We may disclose health information for law enforcement purposes as required by law or in response to a valid subpoena. Federal law makes a provision for your health information to be released to an appropriate oversight agency, public health authority or attorney, provided that a work force member or business associate believes in good faith that we have engaged in unlawful conduct or have otherwise violated professional or clinical standards and are potentially endangering one or more patients, workers or the public.

**For More Information or to Report a Problem**

If you have questions and would like additional information please contact the Interim Director of Student Health Services, Bridget M. McLernon Sykes at [mclernonsykesb@cofc.edu](mailto:mclernonsykesb@cofc.edu). If you believe your privacy has been jeopardized you can file a complaint with the Director of Student Health Services or with the Office of Student Affairs. There will be no retaliation for filing a complaint.