



HIPAA DISCLOSURE

In compliance with the Health Insurance Portability and Accountability Act of 1996, 45 C.F.R. Parts 160 and 164 (HIPAA) that protects patient confidentiality, Eastern University will not share health record information unless such sharing is permissible or required under law. Our Student Health Center staff considers the privacy of personal health information a priority. We collect and create student health files to use as records of care provided in the SHC. We use these records to assist in current or future student health treatment and management and for matters of compliance with immunization and disease control issues. We are able to provide continuity of care throughout a student's tenure at EU. The student is responsible for notifying his or her parents or guardian regarding any health issues. A member of our staff may notify parents in the event of an emergency. The policy is designed to maintain the confidentiality of the student, but also recognize the need for the parents or guardians to be adequately informed. Medical information regarding their son's or daughter's health status will not be available to parents without written permission from the student. Our staff will answer general medical questions, however confidentiality will be maintained.

Health care providers, health insurance companies and other health related agencies are required by State and Federal legislation to maintain privacy practices. Our SHC staff is trained on and held accountable for maintaining confidentiality. EU is required to:

- Maintain the privacy of the students' personal health information (PHI).
- Provide notice that describes our privacy practices.
- Follow the practices described in the notice.
- Obtain a written receipt from the student

We reserve the right to change our privacy practices at any time. New practices will be effective for all past, present and future health information we maintain. We will revise this notice periodically and make it available upon request.

Visit www.hhs.gov/hipaa for more information on HIPAA.



NOTICE OF PRIVACY PRACTICES

THIS NOTICE DESCRIBES HOW YOUR MEDICAL INFORMATION MAY BE USED AND HOW YOU MAY OBTAIN ACCESS TO THIS INFORMATION. PLEASE REVIEW IT CAREFULLY.

USES AND DISCLOSURES OF PROTECTED HEALTH INFORMATION

The following describes the different ways the Eastern University SHC uses and discloses your PHI:

- **Treatment and services** – We may share your PHI with other physicians, nurses, and other health care personnel and agencies that provide, coordinate or manage your health care.
- **Payment** – We may use or disclose your PHI to obtain payment for services rendered. We forward private insurance charges to our Student Account Department. SHC charges will be itemized as Health Center Charges. We forward school insurance charges directly to the insurance company. A bill will be sent to you or your third party payer (insurance) for laboratory work done in the Health Center. Any information forwarded may include information that identifies you, as well as your diagnoses, procedures, health providers and supplies.
- **Health Center Operations** – We may use or disclose your PHI in order to run our department according to healthcare regulations. This will enable us to provide quality services. These activities may include insurance related transactions, quality assessment, reviewing the competence or qualifications of our staff, notify or assist in notifying a family member, personal representative, or another person responsible for your care, your location and general condition, emails for appointment reminders, conducting medical reviews, legal services, audits, accreditations, certifications, licensing or credentialing activities, fraud and abuse detection.
- **Business Associates** – We may use or disclose your PHI for services not provided by the SHC such as emergency and radiology departments, laboratories, physical therapy departments and other health care providers. Pennsylvania law requires that all recipients of health care information are prohibited from re-disclosing it except as specifically required or permitted by law.

Your personal health information may be disclosed without your authorization in the following:

- **Required by Law** – We may disclose your PHI, but will limit the use of disclosure as required by federal, state or local law.
- **Public Health** – We may disclose your PHI to public health officials for purposes related to preventing or controlling disease, reporting injury, disability or death; reports to the Food & Drug Administration for adversities with medications or products; reporting child neglect/abuse and domestic violence.
- **Legal Proceedings**- We may disclose your PHI in the course of administrative or judicial proceedings and in response to a subpoena, discovery request or other lawful process. We will do so with written permission from you.
- **Public Safety** – We may disclose your PHI to law enforcement, Deans, counselors and campus security to protect you from harm to self or others.
- **National Security** – We may disclose your PHI for purposes of national security. PHI of US or foreign military members may also be disclosed to their respective authorities.
- **Health Oversight Activities** – We may disclose your PHI to health oversight agencies as required by law. Your information may be used for audits, investigations, inspections, licensures and other proceedings for the purposes of monitoring the health care system, government benefit programs and our compliance with your civil rights.
- **Workers' Compensation** – We may disclose your PHI to comply with workers' compensation laws.
- **Coroners, Funeral Directors and Organ Donation** – We may disclose your PHI to coroners, medical examiners, and funeral directors to aid in identification, determining cause of death and other duties performed as authorized by law. We may also disclose your PHI for organ donation purposes.

Other permitted and required uses and disclosures that may be made with your agreement or opportunity to object.

- **Others involved in your Healthcare and Emergencies** – We may disclose your PHI to a family member, close friend, or someone you request who is assisting in your care. We will use our professional judgment in releasing necessary information that we determine is in your best interest in the event you are unable to give consent. We may also disclose your information to emergency personnel in the event of an emergency. We will obtain your consent as soon as possible in this situation.

Your personal health information will only be used or disclosed with written authorization.

- **Psychiatric** – We require your written permission to share psychiatric PHI.
- **Other** – We may need your written permission for the use or disclosure of your PHI for reasons other than the previously mentioned.

Patient Rights and Responsibilities

You have the right to:

- Receive respectful and considerate care.
- Know the names and positions of your caretakers.
- Receive an explanation of your diagnosis, treatment and prognosis in layman's terms.
- Refuse treatment, except as prohibited by law, and to be informed of the consequences of such refusal.
- Request and receive an explanation of any charges incurred while in the SHC.
- Obtain a paper copy of the notice of information practices upon request.
- Request a restriction on certain uses and disclosures of your PHI: we are not required to agree with your request. If we do not agree, we will comply with your request unless the information is needed to provide you with emergency treatment.
- Inspect and obtain a copy of your health records.
- Request an amendment to your health records.
- Obtain an accounting of disclosures of your health information.
- Request communication of your health information in a certain way or at a certain location. For example, you can ask that we use an alternative address for billing purposes.
- Revoke your authorization to use or disclose health information except to the extent that action has already been taken.

Privacy Rights of Minors:

Situations that do not require a parent or other person to control the minor's health care decisions, and thus, does not control the PHI related to that care:

- PA law permits a minor to consent to all medical, dental and other health services, except abortion, if the minor has: (1) graduated from high school, (2) been married, and (3) been pregnant.
- Pa law permits a minor to consent to family planning and mental health treatment.
- When the minor obtains care at the direction of a court or a person appointed by the court.
- When the parent agrees that the minor and the health care provider have a confidential relationship.

To exercise any of your rights, please submit your request in writing.

Your Responsibilities are:

- To provide accurate personal and health history information necessary to complete your medical records.
- To ask questions pertaining to your understanding of your care, treatment or charges billed to you or your health insurance.
- To know and understand your health insurance plan.

Our duties are:

- Maintain the privacy of your health information.
- Provide you with a notice as to our legal duties and privacy practices with respect to information we collect about you through this notice.
- Abide by the terms of this notice.
- Notify you if we are unable to agree to a requested restriction.
- Accommodate reasonable requests you have to communicate health information by alternative means or at alternative locations.

Filing Complaints

If there is a concern about the process by which Eastern University's SHC allowed access to your health records or has violated your right to privacy you may contact:

Director of the Student Health Center
Eastern University
1300 Eagle Road
St. Davids, PA 19087

U.S. Department of Human Services
200 Independence Avenue
Room 509F, HHH Building
Washington, D.C. 20201