



Confidentiality Statement and the Health Insurance Portability & Accountability Act (HIPPA)

Aquinas College Health and Wellness Services

1607 Robinson Rd SE

Grand Rapids, MI 49506

THIS NOTICE DESCRIBES HOW YOUR MEDICAL OR PROTECTED HEALTH INFORMATION MAY BE USED AND DISCLOSED AND HOW YOU CAN GET ACCESS TO THIS INFORMATION. PLEASE REVIEW IT CAREFULLY.

The Aquinas College Health and Wellness Services is committed to protecting your health information. We are required by law to: maintain the privacy of your protected health information or PHI; give you a notice of our legal duties and privacy practices with respect to your PHI; and follow the terms of the Notice currently in effect.

This Notice of Privacy Practices is required by the Privacy Rules of the Health Insurance Portability and Accountability Act (HIPAA). It describes how we use and disclose information about you, called protected health information, 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 or condition; or the provision or payment of your health care. This Notice of Privacy Practices applies to your entire PHI used to make decisions about your care that we generate or maintain. Different privacy practices may apply to your PHI that is created or kept by other people or entities.

This Notice of Privacy Practices will be followed by all employees, students and volunteers associated with the Aquinas College Health and Wellness Services.

The following categories describe the ways that we may use and disclose your PHI with your consent. Not every use or disclosure in a category will be listed. If you do not consent, we cannot provide you with treatment except in an emergency situation or when we cannot communicate with you for some other reason. If you are concerned about a possible use or disclosure of any part of your PHI, you may request a restriction.

Treatment: We may use your PHI to provide you with medical treatment and services. We may disclose your PHI to physicians, nurses, technicians, medical students and other health care personnel who need to know your PHI for your care and continued treatment. We may share your PHI in order to coordinate services, such as prescriptions, lab work, x-rays and other services. For example, your physician may refer you to a specialist for additional treatment. The specialist may request additional information from your physician regarding your medical history. In addition, a physician may need to know the medications you were prescribed by the specialist so that he can arrange for appropriate treatment and follow-up care. We may use and disclose your PHI to tell you about or arrange for possible treatment options for your continued care, such as rehabilitation, home care, family members or others.

Payment: We may use and disclose your PHI for the purpose of determining coverage, billing, collections, claims management, medical data processing and reimbursement. PHI may be released to an insurance

company, third party payer or other entity (or their authorized representatives) involved in the payment of your medical bill and may include copies or excerpts of your medical record that are necessary for payment of your account. For example, a bill sent to a third party payer may include information identifying you, your diagnosis, and procedures and supplies used. We may also tell your health plan about a treatment you are going to receive to obtain prior approval or determine whether your plan will cover the treatment.

Routine Health Care Operations: We may use and disclose your PHI during routine health care operations. These uses and disclosures are necessary to run our health care business and make sure our patients receive quality care. Common examples include conducting quality assurance, utilization review, medical review, internal auditing, accreditation, certification, licensing, credentialing, medical research, training and education. For example, we may use your PHI to contact you for the purpose of conducting patient satisfaction surveys or we may disclose your PHI to a pharmaceutical company in assessing your eligibility for pharmaceutical assistance programs. We may use and disclose your PHI to current and prospective students as part of the training process. For example, your primary care provider may discuss your case with students as part of a learning experience.

Business Associates: We may disclose your PHI to business associate with whom we contract to provide services on our behalf that requires the release of PHI. However, we only will make these disclosures if we have received satisfactory assurance that the other entity will properly safeguard your PHI. For example, we may contract with another entity to provide transcription or billing services.

SPECIAL CIRCUMSTANCES

Emergencies: Your authorization is not required if you need emergency treatment. We will try to get your authorization as soon as practical after the emergency.

Mental Health/Substance Abuse: In certain circumstances, we may not disclose your PHI, including psychotherapy notes, to you without the written consent of your physician or to others without your written authorization or a court order.

DISCLOSURES REQUIRING YOUR AUTHORIZATION

Family/Friends: Unless you object orally or in writing, we may disclose your PHI to a friend or family member who is involved in your medical care or who helps pay for your care. We may disclose your PHI to an entity assisting in a disaster relief effort so that your family can be notified about your condition, status and location. If you are unable or unavailable to agree or object, we will use our best judgment in communicating with your family and others.

Appointment Reminders: We may use and disclose your PHI to contact you as a reminder that you have an appointment for treatment or medical care. This may be done through an automated system or by one of our staff members. If you are not home, we may leave a message on an answering machine or with the person answering the phone.

Health Related Business and Services: We may use and disclose your PHI to tell you of health-related benefits/services of interest to you.

Workers Compensation: We may disclose your PHI for workers compensation or similar programs in order to comply with workers compensation and similar laws.

Other Uses: We must obtain a separate authorization from you to use or disclose your PHI for situations not described in this Notice.

CERTAIN USES/DISCLOSURES THAT DO NOT REQUIRE YOUR AUTHORIZATION:

Organ and Tissue Donation: If you are an organ donor, we may release medical information to organizations that handle organ procurement or organ, eye or tissue transplantation or to an organ donation bank, as necessary to facilitate organ or tissue donation and transplantation.

Regulatory Agencies: We may disclose your PHI to a health oversight agency for activities authorized by law, including, but not limited to, licensure, certification, audits, investigations, inspections and medical device reporting. We may provide your PHI to assist the government when it conducts an investigation or inspection of a healthcare provider or organization.

Law Enforcement: We may disclose your PHI if asked to do so by a law enforcement official: (i) in response to a court order, warrant, summons or other similar process; (ii) to identify or locate a suspect, fugitive, material witness, or missing person; (iii) about the victim of a crime, if under limited circumstances, we are unable to obtain the persons agreement; (iv) about a death we believe may be the result of criminal conduct; (v) about criminal conduct at the Health Center; and (vi) in emergency circumstances to report a crime; the location of a crime or victims, or the identity, description or location of the person who committed the crime.

Lawsuits and Disputes: If you are involved in a lawsuit or a dispute, we may disclose medical information about you in response to a court or administrative order. We may disclose medical information about you in response to a subpoena or discovery request, but only if efforts have been made to inform you about the request or to obtain an order protecting the information requested, unless the physician-patient privilege has been waived.

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

Judicial and Administrative Proceedings: We may disclose your PHI in the course of any administrative or judicial proceeding.

Specific Government Functions: We may disclose your PHI to military personnel and veterans in certain situations. We may disclose your PHI for national security purposes, such as protecting the president of the United States or conducting intelligence operations.

Military/Veterans: We may disclose your PHI as required by military command authorities, if you are a member of the armed forces.

To Avoid Harm: In order to avoid a serious threat to the health and safety of a person or the public, we may disclose PHI to law enforcement personnel or persons able to prevent or lessen such harm. We may notify a person who may have been exposed to a disease or may be a risk for contracting or spreading a disease or condition as ordered by public health authorities or allowed by state law.

Required by Law: We will disclose your PHI when required to do so by federal or state law. For example, we are required to report criminally injurious conduct.

Coroners, Medical Examiners, Funeral Directors: We may release your PHI to a coroner or medical examiner. This may be necessary, for example, to identify a deceased person or to determine a cause of death. We may also release your PHI to funeral directors as necessary to carry out their duties.

PATIENT HEALTH INFORMATION RIGHTS

Although all records concerning your treatment at the Aquinas College Health and Wellness Services are the property of the Center, you have the following rights concerning your PHI.

Right to Confidential Communications: You have the right to receive confidential communications of your PHI by alternative means or at alternative locations. For example, you may request that we only contact you at work or by mail. You must submit your request in writing and identify how or where you wish to be contacted. We will accommodate all reasonable requests.

Right to Inspect and Copy: You have the right to inspect and copy your PHI as provided by law. This right does not apply to psychotherapy notes. A request must be made in writing. We have the right to charge you the amounts allowed by state or federal law for such copies. We may also charge for postage if you request that we mail the information. We may deny your request to inspect and copy in certain circumstances. If you are denied access, you may request that the denial be reviewed. A licensed healthcare professional chosen by us will review your request and the denial. The person conducting the review will not be the person who denied your request. We will comply with the outcome of the review.

Right to Amend: If you feel that the PHI we have about you is incorrect or incomplete, you have the right to request an amendment of your PHI. We cannot delete or destroy any information already included in your record. You must submit your request in writing and provide a reason that supports your amendment request. We may deny your request for an amendment if it is not in writing, does not include a reason to support the request; or the information (i) was not created by us (unless the person or entity that created the information is not available to make the amendment; (ii) is not part of the medical record that we maintain; (iii) is not part of the information that you would be permitted to inspect or copy; or (iv) is accurate and complete.

Right to an Accounting: You have the right to obtain a statement of certain disclosures of your PHI to third parties, except those disclosures made for treatment, payment or healthcare operations or authorized pursuant to this Notice. To request this list, you must submit your request in writing and state a time period no longer than six (6) months. If you request more than one (1) accounting in a 12-month period, we may charge you for the costs of providing the list. We will notify you of the cost involved and you may choose to modify or withdraw your request before any costs are incurred.

Right to Request Restrictions: You have the right to request restrictions or limitations on PHI we use or disclose about you unless our use or disclosure is required by law. You also have the right to request a limit on the medical information we disclose about you to someone who is involved in your care or the payment for your care, like a family member or friend. For example, you may want to pay cash for certain services instead of having information submitted to your insurance company for payment. We are not required to honor your request. To request restrictions, you must make your request in writing and tell us (i) what information you want to limit; (ii) whether you want to limit our use, disclosure or both; and (iii) to whom you want the limits to apply. If we agree, we will comply with your request unless the information is needed to provide emergency treatment to you.

Right to Receive Copy of this Notice: You have the right to a paper copy of this notice. If you have received this notice in electronic form and would like a paper copy, please contact the Health and Wellness Services at the number listed below. You may obtain a copy at our **web site:**
http://www.aquinas.edu/health_center

Right to Revoke Authorization: You have the right to revoke your authorization to use or disclose your PHI, EXCEPT to the extent that action has already been taken by us in reliance on your authorization.

FOR MORE INFORMATION OR TO REPORT A PROBLEM: If you have questions and would like additional information, you may contact the Aquinas College Health and Wellness Services. If you believe your privacy rights have been violated, you may file a complaint with the Aquinas College Dean of Students. To file a complaint, you must submit a written complaint within 180 days of when you knew or should have known that the act or omission complained of occurred. Our Dean of Students can provide you with current contact information. You will not be penalized for filing a complaint.

CHANGES TO THIS NOTICE: We will abide by the terms of the notice currently in effect. We reserve the right to change the terms of its notice and to make the new notice provisions effective for all PHI we maintain.