

Notice of Privacy Practices
San Jose State University
Student Health Center

Effective Date: November 11, 2011

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 San Jose State University Student Health Center (SHC) is committed to preserving the privacy and confidentiality of protected health information (PHI). California and Federal laws and regulations require the SHC safeguard the privacy of your protected health information (PHI). PHI is any information in the medical record or that can be used to identify an individual and that was created, used, or disclosed in the course of providing a health care service.

We are also required by law to provide you with this Notice of Privacy Practices. This Notice provides you with information regarding our privacy practices and applies to all of your health information created and/or maintained at the SHC, including any information that we receive from other health care providers or facilities. This 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.

We are required to abide by the terms of this Notice, including any future revisions that the SHC may make 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. The SHC posts a copy of the most current Notice on the SHC website <http://www.sjsu.edu/studenthealth/>. The SHC also has hard copies of the current Notice available upon request.

The privacy practices described in this Notice will be adhered to by:

1. Any health care professional authorized to enter information into your medical record created and/or maintained at our clinic;
2. All employees, independent contractors, and other service providers who have access to your health information at our clinic; and
3. Any member of a volunteer group that is allowed to assist you while receiving services at our clinic.

The individuals identified above may share your health information for purposes of treatment, payment, and health care operations, as further described in the Notice.

A. How this Medical Practice May Use or Disclose Your Health Information

The law permits the SHC to use or disclose your health information without your explicit consent or authorization for the following purposes:

1. Medical Treatment: Medical and personal information may need to be shared with health care providers such as medical practitioners (doctors, nurse practitioners), nurses, pharmacists, health educators, dietitians, medical records and clinic clerical personnel, and medical technologist (laboratory, radiology, and pharmacy) in order to provide effective and efficient care.
2. Billing/Payment: We use and disclose medical information about you to obtain payment for the services we provide, to assist other health care providers in obtaining payment for services they have provided to you, or to assist you in obtaining reimbursement for services you received at the SHC.

(For example, we may give your health plan eg. FamilyPACT the information it requires before it will pay the SHC for services, supplies and medicines. We may also need to give your health plan information about a service you received here so that your health plan will reimburse you for the service.)

3. Health Care Operations: We may use or disclose your health information in order to perform the necessary administrative, educational, quality assurance, accreditation and business functions of the SHC.

(For example, we may use your health information to evaluate the performance of our staff in caring for you or to evaluate whether certain treatment or services offered by our clinic are effective. We may also share your information with other health care providers, health care clearinghouses or health plans that have a relationship with you, when they request this information to help them with their quality improvement activities, training programs, accreditation, certification or licensing activities, or with their health care fraud and abuse detection and compliance efforts.

4. Appointment Reminders: We may use and disclose medical information to contact and remind you about appointments. We will send appointment reminders to your designated SJSU email account.
5. Notification and Communication With Persons Involved In Your Care: As a general rule, we do not disclose your visits to the SHC, or the reasons for your visits, to others, including spouses, parents, friends or officials of the University. We may disclose your health information to individuals, such as family members and friends, who are involved in your care.

(We may make such disclosures when: (a) we have your verbal agreement to do so; (b) or when you are given the opportunity you do not object; or (c) we can infer from the circumstances that you would not object to such disclosures. For example, if your roommate comes into the exam room with you, we will assume that you agree to our disclosure of your information while your roommate is present in the room. We also may disclose your health information to family members or friends in instances when you are unable to agree or object to such disclosures,

provided that in our professional judgment it is in your best interest to make such disclosures and the disclosures relate to that family member or friend's involvement in your care. For example, if you are brought to the SHC in an emergency and you are unable to communicate your wishes, we may share information with the family member or friend that comes with you to our clinic. We may also disclose medical information about a minor to a parent, guardian or other person responsible for the minor except in limited circumstances when such information is protected by law.)

6. Required by law: Health information may be disclosed as required by law in the following situations:

a) to the proper authorities to report deaths, certain infectious diseases, occupational injuries and diseases, child abuse/neglect, domestic violence, adverse effects from medications and other products as required by law to prevent/control disease, injury or disability to the patient or to others.

b) when necessary to reduce or prevent a serious threat to your individual health and safety or to that of the public.

c) as required by court or administrative order, subpoena, discovery request, or other lawful process. It may also be disclosed when legally requested by national security, intelligence, and other federal officials.

d) to a coroner or medical examiner in connection with their investigation of deaths.

e) for specialized government functions such as military or national security purposes or to correctional institutions or law enforcement officers that have you in their lawful custody.

f) as necessary to comply with workers' compensation laws

7. Research: We may use or disclose your health information for research purposes under certain limited circumstances.

(Because all research projects are subject to a special approval process, we will not use or disclose your health information for research purposes until the particular research project for which your health information may be used or disclosed has been approved through this special approval process. However, we may use or disclose your health information to individuals preparing to conduct the research project in order to assist them in identifying patients with specific health care needs who may qualify to participate in the research project. Any use or disclosure of your health information that is done for the purpose of identifying qualified participants will be conducted onsite at our facility. In most instances, we will ask for your specific permission to use or disclose your health information if the researcher will have access to your name, address, or other identifying information)

8. Change in Ownership: In the event that this medical practice is sold or merged with another organization, your health information/record will become the property of the new owner, although you will maintain the right to request that copies of your health information be transferred to another physician or medical group.

B. When This Medical Practice May Not Use or Disclose Your Health Information

Except as described in this Notice of Privacy Practices, the SHC will not use or disclose health information which identifies you without your written authorization. If you do authorize this medical practice to use or disclose your health information for another purpose, you may revoke your authorization in writing at any time.

C. Your Health Information Rights

1. Right to Request Special Privacy Protections: You have the right to request restrictions on certain uses and disclosures of your health information by a written request specifying what information you want to limit, and what limitations on our use or disclosure of that information you wish to have imposed. We reserve the right to accept or reject your request, and will notify you of our decision.

(For example, you could ask that we not use or disclose information regarding a particular treatment that you received.)

2. Right to Request Confidential Communications: You have the right to request that you receive your health information in a specific way or at a specific location.

(For example, you may ask that we send information to your work address. We will comply with all reasonable requests submitted in writing which specify how or where you wish to receive these communications.)

3. Right to Inspect and Copy: You have the right to inspect and receive a copy of your health information, with limited exceptions. To access your medical information, you must submit a written request detailing what information you want access to and whether you want to inspect it or get a copy of it. We will charge a reasonable fee, as allowed by California and Federal law. We may deny your request under limited circumstances including legal restrictions and/or California and Federal law. If you are denied access to your health information, you may request that the denial be reviewed.

4. Right to Amend or Supplement: You have the right to request an amendment of your health information that you believe is incorrect or incomplete. You must make a request to amend in writing, and include the reasons you believe the information is incorrect or incomplete. We are not required to change your health information, and will provide you with information about this practice's denial and how you can disagree with the denial. We may deny your request if we do not have the information, if we did not create the information (unless the person or entity that created the information is no longer available to make the amendment), if you would not be permitted to inspect or copy the information at issue, or the information is accurate and complete as is. You also have the right to request that we add to your record a statement of up to 250 words concerning any statement or item you believe to be incomplete or incorrect.

5. Right to an Accounting of Disclosures: You have a right to receive an accounting of disclosures of your health information made by this medical practice. This accounting will not include disclosures of health information that we made for the purposes of

treatment, payment or health care operations or pursuant to a written authorization that you have signed. This accounting will also not include notification and communication with family and friends, specialized government functions or disclosures for purposes of research or public health which exclude direct patient identifiers, or which are incident to a use or disclosure otherwise permitted or authorized by law, or the disclosures to a health oversight agency or law enforcement official to the extent this medical practice has received notice from that agency or official that providing this accounting would be reasonably likely to impede their activities

6. Right to a Paper Copy of this Notice: You have a right to a paper copy of this Notice of Privacy Practices, even if you have previously requested its receipt by e-mail.

D. Changes to this Notice

The San Jose State University Student Health Center reserves the right to change its privacy practices. Copies of this Notice are available upon request. It is also available on our website <http://www.sjsu.edu/studenthealth/>.

E. Questions or Complaints

If you have any questions regarding this Notice of Privacy Practices or wish to receive additional information about this medical practice's privacy practices, please contact our Privacy Officer:

Paula Hernandez
Privacy Officer
San Jose State University
Student Health Center
One Washington Square
San Jose, CA 95192-0037
(408) 924 6110
Paula.Hernandez@sjsu.edu

If you believe your privacy rights have been violated, you may file a formal complaint with our Privacy Officer or with the Secretary of the Department of Health and Human Services:

Department of Health and Human Services
Office of Civil Rights
Hubert H. Humphrey Bldg.
200 Independence Avenue, S.W.
Room 509F HHH Building
Washington, DC 20201

You will not be penalized for filing a complaint.