NOTICE OF PRIVACY PRACTICES

As required by the Health Insurance Portability and Accountability Act (HIPAA) of 1996, this notice describes how health information about you may be used and disclosed and how you can access this information.

Please review it carefully.

WHO WILL FOLLOW THIS NOTICE

Rutgers Student Health (hereafter referred to as "RSH") may only use your health information for treatment, payment, health care operations or research purposes as described in the notice. All of the employees/staff, including: medical; counseling and psychological services; pharmacy and other personnel of RSH follow these privacy practices.

ABOUT THIS NOTICE

This notice will tell you about the ways we may disclose health information about you and will also describe your rights and certain obligations that we have regarding the use and disclosure of your health information.

We are required by law to:

• Make sure that health information that identifies you is kept private;
• Give you this notice of our legal duties and privacy practices with respect to your health information; and
• Follow the terms of the notice that is currently in effect.

HOW WE MAY USE AND DISCLOSE HEALTH INFORMATION ABOUT YOU

The following categories describe different ways that we use and disclose health information contained in your health records. We may use or disclose this information without your written authorization unless otherwise indicated.

For Health Care Operations:

We may use and disclose health information about you for operations of RSH. These uses and disclosures are necessary to run RSH and make sure all of our patients receive quality care. For example:

• We may use health information to evaluate the performance of our staff in caring for you. 
• We may combine health information about many patients to develop general information about patients and their health care. These general summaries do not identify you. 
• We may disclose information to our doctors, nurses, counselors, technicians, and others who have your health information in order to coordinate the services you may need. 
• We may disclose health information to providers outside RSH who may be involved in your health care (e.g., a specialist or surgeon).

Psychotherapy Notes:

We will, in accordance to Federal law, obtain your written authorization to release your psychotherapy notes, if any, that are contained in your health records. However, the entity may use or disclose the psychotherapy notes for the following: (i) to carry out the following treatment, payment, or health care operations: (A) treatment; (B) use or disclosure by the entity for its own training programs in which students, trainees, or practitioners in mental health learn under controlled situations to practice or improve their skills in group, joint, family, or individual counseling; or (C) use or disclosure by the entity to defend itself in a legal action or other proceeding brought by you; and (ii) a use or disclosure that is required by or permitted by Federal law.

For Payment:

We may use and disclose health information about you so that we may bill for treatments and services you receive at RSH and can collect payment for them from you, an insurance company or another party. For example:

• We may need to give information about services you received at RSH to your insurance company so that it can pay your bill. 
• We may bill you for treatment and services you receive at RSH and can collect payment from you, an insurance company or another party. 
• We may tell your health insurance plan about a treatment you are receiving in order to obtain approval to provide treatment. 
• We may need to use your health information to determine whether your plan will cover the treatment. 
• We may disclose information about you to other healthcare facilities for purposes of payment as permitted by law.
• We will only bill your bursar account if you ask us; you will be required to sign the bursar form requesting this process.

For Health Care Operation:

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• We may combine health information about many patients to develop general information about patients and their health care. These general summaries do not identify you.

• We may disclose information to our doctors, nurses, counselors, technicians, and others who have your health information in order to coordinate the services you may need. 

• We may disclose health information to providers outside RSH who may be involved in your health care (e.g., a specialist or surgeon).

• We may disclose health information to You Providers outside RSH who may be involved in your health care (e.g., a specialist or surgeon).

Appointment Reminders:

We may use or disclose health information as a reminder that you have an appointment for treatment or services.

Service Alternatives:

We may use and disclose your health information in order to make you aware of recommended service or program alternatives, which might be of interest to you.

Individuals Involved in Your Support or Payment for Your Care:

We may release health information about you to any person identified by you on an authorized release form. This means that we will, upon your request only, disclose health information to a friend or family member who helps with your medical care, who helps pay for your care or who you have identified be notified in an emergency situation. We will tell them only what they need to know. You have the right to say “no” to this release of information. If you say “no,” we will not use or share your health information with your family or friends. If you do not wish to share information with your family members or friends, please fill out the procedures described in the Right to Request Restrictions section of this notice. In addition, we may disclose medical information to the entity assisting in disaster relief efforts. Such use or disclosure is protected by law. If you say “no,” we will not use or disclose your health information with your family or friends.

Public Health Risks:

We may disclose your health information to authorized public health or government officials as required by law for public health activities. These activities may include the following:

• To the Food and Drug Administration (FDA) for purposes relating to the quality, safety, or effectiveness of an FDA-regulated product or service.
• To prevent or control disease, injury or disability.
• To report deaths and births.
• To report child abuse or neglect.
• To report reactions to medications and food or products with products.
• To notify people of recalls or replacement of products they may be using.
• To notify a person who may have been exposed to a disease or may be at risk for contracting or spreading a disease.
• To notify the appropriate government authority if we believe a patient has been the victim of abuse, neglect or domestic violence. We will only make this disclosure if you agree or when required or authorized by law.

Health Oversight Activities:

We may disclose health information to a health oversight agency for activities authorized by law. These oversight activities include, for example, audits, investigations, inspections, and licensure. These activities are necessary to monitor the health care system, government programs, and compliance with civil rights laws.

Lawsuits and Lawsuits:

If you are involved in a lawsuit or a dispute, we may disclose health information about you in response to a court or administrative order. We may also disclose health information if we believe a patient has been the victim of abuse, neglect or domestic violence, we believe such use and disclosure is necessary to prevent or lessen a serious threat and the information to be disclosed is protected by law.

To report deaths and births.
• To report child abuse or neglect.
• To report reactions to medications and food or products with products.

Law Enforcement:

We may disclose health information if asked to do so by a law enforcement official:

• In response to a court order, subpoena, warrant, summons or similar process.
• In response to a search warrant, subpoena, discovery request, or other legal demand by someone else involved in the dispute, but only if efforts have been made to tell you about the request or to obtain an order protecting the information requested.

Military and Veterans:

If you are a member of the armed forces of the United States or another country, we may use or disclose your information about you as required by the military command authorities.

Workers’ Compensation:

We may disclose health information about you for workers’ compensation or similar programs. These programs provide benefits for work-related injuries or illness.

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Right to Amend:
If you think your health information is incorrectly recorded or incomplete, you may ask us to amend the information. The right to amend does not mean that you can obliterate or monstrously modify documentation from the record. Rather it is an opportunity to “append” a statement of correction or clarification to the record and to inform that when the original statement is used or disclosed, the new “corrective” or “clarified” statement will accompany any released copies. You have the right to request an amendment as long as the information is maintained by RSH.

To request an amendment, your request must be made in writing and submitted to the Privacy Officer at RSH. In addition, you must give a reason that supports your request. We may deny your request if an amendment that is not in writing or does not include a reason to support the request. In any case, we may deny your request if you ask us to amend information that:
• Was not created by us, unless the person or entity that created the information is no longer available to make the amendment;
• Is not a part of the health information kept by or for RSH;
• Is not part of the information that you would be permitted to inspect and review;
• Is accurate and complete.
We will provide you with written notice of the action we take in response to your request for an amendment.

Right to an Accounting of Disclosures:
You have the right to request an “accounting of disclosures”. This is a list of certain disclosures that we made of your health information.
The accounting will include:
• The date of the disclosure;
• The name of the entity or person who received the health information;
• An address of the entity or person;
• A brief description of the health information disclosed; or
• A brief statement of the purpose of the disclosure or a copy of the authorization.
We are not required to account for any disclosures made to you or for disclosures related to treatment, payment, health care operations, or for purposes of public health, health education activities, and research. To request an accounting of disclosures of your health care information, you must submit your request in writing to Medical Records within the Division where your care was provided. Your request must specify how or where you wish to be contacted. We will not ask you the reason for your request. We will attempt to accommodate reasonable requests.

Right to a Paper Copy of Notice:
You have a right to a paper copy of this Notice. You may ask us to give you a copy of this notice at any time. Even if you have agreed to receive this notice electronically, you are still entitled to a paper copy. To request a paper copy of this notice you can contact Medical Records within the Division where your care was provided.

Sale of Your Health Information
The sale of your health information without authorization is prohibited. Under Federal law, certain uses and disclosures are not considered a sale of your information, including but not limited to, disclosures to a business associate for treatment, payment or health care operations; an authorization; and disclosures for purposes of payment or health care operations and the PHI pertains to a health care item or service which the provider has paid for out of pocket in full. If we agree to your request, we will comply with your request unless the information is needed to provide you emergency treatment.

If you paid out-of-pocket (or in other words, you have requested that we bill your health plan) in full for a specific service, you have the right to ask that your health information with respect to that item or service not be disclosed to your health plan for payment and copy, incident or health care operations, and we will honor that request.

Right to Request Confidential Communications:
You have the right to request that we communicate with you about health matters in a certain way or at a certain location. For example, you can ask that we only contact you at work, by mail or via e-mail. To request confidential communication, you must make your request in writing to Clinical Records within the Division where your care was provided. Your request must specify how or where you wish to be contacted. You will not ask you the reason for your request. We will attempt to accommodate reasonable requests.

CHANGES TO THIS NOTICE
We reserve the right to change this Notice. We will post a notice of the revised or changed Notice effective for health information about you that we already have, as well as any information we receive in the future. The current Notice in effect at any time will be posted on our web site at http://health.rutgers.edu and will also be available at all RSH practice locations including health centers and counseling and psychological service locations.

Right to Receive Notification of a Breach
We are required to notify you following discovery of a breach of your unsecured health information.

COMPLAINTS
If you believe your privacy rights have been violated, you may file a complaint with the Privacy Officer of RSH or with the Secretary of the US Department of Health and Human Services.

Rutgers Student Health Privacy Officer
Hurtado Health Center
11 Bishop Place
New Brunswick, NJ 08901-1180
848-532-9043
EFFECTIVE DATE: April 24, 2017

For purposes of pay and receive your health information for research purposes or for any other disclosure permitted by law will not be considered a prohibited disclosure if the only reimbursement received is a "reasonable, cost-based fee" to cover the cost to prepare and transmit your health information and as may otherwise be permitted under Federal and State law. If an authorization is obtained from you to disclose your health information in connection with a sale of your health information, the authorization must state that the disclosure will result in remuneration (meaning that the entity will receive payment for disclosure of your health information and any other requirements of law).

Marketing
We will, in accordance to Federal law, obtain your written authorization to use or disclose your health information for marketing purposes. If we do not receive your authorization to use or disclose your health information for marketing purposes, we will not use or disclose your health information for such purposes. The use of your health information for marketing purposes includes activities that are reasonably related to our practice, our products or services that are being marketed regardless of whether they are subsidized; (iii) “refill reminders”, as so long as the remuneration for making such communications are “reasonably related to our costs” for making such communications; and (iii) any other activity that does not require an authorization under Federal and State law.

11 Bishop Place