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 get access to 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 will 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. For each category of uses or disclosures, we will explain the reason the uses or disclosures are permitted or required. We need your permission only if the law requires it.

For Treatment: We may use and disclose health information about you to provide you with medical treatment or services. We may disclose health information about you to: doctors, nurses, counselors, technicians, closely supervised PA/Medical/Nursing students participating in clinical preceptorships, and other RSH personnel who are involved in providing care for you. For example:
• If you are being seen in Counseling and Psychological Services at RSH and are receiving care by a medical provider at RSH, we may disclose health information about you to a person who may have been exposed to a disease.
• We may disclose health information about you to your family or friends if you do not wish to share this information with your family and friends, please follow the procedures described in the Right to Request Restrictions section below. In addition, we may disclose medical information about you to an entity assisting in a disaster relief effort so that your family can be notified about your condition, status and location.

Research:

Under certain circumstances, we may use and disclose health information for research purposes. For example, a research project may involve comparing the progress of all individuals involved in a particular treatment or service to those in a different program. All research projects are subject to a special approval process. This process evaluates a proposed research project’s use of health information. Before we may disclose health information about research, the project will have been approved through this process. We will ask for your specific written authorization if your care is part of a clinical research study or if the researcher will have access to identifying information about you, such as: your name, address or other information that reveals your identity.

As Required by Law:

We will disclose health information about you when required to do so by federal, state or local law.

To Avert a Serious Threat to Health or Safety:

RSH may, consistent with applicable law and ethical standards, use or disclose protected health information if RSH, in good faith, believes disclosure is necessary to prevent or lessen a serious and imminent threat to the health or safety of a person or the public and the disclosure is to a person or persons reasonably able to prevent or lessen the threat, including the target of the threat. RSH must limit information that is used or disclosed and may only release the statement relating to the serious threat and the PHI related to the threat. RSH is presumed to have acted in good faith in making such a disclosure, if the disclosure is based upon actual knowledge or in reliance on a credible representation by a person with apparent knowledge or authority.

Lawsuits and Disputes:

If you are a member of the armed forces of the United States or if you are an organ or tissue donor; we may release health information related to the threat.

We may disclose health information if asked to do so by a court order.
• To report deaths and births.
• To report child abuse or neglect.

Public Health Activities:

We may disclose 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 related to the quality, safety or effectiveness of an FDA-regulated product or service.
• To prevent or control disease, injury or disability.
• To report disease or injury.
• To report public health or safety reactions to medications or foods with problems.
• To notify people of recalls or replacement of products they might have purchased.
• To notify a person who may have been exposed to a disease or may be at risk for contracting or spreading a dangerous condition.
• 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 disclose health information 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.

Notice of Privacy Practices:

We will disclose health information about you for a health oversight activity 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.

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In emergency circumstances to report a crime, the locations of the crime or victims, or, to the extent permitted by law, the identity, description or location of the person who committed the crime. *To authorized federal officials to such they may provide protection for the President and other authorized persons or, to the extent permitted by law, to conduct special investigations.

Coroner's, Medical Examiners and Funeral Directors: We may use and disclose health information to a coroner or medical examiner. This may be necessary, for example, to identify a deceased person or determine the cause of death. We may also disclose health information to funeral directors so they can carry out their duties.

National Security and Intelligence Activities: We may use and disclose your health information to federal officials for national security and intelligence activities authorized by law.

In Legal Custody: If you are an inmate of a correctional institution or under custody of a law enforcement official, we may disclose health information about you to the correctional institution or law enforcement official.

Other Uses of Health Information: Other uses and disclosures of health information not covered by this Notice or the laws that apply will only be made with your written authorization. You can revoke such an authorization by writing to the Privacy Officer, and such revocation will be effective only to the extent not already carried out.

Your Rights Regarding Medical Information About You: You have the following rights regarding medical information about you that we collect:

Right to Inspect and Copy: You have the right to inspect and obtain copies of health information that may be used to make decisions about your care. Usually, this includes medical and billing records. This right does not include: psychotherapy notes; information compiled for use in a legal proceeding; certain limited circumstances. If you request a copy of the information, you will be charged a fee of $1.00/page for the cost of copying, mailing, or other supplies associated with your request.

We may deny your request to inspect and copy your records in certain limited circumstances. If you are denied access to your health information, you may request in writing, to the Privacy Officer at RSH, that the denial be reviewed. A licensed healthcare professional will review your request and the denial. The reviewer will not be the person who denied your request. We will comply with the outcome of the review.

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 we must obliterate or completely remove documentation from the record. Rather, it is an opportunity to “append” a statement of correction or clarification to the record and document 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 for 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 for an amendment if it is not in writing or does not include a reason to support the request. In addition, 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 deceased or incapacitated and you provide a reason to support the request.
• Is not part of the health information kept by us for RSH.
• Is not part of the information that you would be permitted to inspect and copy.
• 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 and the address of such 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, healthcare operations, or refreshments. In addition, we are not required to account for any disclosures signed by you.

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 or to the Privacy Officer, as noted above. Your request must state a time period, which may not be longer than six years and may not include dates before June 8, 2010. Your request should indicate in which time period you want information (for example, on paper or electronically). The first list you request within a 12-month period will be free. For additional lists, we will charge you $1.00/page for the cost of providing the information. In addition, you will notify us of the health information involved and you may choose to withdraw or modify your request at that time, before any costs are incurred.

Right to Request Restrictions: You may have the right to request a restriction or limitation on the health information we use or disclose about you for treatment, payment or health care operations. You also have the right to request a limit on the health information we disclose about you to someone who is involved in your care or the payment for your care, unless the information is necessary for payment that we have not been paid. To request restrictions, you should make a request in writing to the Privacy Officer of RSH. In your request you must provide the following:

• Whether you want to limit our use, disclosure or both; and
• To whom you want limits to apply, for example, disclosures to your parents.

However, RSH is not required to agree to any request to restrict the Use or Disclosure of Protected Health Information, unless the disclosure is to a health plan for purposes of payment or health care operations and the PHI pertains to a health care item or service for which the provider has been paid 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) 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 purposes of payment 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 may ask us to contact you at work, 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. 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 the 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 of this notice. To receive 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 or from a health plan for the sale of part or all of the entity, to any Business Associate for services rendered on your behalf, and as otherwise permitted or required by law. In addition, the disclosure of your health information for research purposes or for any other disclosure permitted by law will not be considered a prohibited disclosure if the date of your health information was not sold or traded, or if reasonable steps were taken 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 result in remuneration regardless of whether they are subject to 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 including all treatment and health care operations communications where we receive financial remuneration (meaning that the entity receives direct or indirect payment from a third party whose product or service is being marketed) unless such marketing is: (i) face to face marketing communications; (ii) promotional gifts of nominal value; (iii) “refill reminders”, so long as for making such communications are “reasonably related to our costs” for making such communications; and (iv) any other activity that does not require an authorization under Federal and State law.

Changes to This Notice

We reserve the right to change this Notice. We reserve the right to make the revised or changed Notice effective for the 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. To file a complaint with RSH call or write to the Privacy Officer at the address listed at the end of this Notice. You will not be penalized for filing a complaint.

Questions

If you have any questions about this Privacy Notice contact:

Division of Student Affairs
Rutgers Student Health Privacy Officer
Hurtado Health Center
11 Bishop Place
New Brunswick, NJ 08901-1180
848-932-9043

Effective Date: April 24, 2017