HIPAA Privacy Statement

Policy/Procedure

Introduction

At Dickinson College Health Center, we are committed to keeping your protected health information (PHI) confidential. This Notice of Health Information Practices is required by law, and describes how and when we use or disclose your protected personal health information. Disclosure may occur without your authorization for purposes of treatment, payment, and health care operations. This notice also describes your rights as they relate to your protected health information as defined by federal regulations called HIPAA (Health Insurance Portability and Accountability Act). Understanding what is in your record and how your health information is used helps you to ensure its accuracy, better understand whom, what, when, where, and why others may access your health information, and helps you make more informed decisions when authorizing disclosure to others.

Understanding Your Health Record/Information

Each time you visit the Health Center the visit is documented. Typically, this record contains your symptoms, physical exam, any test results, diagnoses, treatment, and a plan for future care or treatment if appropriate. This information makes up your “medical record” or personal and protected health information, and serves as a:

- basis for planning your care and treatment;
- means of communication with other health professionals who contribute to your care;
- legal document describing the care you received;
- means by which you or a third-party payer can verify that services billed were actually provided;
- source of information for public health officials charged with protecting the health of this state and the nation (only under very restricted circumstances);
- tool with which we can assess and continually work to improve the care we render and the outcomes we achieve.

Your Rights

Although your health record is the physical property of Dickinson College Health Center, the information belongs to you. You have the right to:

- obtain a paper copy of this notice of information practices upon request;
- request a copy of your health record;
- request an amendment to your health record;
- obtain an accounting of disclosures of your health information;
- request disclosure of your health information by alternative means (fax, e-mail);
- request a restriction on certain uses and disclosures of your information;
• revoke your authorization to use or disclose health information except to the extent that disclosure is required by law or disclosure has already occurred.

**Our Responsibilities**

Dickinson College Health Center is required to:

• maintain the privacy of your health information;
• provide you with this notice as to our legal duties and privacy practices with respect to information we collect and maintain;
• abide by the terms of this notice;
• notify you if we are unable to agree to a requested amendment or restriction, and;
• accommodate reasonable requests you may have to communicate health information by alternative means to other providers.

We reserve the right to change our practices and to make the new provisions effective for all protected health information we maintain. Should our privacy practices change, we will mail a revised notice to the address you have supplied us, or if you agree, we will e-mail the revised notice to you. We will not use or disclose your health information without your signed authorization, except as described in this notice. We will also discontinue to use or disclose your health information after we have received a written revocation of the authorization according to the procedures included in the authorization. All health records are purged (burned or shredded) seven (7) years after the student has left Dickinson.

**Disclosures for treatment, payment, and health operations may include the following:**

**Treatment.** Example: Information obtained by a nurse, physician, or other member of your health care team will be recorded in your record and used to determine the course of treatment that should work best for you. We will also provide pertinent health information from your medical record to any health care consultants you are referred to for more specialized care.

**Insurance reimbursement.** We do not bill insurance companies. If there are charges, a receipt will be provided for your convenience that can be submitted to your insurance company for reimbursement. The receipt will have your diagnosis, and any lab or medication charges you are seeking to have reimbursed. If you charge your student account, the only information the Student Accounts Office receives is your name, the date of service, the amount to be charged, and the office from which the charge is being initiated. No diagnosis or any other information is given to the Student Accounts Office. If you use your declining balance account the same information as described above is electronically stored and the amount is deducted from your declining balance account. No information is present on your monthly statements regarding the office from which the charges were generated, or the reason for the charges. The Student Accounts has the ability to retrieve that information if needed.

**Continuous Quality Improvement Activities.** Continuous Quality Improvement (CQI) Activities are activities that are nationally recognized to evaluate and improve patient care. CQI activities may include periodic chart reviews to determine the effectiveness and appropriateness of care, completeness of charting, trends in illness and therapy and more. This information is used in an
effort to continually improve the quality and effectiveness of the health care and services we provide. These activities are performed internally as to protect patient confidentiality.

**Business associates:** There are some services provided in our organization through contacts with business associates. Business associates are health care providers or facilities that may be involved in your care. Examples include the lab we send our STD (sexually transmitted disease testing) to, as well as several government agencies that do regularly scheduled site visits to verify our facility continues to meet criteria for certification of our medical laboratory and for national accreditation. All business associates are also required by law to protect your personal health information (PHI) as outlined in HIPAA.

**Patient visits:** We will either acknowledge that a patient has been seen or not seen if that information is requested by faculty, deans, or parents, unless the patient specifically requests in writing that we not provide that information. We will not provide any additional information about the visit without the written consent of the patient. Verbal consent may be acceptable under certain conditions.

**Notification:** We may use or disclose information to notify or assist in notifying a family member, in case of emergency. The law requires health care providers break confidentiality under certain circumstances, which include a patient endangering themselves or others.

**Athletics:** Participating in sports is a privilege, not a right. As such, athletes sign a release form entitled “Express Assumption of Risks and Release” from the Department of Physical Education and Athletics. The release authorizes “the Dickinson College Health Center & Athletic Department to exchange any and all pertinent medical information which may affect health and/or performance while participating in sports”. The Health Center professionals have the right and responsibility to exchange such information, when in their professional judgment, the student would place themselves or others in danger if they participated in practice or a sporting event.

**Communication with family:** Only with the patient’s consent can the health professional disclose health information relevant to that person’s involvement with the patient’s care or payment related to care. This may include family members, other relatives, close friends, or any other person the patient identifies.

**Communication with you via e-mail:** We may contact you to provide appointment reminders, or to let you know a test result is back. We will not give test results over e-mail unless you specifically give us permission.

**Food and Drug Administration (FDA):** We may disclose to the FDA health information relative to adverse events with respect to food, supplements, product, and product defects, or post marketing surveillance information to enable product recalls, repairs, or replacement.

**Worker’s compensation:** If you are a student worker, and sustained an injury while working, we may disclose health information to the extent authorized by and to the extent necessary, to
comply with laws relating to workers compensation or other similar programs established by law.

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

**Law Enforcement:** We may disclose health information for law enforcement purposes as required by law or in response to a valid subpoena. Federal law makes provision for your health information to be released to an appropriate health oversight agency, public health authority or attorney, if a member of the work force (employee) or business associate, believes in good faith, that we have engaged in unlawful conduct or have otherwise violated professional or clinical standards and are potentially endangering one or more patients, workers or the public.

**For More Information or to Report a Problem**

If you have questions or would like additional information, you may contact the Privacy Officer, Mary Arthur CRNP, MPA, Director, Student Health Services at 717-245-1835. If you believe your privacy rights have been violated, you can file a complaint with the Privacy Officer, with the Dean of Students, or with the Office for Civil Rights, U.S. Department of Health and Human Services, 200 Independence Avenue, S.W. Room 509F, H14H Building, Washington, D.C. 20201. There will be no retaliation for filing a complaint with either the Privacy Officer or the Office for Civil Rights.

**Related Information**

**History/Revision Information**

**Responsible Office/Division:**

**Effective Date:**

**Last Amended Date:** Sept. 2008

**Next Review Date:**

**Also Found In:** Health Services Web Site (www.dickinson.edu/departments/health/Privacy-Stmt-Rev-9-08.pdf)