

# Dickinson Wellness Center

## PRIVACY STATEMENT

The Dickinson College Wellness Center is a multidisciplinary integrated care system that includes medical, counseling, nutrition and psychiatry services. This Privacy Statement describes how and when the Dickinson College Wellness Center uses or discloses your personal health information. This is provided to you in compliance with federal regulations (HIPAA) as well as state law and ethical standards. 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 Wellness Center or the Wellness Center has an interaction with a third party about you, the information is documented. Typically, this record contains a summary of your presenting concerns and symptoms, physical exam and/or mental health assessment, test results, diagnoses, interventions, and a plan for future course of treatment if appropriate. This information makes up your “medical record” or personal 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, if appropriate;
- 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.

### Confidentiality

All services provided at the Wellness Center are confidential. Your status as a patient/client of the Wellness Center will neither be confirmed nor denied and none of your personal health information will be disclosed to any third parties outside of the Wellness Center without 1) your written or verbal consent -OR- 2) as required by law. Treatment providers at the Wellness Center may consult within the office with one another to ensure that you receive the most appropriate care (e.g., a psychologist may consult with a nurse practitioner). During these consultations, the treatment providers will share only the relevant information necessary about your care. All records are kept separate from your academic, disciplinary, and financial records at the college and are maintained in a database that is secured, password protected and accessible only to Wellness Center staff. In accordance with state law, Wellness Center records are retained for a period of seven (7) years.

- 1) You or your care provider may decide that sharing information about you and/or your particular situation with another person or agency is in your best interest. In this case, you and your provider will discuss the purpose and scope of sharing the information, and with your written authorization, the Wellness Center will release only necessary information to the third party you indicated.

***A Note about Disciplinary Sanctions:** Occasionally, a student will be required to have an assessment by the professional staff at the Wellness Center as part of the resolution of a conduct situation. When an assessment is mandated by the college, the student is expected to provide consent to the Wellness Center to communicate with the Office of the Dean of Students. Generally, the Wellness Center will report to the appropriate representative of the Office of the Dean of Students whether a student has completed the assessment mandated and the date(s) of the assessment.*

- 2) In certain legal and ethical circumstances, we may be required to disclose information about you without your authorization. Instances where this may occur are as follows:
  - If you express a threat to seriously injure or kill yourself or others, and we determine that you are likely to carry out the threat, we are mandated to take reasonable measures to prevent harm to you or others. These measures may include directly advising the potential victim of the threat, referring you to a higher level of care, and/or informing Dickinson College officials and family members.
  - If a Wellness Center staff member has reason to suspect, based on professional judgment, that a child is or has been abused, the staff member is required to report suspicions to the authority or government agency vested to conduct child abuse investigations. If anyone tells a Wellness Center staff member that he or she knows of any child who is currently being abused, the staff member must report it. Also,

staff members are mandated to report suspected child abuse if anyone aged 14 or older states that he or she committed child abuse, even if the victim is no longer in danger.

- In the case of a potential medical emergency, or a serious threat to health or safety, if it is determined that you may require a higher or more specialized care than can be provided at the Dickinson College Wellness Center.
- In cases where other health care providers or facilities are involved in your care, such as the lab to which we send our sexually transmitted infection testing or when government agencies do regularly scheduled site visits to verify that our facility continues to meet criteria for certification of our medical laboratory and for national accreditation. In such situations, our business associates are also required by law to protect your personal health information as outlined in federal guidelines.
- We may disclose to the Food and Drug Administration 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.
- In submitting a billing file for reimbursement of fees associated with providing sexual health services, and as mandated by the federal grant. The federal grant agency is required by law to protect your personal health information as outlined in federal guidelines.
- If you are a student worker, and sustain an injury while working for which we provide treatment, we may disclose health information to comply with laws relating to workers compensation or other similar programs established by law.
- We may disclose your health information to public health or legal authorities charged with preventing or controlling disease, injury, or disability.
- In response to a lawfully issued subpoena or order of court. We will attempt to notify you prior to disclosing information about you in response to a subpoena or court order.

### **Your Rights**

When you engage in treatment at the Wellness Center, you have the right to:

- Receive confidential communications by alternative means. We normally communicate with students by phone, electronic mail, or by text (if the student has authorized this method). If you prefer to have communication through your Holland Union mailbox or other address instead, please make a written request of this.
- Terminate services at any time.
- Request a change of treatment provider within the Wellness Center.
- Request restrictions on certain uses and disclosures of your health information. However, we are not required to agree to a restriction you request.
- Inspect, copy and amend your health information upon your written request.
- Request and provide written authorization to release information. You have the right to revoke your authorization in writing at any time except to the extent that disclosure is required by law or disclosure has already occurred.
- An accounting of disclosures of health information which you have not authorized, upon your written request.
- Obtain a paper copy of this notice of information practices upon request.

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.

Please discuss any questions or concerns you have about this Privacy Statement with your treatment provider.

**I HAVE READ AND UNDERSTAND THE WELLNESS CENTER PRIVACY STATEMENT AND HAVE SIGNED ELECTRONICALLY.**