

## NOTICE OF PRIVACY PRACTICE

### THIS NOTICE DESCRIBES MEDICAL INFORMATION ABOUT PRIVACY PRACTICE

We are required by law to maintain the privacy of your medical information and to provide you with notice of our legal duties, privacy practices and your rights with respect to your medical information. Medical information includes medical, insurance and medical payment information, such as your diagnosis, medications or medical payment history, that identifies you.

#### **WHO WILL FOLLOW THIS NOTICE:**

This notice describes the privacy practices of DMACC Student Health Services.

#### **USES AND DISCLOSURES OF INFORMATION WITHOUT YOUR AUTHORIZATION:**

The following are the types of uses and disclosures we may make of your medical information without your permission. Medical information includes medical, insurance and medical payment information, such as your diagnosis, medications or medical payment history, that identifies you. Where State or Federal law restricts one of the described uses or disclosures, we follow the requirements of such State or Federal law. These are general descriptions only. They do not cover every example of disclosure within a category.

**Treatment.** We may use and disclose your medical information for treatment. This includes disclosing your medical information to your physician and other practitioners, providers and healthcare facilities for their use in treating you in the future. For example, with your consent we will share information with your primary care physician as identified by you.

**Healthcare Operations.** DMACC Campus Health may ask for your permission to access your existing electronic medical records deemed necessary for treatment/plan of care. We may use or disclose your medical information for our healthcare operations. For example, collaborating and/or supervising physicians may review your medical information for quality improvement purposes. If State law requires, we will obtain your permission prior to disclosing your information to other providers or health insurance companies for their operations.

**Business Associates.** We will disclose your medical information to our business associates and allow them to create, use and disclose your medical information to perform their job. For example, we may disclose your medical information to an outside billing company that assists us in billing group health plans.

**Treatment Alternatives.** We may contact you to provide information about treatment alternatives or other health-related benefits and services that may be of interest to you.

**Family and Friends.** We may disclose your medical information to friends and family who are involved in your care as is directly relevant to their involvement. We will only release this information if you agree, are given the opportunity to object and do not, or if in our professional judgment, disclosure is in your best interest. For example, if you bring your spouse with you to your visit, your spouse may be allowed to join you in the treatment room.

**Required by Law.** We will use and disclose your information as required by Federal, State or local law.

**Public Health Activities.** We may disclose medical information about you for public health activities. These activities may include disclosures:

- ▶ To a public health authority authorized by law to receive such information for the purpose of preventing or controlling disease, injury or disability;
- ▶ To appropriate authorities to receive reports of child abuse and neglect;
- ▶ To FDA-regulated entities for purpose of monitoring or reporting the quality, safety or effectiveness of FDA-regulated products; or
- ▶ To notify a person who may have been exposed to a disease or may be at risk for contracting or spreading a disease or condition.

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**Abuse, Neglect or Domestic Violence.** We may notify the appropriate authority if we believe a patient has been the victim of abuse, neglect or domestic violence. Unless such disclosure is required by law, we will only make this disclosure if you agree.

**Health Oversight Activities.** We may disclose medical 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 for the government to monitor the healthcare system, government programs and compliance with civil rights laws.

**Judicial and Administrative Proceedings.** If you are involved in a lawsuit or dispute, we may disclose medical information about you to a court or administrative order. We may also disclose medical information about you in response to a subpoena, discovery request or other lawful process by someone else involved in the dispute, but only if reasonable efforts have been made to notify you of the request or to obtain an order from the court protecting the information requested.

**Law Enforcement.** We may release certain medical information if asked to do so by a law enforcement official under limited circumstances.

**Threat to Health or Safety.** Under certain circumstances, we may use or disclose your medical information to avert a serious threat to health and safety if we, in good faith, believe the use or disclosure is necessary to prevent or lessen the threat and is to a person reasonably able to prevent or lessen the threat (including the target) or is necessary for law enforcement authorities to identify or apprehend an individual involved in a crime.

**Workers' Compensation.** We may release medical information about you as authorized by law for workers' compensation or similar programs that provide benefits for work-related injuries or illness.

**Incidental Uses and Disclosures.** There are certain incidental uses or disclosure of your information that occur while we are providing service to you or conducting our business. For example, we may use your name to call you from a waiting area. Other individuals waiting in the same area may hear your name called. We will make reasonable efforts to limit these incidental uses and disclosures.

**Other Uses and Disclosures.** Other uses and disclosures of your medical information not covered above will be made only with your written permission. If you authorize us to use and disclose your information, you may revoke that authorization at any time. Such revocation will not affect any action we have taken in reliance on your authorization.

#### **INDIVIDUAL RIGHTS:**

**Request for Voluntary Restrictions.** You have the right to request a restriction on how we use and disclose your medical information for treatment, payment and healthcare operations, or to certain family members or friends identified by you who are involved in your care or the payment for your care. We are not required to agree to your request, and will notify you if we are unable to agree.

**Access to Medical Information.** You may request to inspect and copy much of the medical information we maintain about you, with some exceptions. If you request copies, we may charge you a copying fee plus postage. If we agree to prepare a summary of your medical information, we will charge a fee to prepare the summary.

**Amendment.** You may request that we amend certain medical information that we keep in your records. We are not required to make all requested amendments, but will give each request careful consideration. If we deny your request, we will provide you with a written explanation of the reasons and your rights.

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**Accounting.** You have the right to receive an accounting of certain disclosures of your medical information made by us or our business associates. The first accounting in any 12-month period is free; you may be charged a fee for each subsequent accounting request within the same 12-month period.

**Confidential Communications.** You may request that we communicate with you about your medical information in a certain way or at a certain location. We must agree to your request if it is reasonable and specifies the alternate means or location.

How to Exercise These Rights. All requests to exercise these rights must be in writing. Contact the Privacy Officer for more information or to obtain request forms.

#### **ABOUT THIS NOTICE:**

We are required to follow the terms of the Notice currently in effect. We reserve the right to change our practices and the terms of this Notice and to make the new practices and notice provisions effective for all medical information that we maintain. Before we make such changes effective, we will make available the revised Notice by posting it in all DMACC Student Health Center Clinic locations, where copies will also be available. The revised Notice will also be posted on our website at [www.DMACC.edu](http://www.DMACC.edu). You are entitled to receive this Notice in written form. Please contact the Privacy Officer at the address listed below to obtain a written copy.

#### **COMPLAINTS:**

If you have concerns about any of our privacy practices or believe that your privacy rights have been violated, you may file a complaint using the contact information at the end of this Notice. You may also submit a written complaint to the U.S. Department of Health and Human Services. There will be no retaliation for filing a complaint.

EFFECTIVE DATE OF NOTICE: March 1, 2007.

Date of Review/Update March 2017