

# NOTICE OF PRIVACY PRACTICES

**THIS NOTICE DESCRIBES HOW MEDICAL INFORMATION ABOUT YOU MAY BE USED AND DISCLOSED AND HOW YOU CAN GET ACCESS TO THIS INFORMATION.**

**PLEASE REVIEW IT CAREFULLY.**

**PRIVACY RULES REQUIRE THAT WE FURNISH YOU WITH THIS NOTICE.**

**(THE REQUIRED ACKNOWLEDGEMENT OF RECEIPT OF THIS FORM IS FOUND AT THE BOTTOM OF THE DOCUMENT.)**

## **Purpose:**

The Student Health Services (SHS) healthcare professionals and staff follow the privacy practices described in this Notice. Your medical information is maintained in records that will be handled in a confidential manner, as required by law. However, SHS representatives must use and disclose your medical information to the extent necessary to provide you with quality health care. To do this, your medical information must be shared with others as necessary for treatment, payment, and health care operations.

## **What Are Treatment, Payment, and Health Care Operations?**

Treatment includes sharing information among healthcare professionals involved in your care. For example, your treatment provider may share information about your condition with other treatment providers in clinic and hospital settings in order to make a diagnosis or to improve the quality of care, e.g., for review and training purposes. In addition, we also may use your medical information as required by your insurer to obtain payment for your treatment.

## **What Are Other Ways Your Medical Information May Be Used?**

**Your medical information may be used, unless you ask for restrictions on a specific use of disclosure, for the following purposes:**

- Appointment reminders.
- To inform you of treatment alternatives or benefits or services related to your health. (You will have an opportunity to refuse to receive this information.)
- To carry out health care treatment, payment, and operations functions through business associates, e.g., to install a new computer system.
- Alcohol and drug abuse information has special privacy protections. SHS medical providers will not disclose any information relating to substance abuse treatment unless: (i) consent is obtained in writing; (ii) a court order requires disclosure of the information; (iii) medical personnel need the information to meet a medical emergency; (iv) qualified personnel use this information for the purpose of conducting scientific research, management audits, financial audits, or program evaluation; or (v) it is necessary to report a crime or a threat to commit a crime, or to report abuse or neglect as required by law.
- Worker's Compensation. (Your medical information regarding benefits for work-related illnesses may be released as appropriate.)
- Health oversight activities, e.g., audits, inspections, investigations, and licensure.
- Certain research projects.
- To prevent a serious threat to health or safety.
- Law enforcement (e.g., in response to a court order or other legal process; to identify or locate an individual being sought by authorities; about the victim of a crime under restricted circumstances; about a death that may be the result of criminal conduct; circumstances relating to reporting information about a crime).
- Disaster relief agency if injured in a disaster.
- National security and intelligence activities.
- Protection of the President or other authorized persons for foreign heads of state, or to conduct special investigations.
- Lawsuits and disputes. (We will attempt to provide you advance notice of a subpoena before disclosing the information.)
- As required by law.

## **Your Authorization Is Required for Other Disclosures:**

Except as described above, we will not use or disclose your medical information unless you authorize us in writing to disclose your information. You may revoke your permission, which will be effective only after the date of your written revocation. Your medical records may also contain psychotherapy notes from individual, joint, group or family sessions you may have participated in. You will need to sign a separate authorization form for the use and disclosure

of this information. You may revoke your permission to use and disclose your psychotherapy records by sending a written revocation to Student Health Services.

## **You Have Rights Regarding Your Medical Information:**

**You have the following rights regarding your medical information, provided that you make a written request to invoke the right.**

**Right to request restrictions.** You may request limitations on your medical information we use or disclose for health care treatment, payment, or operations (e.g., you may ask us not to disclose that you have had a particular treatment), but we are not required to agree to your request. If we agree, we will comply with your request unless the information is needed to provide you with emergency services.

**Right to confidential communications.** You may request communication in a certain way or at a certain location, but you must specify how or where you wish be contacted.

**Right to inspect and request a copy.** You have the right to inspect and request a copy of your medical information regarding decisions about your care. We charge a fee for copying, mailing, and supplies. Under limited circumstances, your request may be denied; in that instance you may request review of the denial by another licensed health care professional chosen by SHS healthcare professionals. SHS will comply with the outcome of the review.

**Right to request amendment.** If you believe that the medical information we have about you is incorrect or incomplete, you may request an amendment, which requires certain specific information. The SHS healthcare professionals are not required to accept the amendment.

**Right to accounting disclosures.** You may request a list of the disclosures of your medical information that have been made to persons or entities other than for health care treatment, payment, or operations in the past six (6) years, but not prior to April 14, 2003. After the first request, there will be a charge.

**Right to a copy of this Notice.** You may request a copy of this Notice at any time, even if you have been provided with an electronic copy.

## **Requirements Regarding This Notice:**

SHS healthcare professionals are required by law to provide you with this Notice. We will be governed by this Notice for as long as it is in effect. We may change this Notice and these changes will be effective for medical information we have about you as well as any information we receive in the future. Each time you register for health care services, you may receive a copy of the Notice in effect at the time.

## **Complaints:**

If you believe your privacy rights have been violated, you may file a complaint with Director of Student Health Services or with the Secretary of the United States Department of Health and Human Services. You will not be penalized or retaliated against in any way for making a complaint to these organizations.

**Contact the Director of Student Health Services at 310/338-2881 or [Karce@lmu.edu](mailto:Karce@lmu.edu) if:**

- You have a complaint.
- You have any questions about this Notice.
- You wish to request restrictions on uses and disclosures for health care treatment, payment, or operations.
- You wish to obtain forms to exercise your individual rights described in the "You Have Rights Regarding Your Medical Information" paragraph above.