

**SOUTHERN ILLINOIS UNIVERSITY EDWARDSVILLE
COUNSELING AND HEALTH SERVICES**

THIS NOTICE DESCRIBES HOW MEDICAL INFORMATION ABOUT YOU MAY BE USED AND DISCLOSED AND HOW YOU CAN GET ACCESS TO THIS INFORMATION. IT ALSO ADDRESSES A PATIENT'S RIGHTS AND RESPONSIBILITIES.

Personal health information is defined as any information relating to a patient's past, present, or future health or condition. It includes such things as your name, social security number, date of birth, service date, diagnosis, treatment, plan of care, and provisions for payment.

USES AND DISCLOSURES OF YOUR PERSONAL HEALTH INFORMATION (PHI)

Except as outlined below, we will use or disclose your PHI only with your consent or authorization. You may revoke such authorization in writing at any time and the revocation will only affect future uses or disclosures. However, we may use your PHI for the following purposes:

Payment: We will make uses and disclosures of your PHI as necessary for payment purposes of those health professionals and facilities that have treated you or provided services to you. For instance, we may forward information regarding your medical procedures and treatment to your insurance company to arrange payment for the services provided to you.

Treatment: For continuity of care, we use or disclose PHI to health care providers or facilities that take care of you. For instance, only the minimally necessary PHI would be released in case of a referral to another health care provider, hospital, or in case of an emergency. It also applies to a verbal, telephone, or written request from you asking that your immunization record be sent to another college or university, place of employment, or elsewhere.

Operational activities: We use and disclose PHI for health care operations within the confines of the Counseling and Health Services and other SIUE departments on a "need to know" basis. For example, we may use this for quality assurance and performance improvement activities. We may call you for an appointment reminder. We may call you regarding lab results.

Family and friends involved in your care: Our Counseling and Health Services professionals, using their best judgment, may disclose to a family member, other relative, close personal friend, or any other person you identify, health information relevant to that person's involvement in your care or payment related to your care. If you are unavailable, incapacitated, or facing an emergency medical situation, and we determine that a limited disclosure may be in your best interest, we may share limited PHI with such individuals without your approval.

REQUIRED OR AUTHORIZED BY LAW

Public health: We may use and disclose PHI to prevent or control disease, injury or disability, to report reactions to medicines or medical devices, to notify a person who may have been exposed to a disease, or to report suspected cases of abuse, neglect or domestic violence.

Workers' compensation: We may use and disclose PHI to worker's compensation or similar programs in order for you to obtain benefits for work-related injuries or illness.

Civil or criminal law enforcement: We may use and disclose PHI in order to comply with requests pursuant to a court order, warrant, subpoena, summons, or similar process as part of law enforcement activities.

PHI may be needed for coroners, medical examiners, or funeral directors.

PHI may be disclosed to authorized persons for the purpose of national security and intelligence activities designated by law.

PHI may be disclosed to government oversight agencies conducting audits, investigations, or civil or criminal proceedings.

Other federal or state laws: Although the new federal law on privacy, the Health Insurance Portability and Accountability Act (HIPAA), does not apply to the SIUE Counseling and Health Services, we are abiding by many of the privacy protections set forth in that act. Concerning mental health treatment, genetic information, HIV/AIDS status, and alcohol or drug abuse treatment, you must sign a specific authorization.

Serious threat to health and/or safety: We may use or disclose PHI to stop you or someone else from getting hurt.

Military and veterans: If you are a member of the armed forces, we may disclose PHI about you as required by military command.

Research: We may release minimally necessary PHI data for certain research purposes when SIUE's institutional review board, which has established rules to ensure privacy, approves such research.

Employer: We may release your PHI for your employer when we have provided health care to you at the request of your employer. In most cases you will receive notice that information is disclosed to your employer.

Organ or tissue donation: We may release your PHI if necessary to arrange an organ or tissue donation from you or a transplant for you.

Business associates: We will only release your PHI to business associates who have agreed in writing to maintain your privacy as required by law.

Marketing, advertising, and fundraising: We will not use your PHI for these purposes.

YOUR RIGHTS

Patients have the right to be informed about their care and will be provided, to the degree known, complete information concerning their diagnosis, treatment, and prognosis. Patients have a right to be treated with respect, consideration, and dignity by qualified personnel. They will be provided with appropriate privacy and a safe environment. Patients will be given the opportunity to participate in decisions involving their health care, except when such participation is contraindicated for medical reasons. A patient may request to see another qualified health care provider if they so desire.

Access and inspection: You have the right to inspect and copy information that we maintain about you in your medical record. A written request is necessary if you are not physically present in Health Service. Standard charge for copies is \$1.00 per page. If you need a summary statement written by a physician, the standard charge is \$20.00. We may deny your request to inspect and copy in certain circumstances as defined by law. If your request is denied, you have the right to request a written reason and you may request that the denial be reviewed.

Restrictions: You have the right to request restrictions on how your PHI is used for purposes of treatment, payment, and operational activities. We are not required to honor your request, but will make a reasonable effort to do so.

Confidentiality and communications: Your medical record and all of your encounters with SIUE Counseling and Health Services personnel are strictly confidential, except in the above noted legal exceptions. You have a right to receive confidential communications about your PHI. You may request reasonable changes in how or where we may contact you.

Amendments: If you believe there is an error in your PHI, you may request, in writing, a change or addition to your medical record. We will consider your request, but we are not required to agree with your request. Your medical record will include documentation as to how the request was handled.

Accounting for disclosures: You have the right to receive an accounting of disclosures (except for payment, treatment, and operational activities) that we have made of your PHI. Requests must be made in writing and signed by you or your representative. We may charge you a fee if you request more than one accounting in a 12-month period.

Complaints: If you feel that your privacy rights have been violated, you may file a complaint by contacting the SIUE Counseling and Health Services director or the Secretary of Health and Human Services in Washington D.C. within 4 months of the occurrence.

Copy of this "Notice of Privacy Practices/Patient's Rights and Responsibilities" and changes to the Notice: You have the right to obtain a paper copy of this Notice at any time. It is also available electronically at www.siu.edu/healthservice.

YOUR RESPONSIBILITIES

Accurate information: Patients have the responsibility to provide accurate information to the counseling and health care staff, to complete the treatment plan agreed upon, and to return for follow up when necessary.

Courtesy: Patients need to treat the Counseling and Health Services staff and other patients in the facility with courtesy and respect.

Timeliness: Patients need to be on time for their appointments and to notify Counseling and Health Services as soon as possible if an appointment is to be missed, cancelled, or rescheduled.

Effective Date: April 2010