

## NOTICE OF PRIVACY PRACTICES

As required by the Health Insurance Portability and Accountability Act (HIPAA) of 1996, this notice describes how health information about you may be used and disclosed and how you can get access to this information.

**Please review it carefully.**

### WHO WILL FOLLOW THIS NOTICE

Rutgers Student Health (hereafter referred to as RSH) may only use your health information for treatment, payment, health care operations or research purposes as described in the notice. All of the employees/staff, including: medical; counseling and psychological services; pharmacy and other personnel of RSH follow these privacy practices.

### ABOUT THIS NOTICE

This notice will tell you about the ways we may disclose health information about you and will also describe your rights and certain obligations that we have regarding the use and disclosure of your health information.

**We are required by law to:**

- **Make sure that health information that identifies you is kept private;**
- **Give you this notice of our legal duties and privacy practices with respect to your health information; and**
- **Follow the terms of the notice that is currently in effect.**

### HOW WE MAY USE AND DISCLOSE HEALTH INFORMATION ABOUT YOU

The following categories describe different ways that we use and disclose health information. For each category of uses or disclosures we will explain what we mean and give you examples. Not every use or disclosure in a category will be listed. However, all of the ways we are permitted to use and disclose information will fall within one or more of the categories.

#### For Treatment:

We may use health information about you to provide you with medical treatment or services. We may disclose health information about you to: doctors, nurses, counselors, technicians, closely supervised PA/Medical/Nursing students participating in clinical preceptorships, or other RSH personnel, who are involved in providing care for you. For example:

- If you are being seen in Counseling and Psychological Services at RSH and are receiving care by a medical provider at RSH, health information may need to be shared to make sure you are receiving appropriate integrated care. Departments within RSH may share health information about you in order to coordinate the different services you may need, such as prescriptions, lab work and x-rays.
- We may disclose health information about you to Providers outside RSH who may be involved in your health care (e.g., a specialist or surgeon).

#### Psychotherapy Notes:

We will, in accordance to Federal law, obtain your written authorization to release your psychotherapy notes, if any, that are contained in your health records. However, the entity may use or disclose your psychotherapy notes for the following: (i) to carry out the following treatment, payment, or health care operations: (A) use by the originator of the psychotherapy notes for treatment; (B) use or disclosure by the entity for its own training programs in which students, trainees, or practitioners in mental health learn under supervision to practice or improve their skills in group, joint, family, or individual counseling; or (C) use or disclosure by the entity to defend itself in a legal action or other proceeding brought by you; and (ii) a use or disclosure that is required by or permitted by Federal law.

#### For Payment:

We may use and disclose health information about you so that we may bill for treatment and services you receive at RSH and can collect payment from you, an insurance company or another party. For example:

- We may need to give information about services you received at RSH to your health insurance plan so that the plan will pay us or reimburse you for the service.
- We may tell your health insurance plan about a treatment you are going to receive in order to obtain prior approval or to determine whether your plan will cover the treatment.
- We may disclose information about you to other healthcare facilities for purpose of payment as permitted by law.
- We will only bill your bursar account if you ask us; you will be required to sign the bursar form requesting this process.

#### For Health Care Operation:

We may use and disclose health information about you for operations of RSH. These uses and disclosures are necessary to run RSH and make sure all of our patients receive quality care. For example:

- We may use health information to evaluate the performance of our staff in caring for you.
- We may combine health information about many patients to decide what additional services RSH should offer, what services are not needed, and effectiveness of certain treatments.
- We may disclose information to doctors, nurses, counselors, pharmacists, technicians, closely supervised PA/Medical/Nursing/Psychology students participating in clinical preceptorships, and other RSH personnel for educational purposes.

#### Appointment Reminders:

We may use and disclose health information as a reminder that you have an appointment for treatment or services.

#### Service Alternatives:

We may use and disclose your health information in order to make you aware of recommended service or program alternatives, which might be of interest to you.

#### Individuals Involved in Your Support or Payment for Your Care:

We may release health information about you to any person identified by you on an authorized release form. This means that

we will, *upon your request only*, disclose health information to a friend or family member who helps with your medical care, who helps pay for your care or who you have identified be notified in an emergency situation. We will tell them only what they need to know to help you. You have the right to say “**no**” to this release of information. If you say “no,” we will **not** use or share your health information with your family or friends. If you do not wish to share this information with your family and friends, please follow the procedures described in the Right to Request Restrictions section of this notice. In addition, we may disclose medical information about you to an entity assisting in a disaster relief effort so that your family can be notified about your condition, status and location.

#### Research:

Under certain circumstances, we may use and disclose health information for research purposes. For example, a research project may involve comparing the progress of all individuals involved in a certain type of treatment program compared to those in a different program. All research projects are subject to a special approval process. This process evaluates a proposed research project and its use of health information. Before we use or disclose health information for research, the project will have been approved through this process. We will ask for your specific written authorization if your care is part of a clinical research study or if the researcher will have access to identifying information about you, such as: your name, address or other information that reveals your identity.

#### As Required by Law:

We will disclose health information about you when required to do so by federal, state or local law.

#### To Avert a Serious Threat to Health or Safety:

RSH may, consistent with applicable law and ethical standards, use or disclose protected health information if RSH, in good faith, believes such use and disclosure is necessary to prevent or lessen a serious and imminent threat to the health or safety of a person or the public and the disclosure is to a person or persons reasonably able to prevent or lessen the threat, including the target of the threat. RSH must limit information that is used or disclosed and may only release the statement relating to the serious threat and the PHI related to the threat. RSH is presumed to have acted in good faith in making such a disclosure, if the belief is based upon actual knowledge or in reliance on a credible representation by a person with apparent knowledge or authority.

#### Organ and Tissue Donation:

If you are an organ or tissue donor; we may release health information to organizations that handle organ procurement, organ, eye, or tissue transplantation, or organ donation bank.

#### Military and Veterans:

If you are a member of the armed forces of the United States or another country, we may release health information about you as required by the military command authorities.

#### Workers’ Compensation:

We may disclose health information about you for workers’ compensation or similar programs. These programs provide benefits for work-related injuries or illness.

#### Public Health Risks:

We may disclose your health information to authorized public health or government officials as required by law for public health activities. These activities may include the following:

- To the Food and Drug Administration (FDA) for purposes related to the quality, safety or effectiveness of an FDA-regulated product or service.
- To prevent or control disease, injury or disability.
- To report disease or injury.
- To report births and deaths.
- To report child abuse or neglect.
- To report reactions to medications and food or problems with products.
- To notify people of recalls or replacement of products they may be using.
- 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.
- To notify the appropriate government authority if we believe a patient has been the victim of abuse, neglect or domestic violence. We will only make this disclosure if you agree or when required or authorized by law.

#### Health Oversight Activities:

We may disclose health 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 to monitor the health care system, government programs, and compliance with civil rights laws.

#### Lawsuits and Disputes:

If you are involved in a lawsuit or a dispute, we may disclose health information about you in response to a court or administrative order. We may also disclose health information about you in response to a subpoena, discovery request, or other legal demand by someone else involved in the dispute, but only if efforts have been made to tell you about the request or to obtain an order protecting the information requested.

#### Law Enforcement:

We may disclose health information if asked to do so by a law enforcement official:

- In response to a court order, subpoena, warrant, summons or similar process.
- To identify or locate a missing person.
- About the victim of a crime if, under certain circumstances, the person is unable to give consent.
- About a death we believe may be the result of criminal conduct.
- About criminal conduct related to RSH operations.

•In emergency circumstances to report a crime; the locations of the crime or victims; or, to the extent permitted by law, the identity, description or location of the person who committed the crime.

•To authorized federal officials so they may provide protection for the President and other authorized persons or, to the extent permitted by law, to conduct special investigations.

#### **Coroners, Medical Examiners and Funeral Directors:**

We may use and disclose health information to a coroner or medical examiner. This may be necessary, for example, to identify a deceased person or determine the cause of death. We may also disclose health information to funeral directors so they can carry out their duties.

#### **National Security and Intelligence Activities:**

We may use and disclose health information about you to authorized federal officials for intelligence, counterintelligence, and other national security activities authorized by law.

#### **In Legal Custody:**

If you are an inmate of a correctional institution or under custody of a law enforcement official, we may disclose health information about you to the correctional institution or law enforcement official.

#### **Other Uses of Health Information:**

Other uses and disclosures of health information not covered by this Notice or the laws that apply to us will *only* be made with your written authorization. You can revoke such an authorization by writing to the Privacy Officer, and such revocation will be effective to the extent that we have not already released the information pursuant to the authorization or otherwise taken action based on the authorization.

#### **YOUR RIGHTS REGARDING MEDICAL INFORMATION ABOUT YOU**

You have the following rights regarding health information we maintain about you:

#### **Right to Inspect and Copy:**

You have the right to inspect and obtain copies of health information that may be used to make decisions about your care. Usually, this includes medical and billing records. This right does not include: psychotherapy notes; information compiled for use in a legal proceeding; certain information related to substance use, abuse or dependence; or certain information subject to the Clinical Laboratory Improvement Amendments of 1988.

In order to inspect and obtain copies of your health information, you must submit your request in writing to Clinical Records within the Division where care was provided. If you request a copy of the information, you will be charged a fee of \$1.00/page for the cost of copying, mailing, or other supplies associated with your request.

We may deny your request to inspect and copy your records in certain limited circumstances. If you are denied access to health information, you may request in writing, to the Privacy Officer at RSH, that the denial be reviewed. A licensed healthcare professional will review your request and the denial. The reviewer

will not be the person who denied your request. We will comply with the outcome of the review.

#### **Right to Amend:**

If you think your health information is incorrectly recorded or incomplete, you may ask us to amend the information. The right to amend does not mean the right to obliterate or totally remove documentation from the record. Rather it is an opportunity to “append” a statement of correction or clarification to the record and to know that when the original statement is used or disclosed, the new “corrective” or “clarified” statement will accompany any released copies. You have the right to request an amendment for as long as the information is maintained by RSH.

To request an amendment, your request must be made in writing and submitted to the Privacy Officer at RSH. In addition, you must give a reason that supports your request. We may deny your request for an amendment if it is not in writing or does not include a reason to support the request. In addition, we may deny your request if you ask us to amend information that:

- Was not created by us, unless the person or entity that created the information is no longer available to make the amendment;
- Is not part of the health information kept by or for RSH;
- Is not part of the information that you would be permitted to inspect and copy; or
- Is accurate and complete.

We will provide you with written notice of the action we take in response to your request for an amendment.

#### **Right to an Accounting of Disclosures:**

You have the right to request an “accounting of disclosures”. This is a list of certain disclosures that we made of your health information.

The accounting will include:

- The date of the disclosure;
- The name of the entity or person who received the health information, and if known, the address of such entity or person;
- A brief description of the health information disclosed; or
- A brief statement of the purpose of the disclosure or a copy of the authorization.

We are not required to account for any disclosures made to you or for disclosures related to treatment, payment, healthcare operations, or made pursuant to an authorization signed by you.

To request an accounting of disclosures of your health care information, you must submit your request in writing to Medical Records within the Division where your care was provided or to the Privacy Officer, as appropriate. Your request must state a time period, which may not be longer than six years and may not include dates before June 8, 2010. Your request should indicate in what form you want the list (for example, on paper or electronically). The first list you request within a 12-month period will be free. For additional lists, we will charge you \$1.00/page for the cost of providing the list. We will notify you of the costs involved and you may choose to withdraw or modify your request at that time, before any costs are incurred.

#### **Right to Request Restrictions:**

You may have the right to request a restriction or limitation on the health information we use or disclose about you for treatment,

payment or health care operations. You also have the right to request a limit on the health information we disclose about you to someone who is involved in your care or the payment for your care, such as a family member or friend. To request restrictions, you should make a request in writing to the Privacy Officer of RSH. In your request you must provide the following:

- What information you want to limit;
- Whether you want to limit our use, disclosure or both; and
- To whom you want limits to apply; for example, disclosures to your parents.

However, RSH is not required to agree to any request to restrict the Use and Disclosure of Protected Health Information, unless the disclosure is to a health plan for purposes of payment or health care operations and the PHI pertains to a health care item or service for which the provider has been paid out-of-pocket in full. If we agree to your request, we will comply with your request unless the information is needed to provide you emergency treatment.

If you paid out-of-pocket (or in other words, you have requested that we not bill your health plan) in full for a specific item or service, you have the right to ask that your health information with respect to that item or service not be disclosed to your health plan for purposes of payment or health care operations, and we will honor that request.

#### **Right to Request Confidential Communications:**

You have the right to request that we communicate with you about health matters in a certain way or at a certain location. For example, you can ask that we only contact you at work, by mail or via e-mail. To request confidential communication, you must make your request in writing to Clinical Records within the Division where your care was provided. Your request must specify how or where you wish to be contacted. We will not ask you the reason for your request. We will attempt to accommodate reasonable requests.

#### **Right to a Paper Copy of Notice:**

You have a right to a paper copy of this Notice. You may ask us to give you a copy of this notice at any time. Even if you have agreed to receive this notice electronically, you are still entitled to a paper copy of this notice. To obtain a paper copy of this notice you can contact Medical Records within the Division where your care was provided.

#### **Sale of Your Health Information**

The sale of your health information without authorization is prohibited. Under Federal law, certain uses and disclosures are not considered a sale of your information, including, but not limited to, disclosures for treatment, payment, for public health purposes, for the sale of part or all of the entity, to any Business Associate for services rendered on our behalf, and as otherwise permitted or required by law. In addition, the disclosure of your health information for research purposes or for any other disclosure permitted by law will not be considered a prohibited disclosure if the only reimbursement received is a “reasonable, cost-based fee” to cover the cost to prepare and transmit your health information and as may otherwise be permitted under Federal and State law. If an authorization is obtained from you to disclose your health

information in connection with a sale of your health information, the authorization must state that the disclosure will result in remuneration (meaning that the entity will receive payment for disclosure of your health information and any other requirements of law).

#### **Marketing**

We will, in accordance with Federal law, obtain your written authorization to use or disclose your health information for marketing purposes including all treatment and health care operations communications where we receive financial remuneration (meaning that the entity receives direct or indirect payment from a third party whose product or service is being marketed) unless such marketing is: (i) face to face marketing communications; (ii) promotional gifts of nominal value regardless of whether they are subsidized; (iii) “refill reminders”, so as long as the remuneration for making such communications are “reasonably related to our costs” for making such communications; and (iii) any other activity that does not require an authorization under Federal and State law.

#### **CHANGES TO THIS NOTICE**

We reserve the right to change this Notice. We reserve the right to make the revised or changed Notice effective for health information about you that we already have, as well as any information we receive in the future. The current Notice in effect at any time will be posted on our web site at <http://health.rutgers.edu> and will also be available at all RSH practice locations including health centers and counseling and psychological service locations.

#### **Right to Receive Notification of a Breach**

We are required to notify you following discovery of a breach of your unsecured health information.

#### **COMPLAINTS**

If you believe your privacy rights have been violated, you may file a complaint with the Privacy Officer of RSH or with the Secretary of the US Department of Health and Human Services.

To file a complaint with RSH call or write to the Privacy Officer at the address listed at the end of this Notice. You will not be penalized for filing a complaint.

#### **QUESTIONS**

If you have any questions about this Privacy Notice contact:

**Division of Student Affairs  
Rutgers Student Health  
Privacy Officer  
Hurtado Health Center  
11 Bishop Place  
New Brunswick, NJ 08901-1180  
848-932-9043**

**EFFECTIVE DATE: April 24, 2017**