

# **Texas Woman's University - Student Health Services**

## **HIPAA Notice of Privacy Practices**

**Effective: September 1, 2012**

### **Understanding Your Health Information**

Each time you visit a hospital, physician or other health care provider, a record of your visit is made in order to manage the care you receive. The Texas Woman's University (TWU) Student Health Services listed on this document understands that the medical information that is recorded about you and your health is personal. The confidentiality of your health information is also protected under both state and federal law.

This Notice of Privacy Practices describes how TWU Student Health Services may use and disclose your information and the rights that you have regarding your health information. The Notice applies to all TWU Student Health Services staff. It also applies to Business Associates of TWU Student Health Services for care conducted in cooperation with TWU Student Health Services.

TWU Student Health Services has an electronic health record and will not use or disclose your health information without written authorization, except as described in this Notice. Use or disclosure pursuant to this Notice may include electronic transfer of your health information.

### **Your Health Information Rights**

Although your health information is the physical property of the facility or practitioner that compiled it, the information belongs to you, and you have certain rights over that information. You have the right to:

- Request, in writing, a restriction on certain uses and disclosures of your health information. However, agreement with the request is not required by law, such as when it is determined that compliance with the restriction cannot be guaranteed. In addition, you have the right to request, in writing, a restriction on disclosures of health information to a health plan with respect to treatment services for which you have paid out of pocket in full. In this case, we will honor the request. It will be your responsibility to notify any other providers of this restriction.
- Request, by written authorization, to inspect or obtain a copy of your health record as provided by law.
- Request, in writing, that your health record be amended as provided by law, if you feel the health information we have about you is incorrect or incomplete. You will be notified if the request cannot be granted.
- Request that we communicate with you about your health information in a specific way or at a specific location. Reasonable requests will be accommodated.
- Request, in writing, to obtain an accounting of disclosures or a report of who has accessed your health information as provided by law. The access report will only be available after federal regulations become effective.
- Obtain a paper copy of this Notice of Privacy Practices on request.

You may exercise these rights by directing a request to the [Privacy Contact](#) listed on this Notice.

### **Our Responsibilities**

TWU Student Health Services has certain responsibilities regarding your health information, including the requirement to:

- Maintain the privacy of your health information.
- Provide you with this Notice that describes TWU Student Health Services legal duties and privacy practices regarding the information that we maintain about you.

- Abide by the terms of the Notice currently in effect.
- Inform you that the TWU Student Health Services must keep your medical records for a time required by law and then may dispose of them as permitted by law.

TWU Student Health Services reserve the right to change these information privacy policies and practices and to make the changes applicable to any health information that we maintain. If changes are made, the revised Notice of Privacy Practices will be made available at TWU Student Health Services, posted in the clinic and clinic website, and will be supplied when requested.

### **Uses and Disclosures of Health Information without Authorization**

When you obtain services from TWU Student Health Services, certain uses and disclosures of your health information are necessary and permitted by law in order to treat you, to process payments for your treatment and to support the operations of the entity and other involved providers. The following categories describe ways that TWU Student Health Services may use or disclose your information, and some representative examples are provided in each category. All of the ways your health information is used or disclosed should fall within one of these categories.

#### ***Your health information will be used for treatment***

Example: Disclosures of medical information about you may be made to doctors, nurses, technicians, practicum students or others who are involved in taking care of you at TWU Student Health Services. This information may be disclosed to other physicians who are treating you or to other health care facilities involved in your care. Information may be shared with pharmacies, laboratories or radiology centers for the coordination of different treatments.

#### ***Your health information will be used for payment***

Example: Health information about you may be disclosed so that services provided to you may be billed to an insurance company or a third party. Information may be provided to your health plan about treatment you are going to receive in order to obtain prior approval or to determine if your health plan will cover the treatment.

#### ***Your health information will be used for health care operations***

Example: The information in your health record may be used to evaluate and improve the quality of the care and services we provide. Students, volunteers, and trainees, after receiving HIPAA training, may have access to your health information for training and treatment purposes as they participate in continuing education, training, internships, and residency programs.

#### ***Business Associates***

There are some services that we provide through contracts with third party business associates. Examples include insurance agencies and practice management system services. To protect your health information, TWU Student Health Services requires these business associates to appropriately protect your information.

#### ***Continuity of Care***

In order to provide for the continuity of your care your information may be shared with other health care providers such as physical therapy agencies. Information about you may be disclosed to community services agencies in order to obtain their services on your behalf.

### **Disclosures Requiring Verbal Agreement**

Unless you give notice of an objection, and in accordance with your agreement such as naming designated emergency contact, medical information may be released to a family member or other person who is involved in your medical care when medically required for your health or safety. Information about you may be disclosed to notify a family member, legally authorized representative or other person responsible for your care about your location and general condition. This may include disclosures of information about you to an organization assisting in a disaster relief effort, such as the local law enforcement agency, so that your family can be notified

about your condition. You will be given an opportunity to agree or object to these disclosures except as due to your incapacity or in emergency circumstances.

### **Disclosures Required by Law or otherwise Allowed without Authorization or Notification**

The following disclosures of health information may be made according to state and federal law without your written authorization or verbal agreement:

- When a disclosure is required by federal, state or local law, judicial or administrative proceedings, or for law enforcement. Examples would be reporting gunshot wounds or child abuse, or responding to court orders.
- For public health purposes, such as reporting information about births, deaths, and various diseases, or disclosures to the FDA regarding adverse events related to food, medications or devices.
- For health oversight activities, such as audits, inspections or licensure investigations.
- For research purposes, when the research has been approved by an institutional review board that has reviewed the research proposal and established guidelines to provide for the privacy of your health information; or the disclosure is that of a limited data set, where personal identifiers have been removed.
- To avoid a serious threat to the health or safety of a person or the public.
- For specific government functions, such as protection of elected officials.
- For workers' compensation purposes.
- To military command authorities as required for members of the armed forces.
- To authorized federal officials for national security and intelligence activities as authorized by law.
- To correctional institutions or law enforcement officials concerning the health information of individuals, as authorized by law.

### ***Other Uses or Disclosures***

Other uses or disclosures of your health information that may be made include:

- Contacting you to provide appointment reminders for treatment or medical care, as well as to recommend treatment alternatives.
- Notifying you of health-related benefits and services that may be of interest to you.
- Contacting you about disease management programs, wellness programs, or other community-based initiatives or activities in which TWU Student Health Services participates.

### ***Breach Notification***

In certain instances, you have the right to be notified in the event that we, or one of our business associates, discover an inappropriate use or disclosure of your health information. Notice of any such use or disclosure will be made as required by state and federal law.

### ***Required Uses and Disclosures***

Under the law we must make disclosures when required by the secretary of the Department of Health and Human Services to investigate or determine our compliance with federal privacy law.

### **Uses and Disclosures Requiring Authorization**

Any other uses or disclosures of your health information not addressed in this notice or otherwise required by law will be made only with your written authorization. You may revoke such authorization at any time. Specific examples of uses or disclosures requiring authorization include such as psychotherapy notes.

### **Privacy Complaints**

You have the right to file a complaint if you believe your privacy rights have been violated. The complaint may be addressed to the privacy contact listed in this notice, or to the secretary of the Department of Health and Human Services. There will be no retaliation for registering a complaint.

The Office of Civil Rights:  
United States Dept. Of Health and Human Services  
1301 Young Street, Suite 1169  
Dallas, Texas 75202  
(800)368-1019 – toll free  
(214)767-0432 – local  
[www.hhs.gov/ocr/privacy/index.html](http://www.hhs.gov/ocr/privacy/index.html)

**Privacy Contact**

Address any questions about this notice or how to exercise your privacy rights to the applicable privacy officer contact listed below.

**TWU Student Health Services Privacy Officer Contacts:**

Constance Menard, M.D.  
Director of Student Health Services  
303 Administration Drive  
Denton, TX 76204-5467  
(940)898-3826 – phone  
(940)898-3844 – fax

Tanisha Freeman  
Associate Director of Student Health Services  
303 Administration Drive  
Denton, TX 76204-5467  
(940)898-3826 – phone  
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