

# Vassar College Health Service

## Notice of Privacy Practices

**THIS NOTICE DESCRIBES HOW HEALTH INFORMATION ABOUT YOU (MAY BE USED AND DISCLOSED, AND HOW YOU CAN GET ACCESS TO YOUR HEALTH INFORMATION.**

**PLEASE REVIEW THIS NOTICE CAREFULLY**

### **A. OUR COMMITMENT TO YOUR PRIVACY**

Vassar College Health Service is dedicated to maintaining the privacy of the students we serve. We respect your privacy. This is part of our code of ethics. In the course of your visit, we will create records regarding you and the treatment and services we provide to you. We are required by law to maintain the confidentiality of health information that identifies you and to notify you of our legal duties and your legal rights concerning your individually identifiable medical information (or “medical information”). Individually identifiable medical information means any information that we create or receive that identifies you and relates to your health. The terms of this notice apply to all records containing your medical information that are created or retained by our practice.

### **B. IF YOU HAVE ANY QUESTIONS ABOUT THIS NOTICE, PLEASE CONTACT:**

Vassar College Health Service: Irena Balawajder, M.D., Director of Health Services 845-437-5800

### **C. WE MAY USE AND DISCLOSE YOUR INDIVIDUALLY IDENTIFIABLE MEDICAL INFORMATION IN THE FOLLOWING WAYS:**

**1. Treatment.** We use your medical information in order to treat you or to assist others in your treatment. For example when information is obtained by a nurse, clinician, {a physician, nurse practitioner, physician assistant} or other members of your healthcare team this will be noted in your medical chart and will be used to determine the course of treatment that will work best for you. Members of your healthcare team will record their observations and the actions they took. In that way the clinician will know how you are responding to treatment. It may be necessary to order lab tests, x-rays or other clinical studies and we may use the results to help us reach a diagnosis. Also your medical information might be used when we order a prescription for you at the pharmacy. Finally, we may also provide information to another treatment provider should you need a referral or a specialist consultation.

**2. Payment.** We may use and disclose your medical information to arrange for payment for certain services and items you may receive from us. For example, we may contact the College Health plan insurer to certify that you are eligible for benefits, and we may provide the insurer with details regarding your treatment to determine if the insurer will cover, or pay for your treatment. We may also send your name and Health Service charges to Student Accounts to bill for services rendered.

**3. Health Care Operations.** We may use and disclose your medical information to operate the Health Service. For example records may be reviewed as part of quality assurance to ensure that we deliver appropriate treatment. This information will then be used in an effort to continually improve the quality and effectiveness of the health care and service we provide. We may use your information to conduct cost-management and business planning activities for our practice. We may disclose your medical information to other health care providers and entities to assist them in their health care operations.

**4. Appointment Reminders.** We may use your medical information to contact you and to remind you of an appointment at the Health Service.

**5. Health-Related Benefits and Services.** Our practice may use and disclose your medical information to inform you of health-related benefits or services that may be of interest to you

**6. Disclosures required By Law.** We will use and disclose your medical information when we are required to do so by federal, state or local law.

## **D. USE AND DISCLOSURE OF YOUR INDIVIDUALLY IDENTIFIABLE MEDICAL INFORMATION IN CERTAIN SPECIAL CIRCUMSTANCES**

The following categories describe unique scenarios in which we may use or disclose your medical information:

**1. Threats to Health and Safety.** In an emergency situation we may disclose your medical information when necessary to reduce or prevent a serious threat to your health and safety or the health and safety of another individual or the public.

**2. Individuals involved in your care.** You have the right to control disclosure of information about you to any other person including family members or friends but with your written consent we may disclose medical information to notify or assist in notifying a family member, friend or personal representative involved in your care. In addition, we may disclose health information about you to an organization assisting in emergency or disaster relief so that your family can be notified about your condition, status and location and in certain other circumstances where we are unable to obtain your agreement and believe the disclosure is in your best interests.

**3. Public Health Risks.** We may disclose your medical information to public health authorities that are authorized by law to collect information about you which are generally used for the following purposes:

- preventing or controlling disease, injury or disability
- notifying a person regarding potential exposure to a communicable disease
- notifying a person regarding a potential risk for spreading or contracting a disease or condition.
- reporting reactions to medications or problems with products.
- reporting child abuse or neglect
- notifying appropriate government authorities regarding the potential abuse or neglect of an adult patient including domestic violence; however, we will only disclose this information if the patient agrees or we are required by law to disclose this information

**4. Health Oversight Activities.** Our practice may disclose your medical information to a health oversight agency for activities authorized by law. Oversight activities can include, for example, investigations, inspections, audits, surveys, licensure and disciplinary actions; civil, administrative and criminal procedures or actions; or other activities necessary for the government to monitor government programs, compliance with civil rights laws and the health care system in general.

**5. Lawsuits and Similar Proceedings.** In connection with a law suit or dispute we may disclose may your medical information in response to a court or administrative order, if you are involved in a lawsuit or similar proceeding.

**6. Law Enforcement.** We may release medical information if asked to do so by a law enforcement official:

- In response to a court order or subpoena.

**7. Disclosures without written permission.** There are certain circumstances in which we may disclose your medical information without your written permission. These include,

To authorized representatives of:

- The Comptroller General of the United States;
- The Secretary;
- State educational authorities;
- The Attorney General for law enforcement purposes; and
- As otherwise required by law.

**8. Disclosures with your permission.** The privacy of your medical information will be maintained in compliance with the Family Educational Rights and Privacy Act of 1974 (“FERPA”). Your medical information will not be released without your written consent, except as allowed under FERPA.

## **E. YOUR LEGAL RIGHTS REGARDING YOUR MEDICAL INFORMATION**

You have the following legal rights regarding the medical information that we maintain about you:

**1. Confidential Communications.** You have the right to request that we communicate with you about medical matters in a certain way or at a particular location. For example you may ask that we only contact you by mail. Unless you request otherwise, our communication is usually by phone or campus mail to your on-campus phone or mailbox. When school is not in session or if you do not live on campus, we communicate by phone or mail to your home address we have on record. To request a particular method of confidential communication you must make your request in writing to the Vassar College Health Service and specify how or where you wish to be contacted. We will try to accommodate all reasonable requests. You do not need to give a reason for your request. We do not provide confidential information over email.

**2. Requesting Restrictions.** You have the right to request a restriction or limitation in our use of your medical information for treatment, payment or health care operations. Additionally, you may request that we restrict our disclosure of your medical information to only certain individuals involved in your care or the payment of your care, such as family members or friends. We are not required to agree to your request; however, if we do agree, we are bound by our agreement except when otherwise required by law, in emergencies, or when the information is necessary to treat you. To request restrictions you must make your request in writing to Medical Director, Vassar College Health Service, 845-437-5800. Your request must specify what information you want to limit, whether you want to limit our use, disclosure or both; and to whom you want the limits to apply.

**3. Inspection and Copies.** You have the right to see the records used to make decisions about you including patient medical records and billing records. In order to review and/or obtain a copy of your medical information you must submit your request in writing to Vassar College Health Service, 845-437-5800. We may charge a reasonable fee for the costs of copying and supplies associated with your request. In certain limited circumstances we may deny your request to inspect and/or copy; however, you may request a review of our denial. The healthcare professional chosen to conduct the review will not be the person who denied your request.

**4. Amendment.** If you believe your records contain information that is incorrect or incomplete, you may ask us to amend this information. You may request an amendment for as long as the information is kept by or for our practice. A note will be entered in the record to correct the error. To ask for an amendment, you must make your request in writing and submit it to Vassar College Health Service, 845-437-5800. In addition you must provide us with a reason that supports your written request otherwise your request may be denied. Also, we may deny your request if you ask us to amend information that is in our opinion: (a) accurate and complete; (b) not part of the health information kept by or for our practice; (c) not part of the medical record which you would be permitted to inspect and copy; or (d) not created by us, unless the person or entity that created the information is no longer available to make the amendment. If your request to amend your medical record is denied, you will be afforded an opportunity for a hearing to challenge the content of your medical records.

**5. Accounting of Disclosures.** All of our patients have the right to request an “accounting of disclosures.” This is a list of disclosures we made of health information about you. This list does not include disclosures that you authorize or disclosures made for the purpose of treatment, payment or our operations. In order to obtain an accounting of disclosures, you must submit your request in writing to Medical Director, Vassar College Health Service, 845-437-5800. All requests for an “accounting of disclosures” must state a time period, which may not be longer than six (6) years from the date of disclosure and may not include dates before April 14, 2003.

**6. Right to Obtain a Paper Copy of This Notice.** You are entitled to receive a paper copy of our Notice of Privacy Practices. You may ask us to give you a copy of this notice at any time and you may stop by to collect it at the front desk of the Health Service.

**7. Right to File a Complaint.** If you believe your privacy rights have been violated, you may file a complaint with our practice or with the U.S. Department of Education through the Family Policy Compliance Office at Family Policy Compliance Office, U.S. Department of Education, 400 Maryland Avenue, SW Washington, D.C. 20202-5920. **You will not be penalized for filing a complaint.**

Again, if you have any questions regarding this notice or our health information privacy policies, please contact the Medical Director, Vassar College Health Service.