



Esry Student Health Center – Blum Union 203
Missouri Western State University - 4525 Downs Drive
St Joseph, MO 64507
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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 carefully. Original effective date: April 14, 2003

I. OUR COMMITMENT TO PROTECTING HEALTH INFORMATION ABOUT YOU

In this notice, we describe the ways that we may use and disclose health information about our patients. This notice describes your rights as our patient and our obligations regarding the use and disclosure of protected health information (PHI). We are required by law to:

- Maintain the privacy of PHI about you
- Give you this notice of our legal duties and privacy practices with respect to PHI
- Comply with the terms of our Notice of Privacy Practices that is currently in effect

We reserve the right to make changes to this notice. If and when this notice is changed, we will post a copy in our office. If you request, we will also provide you with a copy. You will be asked to sign a form to show that you received this notice.

II. HOW WE MAY USE AND DISCLOSE PROTECTED HEALTH INFORMATION ABOUT YOU

The following categories describe the different ways we may use and disclose PHI without your consent or authorization:

- Treatment - to provide, coordinate, or manage your health care and related services
- Payment- so that we can bill and collect payment for the treatment and services provided to you
- Health Care Operations – in performing business activities such as reviewing/improving quality, efficiency, and cost of care provided; improving health care and lowering costs for groups of people who have similar problems and helping manage and coordinate the care of these groups of people; reviewing/evaluating the skills, qualifications, and performance of health care providers; providing training programs for students, trainees, health care providers, or non-health care professionals; quality assessment; organizations that evaluate, certify, or license health care providers or staff; cooperating with peer review, accountants, lawyers, and others who assist us in complying with the law; assisting with plans for our future operations; resolving grievances; business management; health care operations of any “organized health care arrangement” in which we participate.
- Communication From Our Office – to remind you of appointments and to provide you with information about treatment alternatives, health-related benefits and services of interest to you.

OTHER USES AND DISCLOSURES WE CAN MAKE WITHOUT YOUR WRITTEN AUTHORIZATION FOR WHICH YOU HAVE THE OPPORTUNITY TO AGREE OR OBJECT:

- Individuals Involved in Your Care or Payment for Your Care – family member, close friend, or any other person identified by you if information is directly relevant to the person’s involvement in your care.
- If you are present and able to consent or object, we may only use or disclose PHI if you do not object.
- If you are not present or unable to consent or object, we may exercise professional judgment in determining whether to use or disclose PHI in your best interests.
- We may use or disclose PHI to notify such persons of your location, general condition or death or coordinate with disaster relief agencies to make this type of notification.
- Required by Law: to federal, state, or local law to the extent that the use or disclosures complies with the law and is limited to the requirements of the law.
- Public Health Activities: to prevent or control disease, injury, or disability; to report disease, injury, birth, or death; to report child abuse or neglect; to report reactions to medications or problems with products or services regulated by the FDA; to locate and notify persons of recalls of products they may be using; to notify a person who may have been exposed to a communicable disease to control spread; to report to your employer, under limited circumstances, information related primarily to workplace injuries or illness, or workplace medical surveillance.
- Abuse, Neglect, or Domestic Violence – disclose to proper government authorities if we reasonably believe that a patient has been a victim of domestic violence, abuse or neglect.
- Health Oversight Activities – disclose PHI for oversight activities including audits, investigations, inspections, licensure and disciplinary activities to monitor the health care system, government health programs, and compliance with certain laws.
- Lawsuits and Other Legal Proceedings – when required by a court or administrative tribunal order; in response to subpoena discover requests, or other required legal process.
- Law enforcement – about a suspected crime victim if we are unable to obtain a person’s agreement because of incapacity or emergency; to alert law enforcement of a death that we suspect was the result of criminal conduct; as required by law; in response to court order, warrant, subpoena, summons, administrative agency; to identify or locate a suspect, fugitive, material witness, or missing person; about a crime or suspected crime committed at our office; in response to medical emergency not occurring at the office, if necessary, to report a crime.
- Coroners, Medical Examiners, Funeral Directors – to identify a deceased person and determine cause of death; or to funeral directors, as authorized by law so that they may carry out their jobs.
- Organ and Tissue Donations: If you are an organ donor, we may disclose PHI to organizations that help procure, locate, and transplant organs in order to facilitate an organ.

- Research – disclose PHI about you for research purposes under certain limited circumstances with your written authorization; except where a research project meets specific, detailed criteria established by HIPAA Privacy Rule.
- To Avert a Serious Threat to Health or Safety – in limited circumstances when necessary to prevent a threat to the health or safety of a person or to the public, but only to a person who is able to help prevent the threat
- Specialized Government Functions – for military and veteran activities including determination of eligibility for veterans benefits; for national security and intelligence activities; to provide protective services for the President of the United States and others; for health or safety of inmates or other law enforcement custodial situations.
- Workers' Compensation – as authorized by workers' compensation laws or other similar programs that provide benefits for work-related injuries or illness.
- Disclosures Required by HIPAA Privacy Rule – to Secretary of the United States Department of Health and Human Services when requested by the Secretary to review our compliance with the HIPAA Privacy Rule; to you upon your request to access PHI for an accounting of certain disclosures about you.
- Incidental Disclosures – permitted by the HIPAA Privacy Rule so long as we have reasonably safeguarded against such incidental uses and disclosures.
- Limited Data Set Disclosures – for purposes of research, public health, or health care operations. The person receiving the information must sign an agreement to protect the information.

OTHER USES AND DISCLOSURES OF PROTECTED HEALTH INFORMATION REQUIRE YOUR AUTHORIZATION

All other uses and disclosures of PHI will only be made with your written authorization. If you have authorized us to use or disclose PHI about you, you may later revoke your authorization at any time, except to the extent we have taken action based on the authorization.

III. YOUR RIGHTS REGARDING PROTECTED HEALTH INFORMATION ABOUT YOU

- Right to Request Restrictions – on the PHI that we may use or disclose for treatment, payment, and health care operations. You may also request additional restrictions on our disclosure of PHI to certain individuals involved in your care that otherwise are permitted.
- Right to Receive Confidential Communications – you may request that you receive communications regarding PHI in a certain manner or at a certain location.
- Right to Inspect and Copy – you may request the opportunity to inspect and receive a copy of PHI about you in certain records that we maintain including medical and billing records but not psychotherapy notes or information gathered or prepared for a civil, criminal or administrative proceeding. If you request a copy of PHI we may charge you a reasonable fee for copying, postage, labor and supplies.
- Right to Amend – you may request that we amend PHI about you as long as such information is kept by or for our office. You must submit your request in writing and give us a reason for your request.
- Right to Receive an Accounting of Disclosures – you may request an accounting of certain disclosures that we have made about you.
- Right to a Paper Copy of this Notice – you have a right to receive a paper copy of this Notice at any time. You are entitled to a paper copy of this notice even if you have previously agreed to receive this Notice electronically. To obtain a paper copy of this notice, please contact our Privacy Official listed in this notice.

IV. COMPLAINTS

If you believe your privacy rights have been violated, you may file a complaint with us or the Secretary of the United States Department of Health and Human Services. To file a complaint with our office, please contact our Privacy Official at the address and number listed below. We will not retaliate or take action against you for filing a complaint

V. QUESTIONS

If you have any questions about this Notice, please contact our Privacy official at the address and telephone number listed below.

VI. PRIVACY OFFICIAL CONTACT INFORMATION

You may contact MWSU General Counsel at the following address and phone number:

Kelli Douglas, General Counsel
 Missouri Western State University
 4525 Downs Drive
 Saint Joseph, MO 64507
 Tel: (816) 271-4255

This notice was published and first became effective on April 14, 2003.

I have received (this form) or been offered and refused, a copy of Missouri Western State University Esry Student Health Center's Notice of Privacy Practices.

Patient signature : _____ G# _____ Date: _____
 or signature of legal guardian (if patient is under 18)

Witness: _____ Date: _____