

Bucknell University Student Health Service

NOTICE OF PRIVACY PRACTICES

Effective Date: March 6, 2007

THIS NOTICE DESCRIBES HOW MEDICAL INFORMATION ABOUT YOU MAY BE USED AND DISCLOSED AND HOW TO GET ACCESS TO THIS INFORMATION. PLEASE READ IT CAREFULLY.

If you have any questions regarding this notice, you may contact our privacy officer at:

Bucknell University, Ziegler Health Center
Attn: Privacy Officer
Lewisburg, PA 17837
Telephone: (570) 577-1401 • Fax: (570) 577-3570

I. YOUR PROTECTED HEALTH INFORMATION

The Bucknell University Student Health Service (SHS) is required by the federal privacy rule to maintain the privacy of your health information that is protected by the rule, and to provide you with notice of our legal duties and privacy practices with respect to your protected health care information. We are required to abide by the terms of the notice currently in effect.

Generally speaking, your protected health information is any information that relates to your past, present or future physical or mental health condition, the provision of health care to you, or payment for health care provided to you, and individually identifies you or reasonably can be used to identify you.

Your medical and billing records at our practice are examples of information that usually will be regarded as your protected health information.

II. USES AND DISCLOSURES OF YOUR PROTECTED HEALTH INFORMATION

A. Treatment, payment, and health-care operations

This section describes how we may use and disclose your protected health information for treatment, payment, and health-care operations purposes. The descriptions include examples. Not every possible use or disclosure for treatment, payment, and health-care operations purposes will be listed.

Without your consent, we may use or disclose your protected health information in order to provide you with services and the treatment you require or request, or to collect payment for those services, and to conduct other health related health-care operations otherwise permitted or required by law. However, even with your permission, we are still required to limit such uses or disclosures to the minimal necessary amount of protected health information that is required to provide those services or to complete those activities.

1. Treatment

Examples of treatment include the provision, coordination, or management of health-care and related services to you by one or more health-care providers. Some examples of treatment uses and disclosures include:

- During an office visit, practice physicians and other staff involved in your care may review your medical record and share and discuss your medical information with each other.
- We may share and discuss your medical information with an outside provider to whom we have referred you for care or with whom we are consulting regarding your care.
- We may share and discuss your medical information with an outside laboratory, radiology center, or other health-care facility where we have referred you for testing.
- We may share and discuss your medical information with a hospital or other health-care facility where we are admitting or treating you.
- We may share and discuss your medical information with a state health agency regarding the risk of reportable communicable diseases.
- We may use a patient sign-in sheet in the waiting area which is accessible to all patients.

- We may call patients by name in the waiting room when it is time for them to be triaged or to enter an examining room.

- We may contact you to provide appointment reminders, test results or other pertinent information related to your care by mail, email or telephone. This may include leaving a message on your answering machine.

2. Payment

Payment activities include: the use and disclosure of your protected health information for our payment purposes as well as the payment purposes of other health-care providers and health plans. Payment uses and disclosures include activities conducted to obtain payment for the care provided to you or so that you can obtain reimbursement for that care from your health insurer. Some examples of payment uses and disclosures include:

- Sharing information with your health insurer to determine whether you are eligible for coverage or whether proposed treatment is a covered service
- Providing a claim form to you to submit to your health insurer
- Providing information and documentation to your health insurer to support the medical necessity of a health service
- Sharing your demographic information (for example, your address) with other health-care providers who seek this information to obtain payment for health-care services provided to you
- Providing a bill or receipt for services to a family member or other person designated as responsible for payment for services rendered to you
- Adjudicating prescription services

- Submitting charges for medication, supplies, and specialized services to student accounts

3. Health-care operations

We may use and disclose your protected health information for our health-care operation purposes as well as certain health-care operation purposes of other health-care providers and health plans. Some examples of health-care operation purposes include:

- Quality assessment and improvement activities
- Population based activities relating to improving health or reducing health-care costs
- Reviewing the competence, qualifications, or performance of health-care professionals
- Conducting training programs for medical and other students
- Accreditation, certification, licensing and credentialing activities
- Conducting other medical review, legal services, and auditing functions
- Other business management and general administrative activities, such as compliance with the federal privacy rule and resolution of patient grievances

B. Uses and disclosures for other purposes

We may use and disclose your protected health information for other purposes.

This section generally describes those purposes by category. Each category includes one or more examples. Not every use or disclosure in a category will be listed. Some examples fall into more than one category – not just the category under which they are listed.

The SHS requires your written permission to disclose this information except under special circumstances such as: (a) an emergency situation that arises which requires immediate treatment and we are unable to obtain your consent. An attempt will be made to obtain your consent as soon as possible after treatment has started. (b) there is a communication barrier and we believe you would want treatment if communication was possible (c) you are unable to provide written permission but we have your verbal agreement to do so; or (d) we can infer from the circumstances that you would not object to such disclosures. For example, if you invite your friend, personal representative or family member into the exam room with you, we will assume that you agree to our disclosure of your information while your friend, personal representative or family member is present in the room. Another example would be the telephoning of a family member, personal representative or friend to disclose medical information while you are present in the room to hear the conversation.

In extreme cases or when a life-threatening or serious emergency situation exists that prevents you from giving written or verbal permission, we may disclose your protected health information without your written or verbal permission to family members, personal representatives or friends who are involved in your care, or to others on a need-to-know basis. For example, the Dean of Students or his/her representative may be notified of

your hospitalization. Disclosure may be made to a disaster relief entity such as the Red Cross so that it can notify a family member or another person involved in your care regarding your location, general condition, or death.

1. Individuals involved in care or payment for care

We may disclose your protected health information to someone involved in your care or payment for your care, such as a spouse, a family member, or close friend. For example, if you have surgery, we may discuss your physical limitations with a family member assisting in your post-operative care.

2. Notification purposes

We may use and disclose your protected health information to notify, or to assist in the notification of, a family member, a personal representative, or another person responsible for your care, regarding your location, general condition, or death. For example, if you are hospitalized, we may notify a family member of the hospitalization and your general condition.

3. Required by law

We may use and disclose protected health information when required by federal, state, or local law. For example, we may disclose protected health information to comply with mandatory reporting requirements involving births and deaths, child abuse, disease prevention and control, vaccine-related injuries, medical device-related deaths and serious injuries, gunshot and other injuries by a deadly weapon or criminal act, driving impairments, and blood alcohol testing.

4. Other public health activities

We may use and disclose protected health information for public health activities, including:

- Public health reporting of communicable disease
- Child abuse and neglect reports
- FDA-related reports and disclosures
- Public health warnings to third parties at risk of a communicable disease or condition
- OSHA requirements for workplace surveillance and injury reports

5. Victims of abuse, neglect or domestic violence

We may use and disclose protected health information for purposes of reporting abuse, neglect or domestic violence in addition to child abuse. For example, we are required to report suspected abuse of a minor.

6. Health oversight activities

We may use and disclose protected health information for purposes of health oversight activities authorized by law. These activities could include audits, inspections, investigations, licensure actions, and legal proceedings. For example, we may comply with the Drug Enforcement Agency inspection of patient records.

7. Judicial and administrative proceedings

We may use and disclose protected health information for judicial and administrative proceedings in response to a court order or subpoena, discovery request or other lawful process, but only if we are assured that efforts have been made to inform you about the request or to obtain an order protecting the information requested. We may use and disclose health information in defending or asserting a lawsuit at the Student Health Service. For example, we may comply with a court order to testify in a case at which your medical condition is at issue.

8. Law enforcement purposes

We may use and disclose protected health information for certain law enforcement purposes including to:

- Comply with legal process, for example, a search warrant
- Comply with a legal requirement, for example, mandatory reporting of gun shot wounds
- Respond to a request for identification/location purposes
- Respond to a request for information about a crime victim
- Report a death suspected to have resulted from criminal activity
- Provide information regarding a crime on the premises
- Report the location of the crime or victims; or the identity, description, or location of the person who committed the crime, in emergency circumstances

9. Coroners and medical examiners

We may use and disclose protected health information for purposes of providing information to a coroner or medical examiner for the purpose of identifying a deceased patient, determining a cause of death, or facilitating their performance of other duties required by law.

10. Funeral directors

We may use and disclose protected health information for purposes of providing information to funeral directors as necessary to carry out their duties.

11. Organ and tissue donation

For purposes of facilitating organ, eye and tissue donation and transplantation, we may use protected health information and disclose protected health information to entities engaged in the procurement, banking, or transplantation of cadaver organs, eyes, or tissue.

12. Threat to public safety

We may use and disclose protected health information for purposes of involving a threat to public safety, including protection of a third party from harm and identification and apprehension of a criminal. Any disclosure, however, would only be to someone able to help prevent that threat. For example, in certain circumstances, we are required by law to disclose information to protect someone from imminent serious harm.

13. Specialized government functions

We may use and disclose protected health information for purposes involving specialized government functions including:

- Military and veterans activities
- National security and intelligence
- Protective services for the President and others
- Medical suitability determinations for the Department of State
- Correctional institutions and other law enforcement custodial situations

14. Workers' compensation and similar programs

We may use and disclose protected health information as authorized by and to the extent necessary to comply with laws relating to workers' compensation or similar programs, established by law, that provide benefits for work-related injuries or illness without regard to fault. For example, this would include submitting a claim for payment to your employer's workers' compensation carrier if we treat you for a work-related injury.

15. Business associates

Certain functions of the practice are performed by a business associate such as a billing company, an accountant firm, or a law firm. We may disclose protected health information to our business associates and allow them to create and receive protected health information on our behalf. We require these associates to agree that they will protect the privacy of your health information in the same manner as we do. For example, we may share with our drug prescription billing company information regarding your care and payment for your care so that the company can adjudicate claims on your behalf.

16. Creation of de-identified information and research

We may use protected health information about you in the process of de-identifying the information. For example, we may use your protected health information in the process of removing those aspects which could identify you so that the information can be disclosed to a researcher without your authorization.

In addition, we may use and disclose health information about you for research purposes. A research project may involve comparing the health and recovery of all patients who receive one medication in comparison to another, for the same condition. All research projects are subject to a special approval process. This process evaluates a proposed research project and its use of health information, trying to balance the research needs with a patient's needs for privacy of their health information. Before we use or disclose health information for research, the project will be approved through this research approval process.

17. Incidental disclosures

We may disclose protected health information as a by-product of an otherwise permitted use or disclosure. For example, other patients may overhear your name being paged in the waiting room.

C. Uses and disclosures with authorization

For all other situations which do not fall under a category as previously listed, we will obtain your written authorization to use or disclose your protected health information. Further, we are required to use or disclose your protected health information consistent with the terms of your authorization. You may revoke your authorization to use or disclose protected health information at any time, except to the extent that we have relied on the authorization. An example is research. In the event that the SHS participates in research of any kind, a thorough description of the project will be available to participants, and written permission will be required for protected health information disclosure and demographic information.

III. PATIENT PRIVACY RIGHTS

A. Further restriction on use or disclosure

You have the right to request that we further restrict or limit use and disclosure of your protected health information to carry out treatment, payment, or health-care operations to someone who is involved in your care, payment for your care, or for notification purposes. We will consider your request but are not legally required to accept it.

To request a further restriction, you must submit a written request to our privacy officer. The request must tell us: (a) what information you want restricted; (b) how you want the information restricted; and (c) to whom you want the restriction to apply. If approved, we will abide by the request, except in emergency situations. You may not limit the uses and disclosures that we are legally required or allowed to make.

B. Confidential communication

You have a right to request that we communicate your protected health information to you by a certain means or at a certain location. For example, you might request that we only contact you by mail. We are not required to agree to requests for confidential communications that are unreasonable.

To make a request for confidential communications, you must submit a written request to our privacy officer. The request must tell us how and/or where you want to be contacted. In addition, if another individual or entity is responsible for payment, the request must explain how payment will be handled.

C. Accounting of disclosures

Beginning June 16, 2003, you have a right to obtain, upon request, an "accounting" of certain disclosures of your protected health information by this practice or a business associate acting on our behalf.

To request an accounting you must submit a written request to our privacy officer. The request should designate the applicable time period, which may not be longer than six (6) years, and may not include dates prior to June 16, 2003. We are not required to provide an accounting of disclosures for the following purposes: (a) treatment, payment or health-care operations; (b) disclosures pursuant to your written authorization;

(c) disclosures to you; (d) facility directory or to others involved in your care; (e) national security or intelligence purposes; and (f) to correctional institutions.

The first list you request will be free. For additional lists, we may charge you for the cost of providing the list. We will notify you of the cost involved and you may choose to withdraw, or modify your request, at that time, before any costs are incurred.

D. Inspection and copying

You have a right to inspect and obtain a copy of your protected health information that we maintain in a designated records set, for example, medical records, billing log and any other record "used to make decisions" regarding your care. This right is subject to limitations and we may impose a charge for the labor and supplies involved in providing copies. If you are denied access you may request that the denial be reviewed.

To exercise this right of access, you must submit a written request to our privacy officer. The request must: (a) describe the health information to which access is requested, (b) state how you want to access the information, such as inspection, pick-up of copy, or receive by mail, (c) specify any requested form or format, such as paper copy or an electronic means, and (d) include the mailing address, if applicable.

E. Right to amendment

You have a right to request that we amend protected health information that we maintain about you in a designated records set if the information is incorrect or incomplete. This right is subject to limitations. We may also deny your request if the information sought to be amended was: (a) not created by us, unless the person or entity that created the information is no longer available to make the amendment; (b) not part of our records; (c) not allowed to be disclosed; or (d) accurate and complete. Our written denial will state the reasons for the denial and explain your right to request that your request and our denial be attached to all future disclosures of your protected health information.

To request an amendment, you must submit a written request to our privacy officer. The request must specify each change that you want and provide a reason to support each requested change.

IV. CHANGES TO THIS NOTICE

We reserve the right to amend this Notice of Privacy Practices at any time. We further reserve the right to make any change effective for all protected health information that we maintain at the time of the change — including information that we created or received prior to the effective date of the change.

We will post a copy of our current notice in the waiting room. Patients may review the current privacy notice during daily operational hours with a staff member or the privacy officer.

You have a right to receive, upon request, a paper copy of our Notice of Privacy Practices. To obtain a paper copy, contact our privacy officer.

V. COMPLAINTS

If you believe that we have violated your privacy rights, you may submit a complaint to our practice or the Secretary of Health and Human Services. To file a complaint with the practice, submit the complaint in writing to our privacy officer. A complaint must name the entity that is the subject of the complaint and describe the acts or omissions believed to be in violation of the applicable requirements of the Health Insurance Portability and Accountability Act, HIPAA or this Privacy Policy. You will not be penalized for filing a complaint.

VI. LEGAL EFFECT OF THIS NOTICE

This notice is not intended to create contractual or other rights independent of those created in the federal privacy rule.

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