



Notice of Medical Privacy Practices

This notice describes how medical information about you, a Newberry College student, may be used and disclosed and how you may access this information. The Newberry College Health and Counseling Services office is required by healthcare laws (HIPPA), to protect health information about you. We may use and disclose health information for the following purposes:

For Treatment. We may use health and/or mental health information about you to provide you with medical treatment or services. We may disclose health and/or mental health information about you to doctors, nurses, technicians, staff or other personnel who are involved in taking care of you to coordinate your care.

For payment. We may use and disclose health and/or mental health information about you so that the treatment and services you receive from the physician may be billed for payment, collected from you, an insurance company or a third party. We may inform your health plan about a treatment you are going to receive to obtain prior approval or to determine whether your plan will pay for the treatment

For Health Care Operations. We may use and disclose health information about you in order to make sure that you and our other patients receive quality care. For example, we may use your health information to evaluate the performance of our staff in caring for you. We may also use health information about all or many of our patients to help us decide what additional services we should offer, how we can become more efficient, or whether certain new treatments are effective. We will ask you for your permission for any access to your name, address or other information that reveals who you are, or will be involved in your care. We may also contact you for appointment reminders.

SPECIAL SITUATIONS

We may use or disclose health and/or mental health information about you for the following purposes, subject to all applicable legal requirements and limitations:

To Avert a Serious Threat to Health or Safety. We may use and disclose health and/or mental health information about you when necessary to prevent a serious threat to your health and safety or the health and safety of the public or another person.

Required By Law. We will disclose health and/or mental health information about you when required to do so by federal, state or local law.

Research. We may use and disclose health information about you for research projects that are subject to a special approval process. We will ask you for your written permission if the researcher will have access to your name, address or other information that reveals who you are, or will be involved in your care

Organ and Tissue Donation. If you are an organ donor, we may release health information to organizations that handle organ procurement or organ, eye or tissue transplantation or to an organ donation bank, as necessary to facilitate such donation and transplantation.

Military, Veterans, National Security and Intelligence. If you are or were a member of the armed forces, or part of the national security or intelligence communities, we may be required by military command or other government authorities to release health and/or mental health information about you. We may also release information about foreign military personnel to the appropriate foreign military authority.

Workers' Compensation. We may release health information about you for workers' compensation or similar programs if you have filed a claim. These programs provide benefits for work-related injuries or illness.

Public Health Risks. We may disclose health information about you for public health reasons in order to prevent or control disease, injury or disability; or report births, deaths, suspected abuse or neglect, non-accidental physical injuries, reactions to medications or problems with products.

Health Oversight Activities. We may disclose health information to a health oversight agency for audits, investigations, inspections, or licensing purposes. These disclosures may be necessary for certain state and federal agencies 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 and/or mental health information about you in response to a court or administrative order. Subject to all applicable legal requirements, we may also disclose health information about you in response to a subpoena. **Law Enforcement.** We may release health and/or mental health information if asked to do so by a law enforcement official in response to a court order, subpoena, warrant, summons or similar process, subject to all applicable legal requirements.

Coroners, Medical Examiners and Funeral Directors. We may release 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.

Family and Friends. We may disclose health information about you to your family members or friends if we obtain your signed agreement to do so. We may also disclose health information to your family or friends if we can infer from the circumstances, based on our professional judgment that you would not object. For example, we may assume you agree to our disclosure of your personal health information to your spouse when you bring your spouse with you into the exam room or the hospital during treatment or while treatment is discussed. In situations where you are not capable of giving consent (because you are not present or due to your incapacity or medical emergency), we may, using our professional judgment, determine that a disclosure to your family member or friend is in your best interest. In that situation, we will disclose only health information relevant to the person's involvement in your care.

OTHER USES AND DISCLOSURES OF HEALTH INFORMATION We will not use or disclose your health information for any purpose other than those identified in the previous sections without your specific, written *Authorization*. If you give us *Authorization* to use or disclose health information about you, you may revoke that *Authorization*, in writing, at any time. If you revoke your *Authorization*, we will no longer use or disclose information about you for the reasons covered by your written *Authorization*, but we cannot take back any uses or disclosures already made with your permission. In some instances, we may need specific, written authorization from you in order to disclose certain types of specially-protected information such as HIV, substance abuse, mental health, and genetic testing information for purposes such as treatment, payment and healthcare operation.



Notice of Medical Privacy Practices Summary of Your Rights to Privacy

You have the following rights regarding your Protected Health Information:

You have the 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 it electronically, you are still entitled to a paper copy. You may also find a copy of this Notice in the Wellness Center building and on the Health Services page of WolfDen.

You have the right to receive changes to this notice. We reserve the right to change this notice, and to make the revised or changed notice effective for medical information we already have about you as well as any information we receive in the future. We will post the current notice at our location(s) with its effective date at the bottom of the 2nd page and on WolfDen. You are entitled to a copy of the notice. We will inform you of any significant changes to this notice. This may be through a sign prominently posted in the Wellness Building and upon your office visits.

You have a right to file a complaint. If you believe your privacy rights have been violated, you may submit a complaint in writing to the Office of Human Resources of Newberry College, located in Holland Hall or with the Office for Civil Rights-U.S. Department of Health & Human Services. No retaliatory action will be taken against you.

You have the right to request restrictions on uses and disclosures of PHI about you.

You have the right to request alternate ways to communicate with you

You have the right to request an amendment to PHI about you.

You have the right to a listing of disclosures we have made about you.

You have the right to notice of a privacy breach.

You have the right to opt out of receiving fundraising communications.

You have the right to have disclosures of any psychotherapy notes, sale of PHI, and marketing disclosures, only on the basis of an authorization signed by you.

I, _____ have received a copy of the Newberry College Notice of Medical Privacy Practices.

Breach Notification. If there is a breach of unsecured PHI concerning you, we are required to notify you of this breach, including what happened and what you can do to protect yourself.

I, _____, authorize [Newberry College Health and/or Counseling Services to provide notice to me by telephone or verbally in the event of a breach of my protected health information (PHI) by Newberry College. Such conversation shall be documented by the Newberry College Health and Counseling Services office.

Pursuant to the Health Insurance Portability and Accountability Act of 1996 (HIPAA) Final Rule modifying the HIPAA Privacy, Security, Enforcement and Breach Notification Rules, the verbal or telephonic notice provided to me pursuant to this authorization shall not be simply for the administrative convenience of the Newberry College Health and Counseling Services office.

This revision to the Newberry College Health Services Privacy Notice went into effect on September 1, 2016 and updated on 2/4/2020.