

NOTICE OF PRIVACY PRACTICES FOR PROTECTED HEALTH INFORMATION

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

The Health Insurance Portability and Accountability Act (HIPAA) requires us to ensure that your health information is kept private. It also requires us to give you this Notice which explains our legal responsibilities, privacy practices, your health information rights and how your health information may be used and disclosed. We will not use or disclose your health information without your consent or authorization except as required by law or described in this Notice.

We reserve the right to change this Notice and our privacy practices in the future. Any changes made will apply to all of the health information we have about you at that time. If we make a change, we will post a Notice in our building. Upon request, we will give you a copy of the new Notice. You can also read about these changes on our web site at www.gram.edu.

HOW YOUR HEALTH INFORMATION MAY BE USED OR DISCLOSED FOR TREATMENT, PAYMENT, AND HEALTH OPERATIONS:

- **Treatment.** Your health information is used by our doctors, nurses and other healthcare providers involved in your care. For example, our providers use your health information to diagnosis your condition and to develop an appropriate treatment plan. If there is a need to refer you to an outside healthcare provider, your health information may be disclosed to that provider to assist him/her with your care.
- **Payment.** Your health information may be used by our Business Office to prepare a bill for you, your insurance company, or any person you designate to be responsible for all or part of your payment. The bill may contain information that identifies you, as well as information about your diagnosis, treatment or procedures that may have been done.
- **Healthcare Operations.** Our healthcare providers, the risk management or quality improvement coordinators or members of the quality improvement team may use information in your health record to assess the care and outcome(s) in your case and others like it. This information will then be used in an effort to continually improve the quality and effectiveness of the healthcare and services we deliver. In addition, students, trainees, or other healthcare personnel, who come to our facility to learn to practice or improve their skills under our supervision, may have access to your health information.

OTHER PERMITTED USES AND DISCLOSURES:

We may disclose all or part of your health information to persons as follows:

- **You.** In order to get your health information, you will need to complete a Release of Information Form. You may be charged a small fee for some or all of the copies.
- **People You Designate.** We will release your health information to individuals upon your request. You will need to complete a Release of Information Form.
- **Our Business Associates.** Business associates are companies or people we contract with to perform certain services for us. Examples include auditors, attorneys and individuals providing management, analysis, transcriptions, utilization review, or other similar services. Business associates are required to take reasonable steps to protect the privacy of your health information.
- **The Secretary of the United States Department of Health and Human Services.** The Secretary has the right to see your records in order to ensure we comply with the law.
- **Public Health.** As required by law, we may disclose your health information to public health or legal authorities who are responsible for preventing or controlling disease, injury, or disability and for maintaining vital statistics.
- **Food and Drug Administration (FDA).** We may disclose to the FDA information relative to adverse events with respect to food, supplements, product and product defects, or post marketing surveillance information to enable product recalls, repairs or replacement.
- **Law Enforcement.** We may disclose certain health information as required by law or in response to a valid subpoena.
- **Health Oversight Agencies.** We may disclose your health information to agencies during the course of audits, investigations, inspections, licensure and other proceedings.
- **Judicial and Administrative Proceedings.** We may disclose your health information in the course of any off-campus administrative or judicial proceeding. For example, if you are involved in a lawsuit or a dispute, we may disclose your health information with your authorization or a court or administrative order.
- **Public Safety.** We may disclose your health information to appropriate persons in order to prevent or lessen a serious and imminent threat to the health or safety of a particular person or the general public.
- **Coroners and Funeral Directors.** We may disclose health information about persons who have died to coroners, health examiners and funeral directors, as allowed by law.

- **Organ Transplant Services.** We may reveal health information to agencies that are responsible for harvesting and transplanting organs.
- **Research.** We may reveal your health information in connection with certain research activities which have been approved by an institutional review board that has reviewed the research proposal and established protocols to ensure the privacy of your health information.
- **Specialized Government Functions.** We may disclose your health information for certain military and national security purposes.
- **Required by Law.** We may reveal your health information in any circumstance required by law.
- **University Officials.** If you contract a communicable disease, we may reveal your health information to University officials so that appropriate plans can be implemented to prevent the spread of the disease.
- **Marketing.** We may contact you to provide information about our services that may be of interest to you or to remind you of scheduled appointments.
- **Family and Friends.** Using their best judgment, our healthcare professionals may disclose to an immediate family member, other relative, close personal friend, or any person you identify health information relevant to that person's involvement in your care. We may use or disclose information concerning your location and general condition to notify or assist in notifying a family member, personal representative, or another person responsible for your care. We also reserve the right to discuss your health information with a designated care giver in the event you are incapacitated.
- **Disaster Relief.** We may reveal your health information to a public or private disaster relief organization assisting with an emergency.

OTHER RIGHTS REGARDING YOUR HEALTH INFORMATION:

- You have the right to request to receive your health information through a reasonable alternative means or at an alternative location. For example, you may want us to contact you only at work, or home, or you may not want us to call you at all. If your request is reasonable, we must honor it. If we agree to your request, we must comply with it until we tell you that we will no longer do so.
- You have the right to inspect your health information and to obtain a copy of it. We can charge you a reasonable amount for the copy. Your right to look at and copy your health records is contingent upon certain criteria. For example, we can ask you to make your request in writing or, if you come in person, to do so at certain times of the day.
- You have the right to ask us to amend your health information. For example, if you think that we made a mistake in the information we documented about you, you can notify us. If we do not agree to amend your record, we will tell you why, in writing, and give you information about your rights.
- You have the right to revoke any authorization you may have given to us to use or disclose your health information, except to the extent that the action has already been taken.
- You have the right to be told to whom we have given your health information in the previous six (6) years. This does not apply to all disclosures. For example, if we disclose your health information to an individual responsible for your medical care or financial obligations, we do not have to keep a record of such transactions.
- You have the right to request a restriction on certain uses and disclosures of your health information. The Student Health Center is not required to agree to the requested restriction.

Note: The above requests must be made in writing and submitted to the Student Health Center, Foster-Johnson Health Center, Post Office Box 4251, Grambling, LA 71245, (318) 274-2351.

- You have the right to get a copy of this notice at no charge. Ask the receptionist at the sign in desk for a copy.

If you have questions and would like additional information, you may contact the Student Health Center.

If you believe your privacy rights have been violated, you can file a complaint with the Director of Student Health or with the Secretary of the United States Department of Health and Human Services. You will not be penalized in any way if you choose to file a complaint.