

STATEMENT OF PRIVACY POLICIES AND PRACTICES

I. PURPOSE/OBJECTIVE

This notice describes how medical information about you may be used and disclosed and how you can get access to this information as required by the Health Insurance Portability & Accountability Act (HIPAA). Please review it carefully.

II. STATEMENT OF POLICIES

A. Understanding Your Medical Records/Health Information

Every time you visit Student Health Services at Grambling State University a record of your visit is made. This record typically contains information about your symptoms, examinations, test results, medications you take, your allergies, and the plan of care for you, as well as other information that pertains to your health or demographics. This information is referred to as your health or medical record, and contains personal health information that state and federal laws regulate for the protection of your privacy.

B. Uses and Disclosures of Health Information

The staff of Student Health Services will use your information for:

1. TREATMENT: All medical personnel involved in your care will have access to and document in your medical record. This includes the Health Services staff as well as referral physicians.

2. PAYMENT: Your health plan may request and receive information on dates of service, the services provided, and the medical condition being treated in order to pay for services rendered to you that involve initial treatment at the health center.

3. HEALTH OPERATIONS: Your record may be used as necessary to support the regular health operations and management of Student Health Services, such as quality review, assessment of care, results of care, educational or training purposes, budgeting, and financial reporting.

4. BUSINESS ASSOCIATES: This includes entities that we contract to provide services for us. However, we require the same protection of your medical record from business associates.

5. COMMUNICATION WITH FAMILY/OTHERS: Due to the nature of our field, we will use our best judgment when disclosing health information to a family member, other relatives, or any other person involved in your care, or that you have authorized to receive this

information. Please inform Health Services when you do not want a family member or other individual to have authorization to receive your information.

6. **RESEARCH/TEACHING/TRAINING:** We may use your information for the purpose of research, teaching, and training. All research projects are subject to a special approval process.

7. **AS REQUIRED BY LAW:** We may disclose health information to the following types of entities, but not limited to:

Healthcare Oversight Agencies

Food and Drug Administration Public Health or Legal Authorities charged with preventing or controlling disease, injury or disability Law

Enforcement agencies for reporting, investigations, etc.

Workers Compensation Agents

Organ & Tissue Donation Organizations

Military Command Authorities

Funeral Directors, Coroners and Medical Directors

National Security & Intelligence Agencies

Protective Services for the President and Others

to avoid a serious threat to the health/safety of a person/the public

8. **OTHER USES AND DISCLOSURES:** Disclosure of your health information or its use for any purpose other than those listed above requires your specific written authorization. If you change your mind after authorizing a use or disclosure of your information, you may submit a written revocation of the authorization. However, your decision to revoke the authorization will not affect or undo any use or disclosure of information that occurred before you notified us of your decision.

FOR MORE INFORMATION OR TO REPORT A PROBLEM CONTACT:

Director of Student Health
Foster-Johnson Health Center
Grambling State University
403 Main Street, Box 4251
Grambling, LA 71245

or
Office of Civil Rights
U.S. Dept. of Health & Human
Services
200 Independence Ave., S.W.
Room 509F, HHH Building
Washington, DC 20201

Revised: January 15, 2008