Your Protected Health Information (PHI)

Your PHI is protected by law and includes any information, oral, written or recorded, that is created or received by certain health care entities, which includes health care providers (such as hospitals and physicians), health insurance companies or health plans. The law specifically protects health information that contains data such as: name, address, social security number, and any other information that could be used to identify you as an individual patient who is associated with that particular health information.

Uses or Disclosure of Your PHI

Generally, we may use or disclose your PHI without your permission. In addition, once your permission has been obtained, we are only allowed to disclose your PHI in accordance with the specific terms of that permission. The circumstances under which we are permitted by law to use or disclose your PHI are described below.

Without Your Consent

When using or disclosing your PHI, with or without your consent, we are required to disclose the minimum amount necessary that is reasonably required to provide those services or complete those activities.

For Treatment: We may use or disclose your PHI in order to provide medical treatment to you and to coordinate or manage your health care and related services. For example, we may use and disclose your PHI to other health care providers when you need a prescription, lab tests, x-rays or other health care services.

For Payment: We may use or disclose PHI to another provider for treatment such as when referring you to a specialist.

For Reminders or Information About Services: We may use or disclose information to notify or assist in a disaster relief effort so that your family can be notified of your location and general condition. Even if you object, we may still share medical information about you if necessary for emergency circumstances.

Other Uses With Your Specific Authorization

As Required By Law: We may use or disclose your PHI to the extent that such use or disclosure is required by law and the use or disclosure complies with and is limited to the relevant requirements of such law such as: public health activities, reporting to social services in the case of abuse, neglect or domestic violence, health oversight activities (audits, civil, criminal or judicial investigations), law enforcement activities, military and veterans activities, matters of national security and to avert a serious threat to health or safety.

Other Uses With Your Specific Authorization

Except as otherwise permitted or required, we...
Right to Amend Your PHI

Under HIPAA, you have certain rights with respect to your PHI. The following is a brief overview of those rights and our duties as health professionals to enforce those rights.

Right To Request Restrictions On Use Or Disclosure
You have the right to request restrictions on certain uses and disclosures of your PHI. You may request restrictions in writing to our Privacy Officer on the following uses or disclosures: a) to carry out treatment, payment, or health care operations; b) disclosures to family members, relatives, or close personal friends of PHI directly relevant to your care, or payment related to your health care, or your location, general condition or death; c) instances in which you are not present or your incapacity or an emergency circumstance; d) permitting others to act on your behalf to pick up filled prescriptions, medical supplies, X-rays or other similar forms of PHI; or e) disclosure to a private entity authorized by law or by your charter to assist in disaster relief efforts.

While we are not required to agree to any requested restriction, if we agree to a particular restriction we will not accept a request to restrict such restriction, except in certain emergency situations. We will not accept a request to restrict uses or disclosures that are otherwise required by law.

Right To Inspect & Copy Your PHI
You have the right to request and must receive a summary or explanation of your PHI contained in your designated record set, except for: a) psychotherapy notes, b) information complied in reasonable anticipation of, or for use in, a civil, criminal, or administrative action or proceeding, and c) health information maintained by us to the extent to which the provision of access to you would be prohibited by law. We may require written requests. We may require you to provide access to your PHI in the form or format requested by you, if it is readily producible in such form or format, or, if not, in a readable hard copy form or similar form or format. We will provide you with a summary of the PHI requested, in lieu of providing access to the PHI or may provide an explanation of the PHI to which access has been provided, if you agree in advance to such a summary or explanation and agree to the fees imposed for such summary or explanation. We will provide you with access as requested in a timely manner, including arranging with you a convenient time and place to inspect or obtain copies of your PHI, or mailing a copy to you at your request. We will discuss the scope, format and other aspects of your request for access as necessary to facilitate timely access. If you request a copy of your PHI or agree to a summary or explanation of such information, we may charge a reasonable cost-based fee for copying, preparation, and a description of how you may file a complaint with us. If we do not maintain the information that is the subject of your request for access but we know where the requested information is maintained, we will inform you of where to direct your request for access.

Right To Request Restrictions On Use Or Disclosure
You have the right to request that we amend your PHI or a record about you contained in your designated record set for as long as the designated record set is maintained by us. We have the right to deny your request as a condition of providing communications of your PHI. We require a written request and must accommodate reasonable requests by you to receive communications of PHI from us by alternative means or at alternative locations.

Right To Inspect & Copy Your PHI
You have the right to request that we amend your PHI within a reasonable time to persons that we know have the information to your detriment. All requests for amendment shall be sent to:

Attn: Privacy Officer, University Health Services, Florida State University, Tallahassee, FL 32306, (850) 644-5523

Right To Receive Your PHI Accounting Of Disclosures
You have the right to receive a written accounting of all disclosures of your PHI that we have made within a period of time less than six (6) years from the date of the request. Such disclosures will include the date of each disclosure, the name and, if known, the address of the entity or person who received the information, a brief description of the information disclosed, and a brief statement of the purpose and basis of the disclosure, or, in lieu of such statement, a copy of your written authorization or a request for disclosure pertaining to such information. We are not required to provide accountings of disclosures for the following purposes: a) treatment, payment and health care operations, b) disclosures pursuant to your authorization, c) disclosures to avert a serious threat to health or safety of individuals involved in your care, d) for national security or intelligence purposes, f) to correctional institutions. We will provide the first accounting to you in any twelve (12) month period without charge but will impose a reasonable cost-based fee for responding to each subsequent request for accounting within that same twelve (12) month period. All requests for an accounting shall be sent to:

Attn: Privacy Officer, University Health Services, Florida State University, Tallahassee, FL 32306,

Complaints
You may file a complaint with us and with the Secretary of DHHS if you believe that your privacy rights have been violated. You may file your complaint with DHHS at the Office for Civil Rights, DHHS, 61 Forsyth St. SW. - Suite 3B70, Atlanta, GA 30303-8909, (404) 562-7886. You may submit your complaint in writing by mail to our privacy officer at University Health Services, Florida State University, Tallahassee, FL 32306, (850) 644-5523 or e-mail using our e-comment card at www.ubs.fsu.edu. 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