

## Amendments To This Policy

We reserve the right to revise or amend this Privacy Policy at any time. These revisions or amendments may be made effective for all PHI we maintain even if created or received prior to the effective date of the revision or amendment. We will provide you with notice of any revisions or amendments to this Privacy Policy or changes in the law affecting this Privacy Notice by posting to our website notice of the revision or amendment.

## On-Going Access To Privacy Policy

We will provide you with a copy of the most recent version of this Privacy Policy at any time. Send a written request to the Privacy Officer at University Health Services, Florida State University, 960 Learning Way Tallahassee, FL 32306, or make a phone request at 850-644-6230. An electronic version of this Privacy Policy is also available on our website: [www.uhs.fsu.edu](http://www.uhs.fsu.edu).

**This Notice of Privacy Policy is being provided to you as a requirement of a federal law, the Health Insurance Portability and Accountability Act (HIPAA) of 1996. HIPAA requires UHS [by law] to maintain the privacy of your Protected Health Information (PHI) and to provide you with notice of University Health Services' legal duties and privacy policies with respect to your PHI. We are required by law to abide by the terms of this Privacy Notice.**

Effective April 14, 2003  
As Amended January 25, 2013



## University Health Services

Florida State University  
Health & Wellness Center  
960 Learning Way  
Tallahassee, Florida 32306-4178

**Appointments  
Information  
TDD** **850-644-4567  
850-644-6230  
850-644-2383**

**Website** **[uhs.fsu.edu](http://uhs.fsu.edu)**

Available in an alternative format upon request.



# Notice of Privacy Policy



## 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 Disclosures of Your PHI

Generally, we may not 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 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.

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

**For Payment:** We may use or disclose your PHI in order to bill and receive payment for services. For example, a bill may be sent to your insurance company, which includes medical information. We may also notify your health plan about a treatment you are expected to receive in order to receive prior approval.

We may use or disclose information to consumer reporting agencies relating to the collection of premiums or reimbursements.

**For Health Care Operations:** This is necessary to ensure all patients receive quality care. For example, medical staff may use the information for training and staff evaluation purposes and to assess the treatment outcomes. We may disclose your PHI to our business associates to carry out treatment, payment or health care operations. We employ business associates to perform certain jobs such as diagnostic testing and evaluation and billing. We disclose the minimum amount of information necessary for our

business associates to perform the services for which they were hired. Our business associates are legally required to follow the same privacy laws that we follow.

We may contact you to provide appointment reminders or information about treatment alternatives or other health related benefits and services that maybe of interest to you.

**Unless we receive an objection from you, we may use or disclose your PHI in the following ways:**

We may use or disclose information to notify or assist in notifying a family member, legal representative, or another person responsible for your care.

We may disclose information about you to an entity assisting in 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.

We may use or disclose your PHI to a regional health information organization (RHIO). We are a participant in the Big Bend RHIO and, as such, share certain patient information with other participants. Should you require treatment at another participating facility, that provider may gather health information through this system in order to provide treatment.

**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 laws 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 may not use or disclose your PHI without your written authorization. We are prohibited from the sale of protected health information without the express written authorization of the individual, as well as the other uses and disclosures for which the rule expressly requires the individual's authorization (i.e. marketing and disclosure of psychotherapy notes as appropriate). Further we are only allowed to use or disclose your PHI in accordance with the terms of such authorization. You may revoke your authorization to use or disclose PHI any time, with the exception of a) actions already taken in reliance on such authorization, or, b) if you provided the authorization as a condition of obtaining health insurance coverage, in which case other laws are in effect that provide the insurer with the right to contest a claim under the policy.

## **Your PHI Rights**

*Under HIPAA, you have certain rights with respect to your PHI. The following is a brief overview of those rights and 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 disclosure of your PHI. You may request restrictions in writing to our Privacy Officer on the following uses and disclosures: a) to carry out treatment, payment or health 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 which you are not present or your permission cannot practicably be obtained due to your incapacity or an emergency circumstance; d) permitting others to action your behalf to pick up filled prescriptions, medical supplies, X-rays or other similar forms of PHI; or e) disclosure to public or private entity authorized by law or by its charter to assist in disaster relief efforts; or f) to restrict disclosures of protected health information to a health plan with respect to health care for which the individual has paid out of pocket in full. While we are not required to agree to all requested restriction(s), if we agree to a particular restriction we are bound not to use or disclose your PHI in violation of 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 Receive Confidential Communications**

You have the right to receive confidential communications of your PHI. We require a written request. In addition, we may condition the provision of confidential communications on you providing us with information as to how payment will be handled and specification of an alternative address or other means of contacting you. We may require that a request contain a specific statement that disclosure of all or part of the information to which the request pertains could endanger you. We cannot require you to provide an explanation of the basis for your request as a condition of providing communications to you on a confidential basis. We must permit you to 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**

Your designated record set is a group of records we maintain that includes: medical records and billing records about you; enrollment and payment records; claims adjudication and case or medical management record systems. You have the right of access in order to inspect and obtain a copy of your PHI contained in your designated record set, except for: a) psychotherapy notes, b) information compiled 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 must provide you with 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 may 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, postage (if you request a mailing), and the costs of preparing an explanation or summary as agreed upon in advance. We reserve the right to deny you access to and copies of certain PHI as permitted or required by law. (To the extent possible, we will attempt to accommodate any reasonable request for PHI by giving you access to other PHI after excluding the information which we have grounds to deny access.) Upon denial of a request for access or request for information, we will provide you with a written denial specifying the legal basis for denial, a statement of your rights, 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 Amend Your PHI**

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 for amendment, if: a) we determine that the information or record that is the subject of the request was not created by us, unless you provide a reasonable basis to believe that the originator of the information is no longer available to act on the request amendment, b) the information is not part of your designated record set maintained by us, c) the information is prohibited from inspection by law, or d) the information is accurate and complete. We require that you submit a written request and provide a reason to support the requested amendment. If we deny your request, we will provide you with a written denial stating the basis of the denial, your right to submit a written statement disagreeing with the denial, and the description of how you may file a complaint with us or the Secretary of the U.S. Department of Health and Human Services (DHHS). (This denial will also include a notice that if you do not submit a statement of disagreement you may request that we include your request for amendment and denial with any future disclosures of your PHI that are the subject of the requested amendment.) Copies of all requests, denials, and statements of disagreement will be included in your designated record set. (If we accept your request for amendment, we will make reasonable efforts to persons identified by you as having received your PHI prior to amendment and persons that we know have the PHI that is the subject of the amendment and that may have relied or could foreseeably rely on such information to your detriment.) All requests for amendment shall be sent to:

**ATTN:  
Privacy Officer, University Health Services  
Florida State University  
960 Learning Way  
Tallahassee, FL 32306**

### **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 the six (6) year period immediately proceeding the date on which the accounting is requested. You may request an accounting of disclosures for 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 written request for disclosure pertaining to such information. We are not require to provide accounting of disclosures for the following purposes: a) treatment, payment and health care operations, b) disclosures pursuant to your authorization, c) disclosures to you, d) or to the persons involved in your care, e) 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 the same twelve (12) month period. All requests for an accounting shall be sent to: Attn: Privacy Officer, University Health Services, 960 Learning Way, Tallahassee, FL 32306.

### **Breach Notification**

It is our duty as a covered entity to notify affected individual(s) of a breach of your protected health information. Should a breach occur that directly affects your PHI you will be notified following all breach notification requirements of the Privacy Rule.

### **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 by calling 404-562-7886 or mailing:

**Department of Health and Human Services  
c/o Office for Civil Health  
61 Forsyth St. SW. — Suite 3B70  
Atlanta, GA 30303-8909**

You may also choose to submit your complaint to our privacy officer by calling 850-644-6230, emailing, or mailing:

**University Health Services  
Florida State University  
960 Learning Way  
Tallahassee, FL 32306  
uhs-medicalrecords@fsu.edu**