NORTHERN KENTUCKY UNIVERSITY

HEALTH, COUNSELING & STUDENT WELLNESS

NOTICE OF PROTECTED HEALTH INFORMATION PRACTICES

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.

**Introduction**

At Health, Counseling & Student Wellness, (HCSW), we are committed to treating and using protected health information (PHI) about you responsibly. This notice of PHI practices describes the personal information we collect, and how and when we use or disclose that information. It also describes your rights as they relate to your PHI. This Notice is effective July 1st 2020 and applies to all PHI as defined by federal regulations.

**Understanding Your Health Record/Information**

Each time you visit HCSW, a record of your visit is made. Depending on the nature of your visit, this record contains your symptoms, examination and test results, diagnoses, treatment, and a plan for future care or treatment. This information, often referred to as your health or counseling record (record), serves as:

 A basis for planning your care and treatment,

 A legal document describing the care you received,

 A means by which you or a third-party payer can verify that services billed were actually provided,

 A tool in educating health professionals,

 A source of information for public health officials charged with improving the health of this state and the nation,

 A source of data for our planning and marketing activities,

 A tool with which we can assess and continually work to improve the care we render and the outcomes we achieve.

Understanding what is in your record and how your health information is used helps you to: ensure its accuracy, better understand who, what, when, where, and why others may access your health information, and make more informed decisions when authorizing disclosure to others.

**Patient Protected Health Information Rights**

Although your record is the physical property of HCSW, the information belongs to you. You have the right to:

 Request restrictions on certain uses and disclosures of PHI. However, we are not required to agree to a restriction you request.

 Request and receive confidential communications of PHI by alternative means and at alternative locations.

 Inspect or obtain a copy (or both) of PHI in the records used to make decisions about you for as long as the PHI is maintained in the records. HCSW may deny your access to PHI under certain circumstances, but in some cases, you may have this decision reviewed. Upon your request, HCSW will discuss with you the details of the request and denial process.

 Request an amendment of PHI for as long as the PHI is maintained in the records. HCSW may deny your request. Upon your request HCSW will discuss with you the details of the amendment process.

 Receive an accounting of disclosures of PHI. Upon your request, HCSW will discuss with you the details of the accounting process.

 Obtain a paper copy of this notice from HCSW upon request, even if you have agreed to receive the notice electronically.

 Revoke your authorization to use or disclose PHI except to the extent that action has already been taken.

**Our Responsibilities**

HCSW is required to:

 Maintain the privacy of your PHI,

 Provide you with this notice as to our legal duties and privacy practices with respect to information we collect and maintain about you,

 Abide by the terms of this notice,

 Notify you if we are unable to agree to a requested restriction, and

 Accommodate reasonable requests you may have to communicate health information by alternative means or at alternative locations.

We reserve the right to change our practices and to make the new provisions effective for all PHI we maintain. Should our information practices change, we will provide you with written notification of these changes at your next visit.

We will not use or disclose your PHI without your authorization, except for treatment, payment and other healthcare operations outlined in the HIPAA Privacy Act. We will also discontinue using or disclosing your PHI after we have received a written revocation of the authorization according to the procedures included in the authorization.

**For More Information or to Report a Problem**

If you have questions and would like additional information, you may contact our medical office manager, who serves as HCSW’s Coordinator of Patient Services Medical Records and HIPAA, by calling (859) 572-5650.

If you believe your privacy rights have been violated, you can file a complaint with HCSW’s Coordinator of Patient Services Medical Records and HIPAA or with the Office for Civil Rights, U.S. Department of Health and Human Services. There will be no retaliation for filing a complaint with either the Privacy Officer or the Office for Civil Rights. The address for the OCR is listed below:

*Office for Civil Rights*

U.S. Department of Health and Human Services

200 Independence Avenue, S.W.

Room 509F, HHH Building

Washington, D.C. 20201

**Examples of PHI Disclosures for Treatment, Payment and Health Operations**

*We will use your PHI for treatment.*

**For example:** Information obtained by any member of your healthcare team will be recorded in your electronic medical record (iSalus EMR) and used to determine the course of treatment that should work best for you. Your provider will document in your record his or her expectations of the members of your healthcare team. Members of your healthcare team will then record the actions they took and their observations. In that way, the provider will know how you are responding to treatment.

We will also provide your current or subsequent healthcare provider, upon request, with copies of your record including PHI to assist them with the provision of your care.

*We will use your PHI for payment.*

**For example:** A bill may be sent to you or a third-party payer. The information on or accompanying the bill may include information that identifies you, as well as your diagnosis, procedures, and supplies used.

*We will use your PHI for regular health operations.*

**For example:** Members of the HCSW staff may use information in your record to assess the care and outcomes 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 service we provide.

***Business associates:*** There are some services provided in our organization through contracts with business associates. Examples include our billing company, Billnet Solutions, as well as our collaborating physician for Health Services. When these services are contracted, we may disclose your PHI to our business associates so that they can perform the job we’ve asked them to do and bill you or your third-party payer for services rendered. To protect your PHI, however, we require the business associate to appropriately safeguard your information.

***Notification:*** We may use or disclose information to notify or assist in notifying a family member, personal representative, or another person responsible for your care, your location, and general condition.

***Communication with family:*** Health professionals, using their best judgment, may disclose to a family member, other relative, close personal friend or any other person you identify, health information relevant to that person’s involvement in your care or payment related to your care.

***Funeral directors:***  We may disclose PHI to funeral directors consistent with applicable law to carry out their duties.

***Organ procurement organizations:*** Consistent with applicable law, we may disclose PHI to organ procurement organizations or other entities engaged in the procurement, banking, or transplantation of organs for the purpose of tissue donation and transplant.

***Marketing:***  We may contact you to provide appointment reminders or information about treatment alternatives or other health-related benefits and services that may be of interest to you.

***Food and Drug Administration (FDA):*** We may disclose to the FDA health 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.

***Workers compensation:***  We may disclose PHI to the extent authorized by and to the extent necessary to comply with laws relating to workers compensation or other similar programs established by law.

***Public health:*** As required by law, we may disclose your PHI to public health or legal authorities charged with preventing or controlling disease, injury or disability.

***Law enforcement:*** We may disclose PHI for law enforcement purposes as required by law or in response to a valid subpoena.

Federal law makes provision for your PHI to be released to an appropriate health oversight agency, public health authority or attorney, provided that a work force member or business associate believes in good faith that we have engaged in unlawful conduct or have otherwise violated professional or clinical standards and are potentially endangering one or more patients, or the public.

***Child abuse:***  If we have reasonable cause to believe that a child is dependent, neglected or abused, we must report this belief to the appropriate authorities.

***Adult and domestic abuse:***  If we have reasonable cause to believe that an adult has suffered abuse, neglect or exploitation, we must report this belief to the appropriate authorities.

***Judicial and administrative proceedings:*** If you are involved in a court proceeding and request is made for information about your diagnosis and treatment and records thereof, such information is privileged under state law, and we will not release information without the written authorization of you or your personal or legally-appointed representative, or a court order. The privilege does not apply when you are being evaluated for a third party or where the evaluation is court-ordered. You will be informed in advance if this is the case.

***Serious threat to health or safety:*** If you communicate to us an actual threat of physical violence against a clearly identified or reasonably identifiable victim or an actual threat of some specific violent act, we have a duty to notify the victim and law enforcement authorities.