



**NOTICE OF PRIVACY PRACTICES FOR THE STUDENT HEALTH CENTER  
HEALTH INSURANCE PORTABILITY AND ACCOUNTABILITY ACT OF 1996**

*Effective Date: April, 2003*

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

Each time you visit the Student Health Center, a record of your visit is made. This record typically contains medical information about you, including information regarding symptoms, observations, assessments including test results, diagnoses, treatment, and mental health and a plan for future care or treatment. This NPP describes how the Student Health Center may use and disclose your medical information. It also describes your rights and our responsibilities regarding the use/disclosure of your medical information. This NPP applies to all of the records of your care generated by the Student Health Center.

***OUR RESPONSIBILITIES REGARDING YOUR MEDICAL INFORMATION***

The Student Health Center is required by law to protect the privacy of your medical information, provide you with this NPP, abide by the terms of the NPP currently in effect, and notify you if it is unable to agree to a requested restriction on use or disclosure of your medical information.

1. USES AND DISCLOSURES WITH YOUR WRITTEN CONSENT

You will be asked to sign a written consent form enabling the Student Health Center to use and disclose your medical information for treatment, payment, and health care operations as described in this section.

- a. **Treatment.** The Student Health Center will use and disclose medical information about you to provide and coordinate your health care and any related services. For example, the information will be used by all members of the staff that are involved in your treatment, including but not limited to physicians and nurses, to coordinate the different services you may need. In addition, your medical information may be provided to another health care provider, such as physician, to whom you have been referred to ensure that they have the necessary information to diagnose and treat you. The Student Health Center may also contact you to tell you about possible treatment alternatives.
- b. **Health Care Operations.** The Student Health Center will use and disclose medical information about you to schedule and coordinate your health care and related services. The Student Health Center may disclose information to doctors, nurses, medical personnel for educational purposes. Members of the student Health Center staff involved in quality improvement may use information in your health record to assess the case and outcomes in your case and others like it. For example, the Student Health Center may analyze medical information about many patients to evaluate the need for new services, resources, or treatment and to see where we can make improvements. The results will then be used to continually improve the quality of care for all patients we serve. If you are a student at SNU, the Student Health Center may release to authorized staff of the University, verification of vaccinations required for you to be enrolled at the University or in a specific field of study.
- c. **Other Related Uses and Disclosures.** The Student Health Center may use and/or disclose medical information:

- To business associates, when we have contracted out for services, so that they can perform the job we've asked them to do, and to bill you or your third party payer for services rendered.
- To a friend or family member who is involved in your care. If you are not present and able to agree or object, such communications shall be made only by authorized healthcare providers when, in their professional judgment, such disclosure is in your best interest.

## 2. USES AND DISCLOSURES WITHOUT YOUR CONSENT

In certain situations, the Student Health Center may use or disclose medical information about you without your consent or authorization, for example, when there is an emergency or when there are substantial communication barriers to obtaining consent from you. Further, the Student Health Center may use or disclose your medical information without your consent or authorization in the following circumstances:

- As required by law.** The Student Health Center may use and disclose medical information to the following types of entities, including but not limited to:
  - Food and Drug Administration
  - Public Health authorities or legal authorities charged with tracking, preventing or controlling diseases ( e.g., STDs, HIV), injuries or disabilities
  - Workers compensation agents
  - Military command, national security or intelligence authorities
  - Health oversight agencies
- Law Enforcement/Legal Proceedings.** The Student Health Center may disclose health information for law enforcement purposes as required by law or in response to a valid subpoena or other legal process.
- Research.** The Student Health Center may disclose medical information to researchers when their research has been approved by an institutional review board that has to review the research proposal and establish protocols to ensure the privacy of your medical information.

## 3. OTHER USES AND DISCLOSURE OF MEDICAL INFORMATION BASED ON YOUR AUTHORIZATION.

Other uses and disclosure of medical information not covered by this NPP or by the laws that apply to the Student Health Center will be made only with your written permission. If you provide the Student Health Center with permission to use or disclose your medical information, you may revoke that permission in writing at any time.

### ***YOUR RIGHTS REGARDING YOUR MEDICAL INFORMATION***

You have the following rights regarding medical information we maintain about you.

- **Right to Inspect and Copy.** You have the right to inspect and copy medical information used to make decisions about your care. Usually, this includes medical records, but does not include some records such as psychotherapy notes. Your request must be submitted in writing on a form the Student Health Center will provide. A fee may be charged for the costs of processing your request.
- **Right to Amend.** If you feel that the medical information that the Student Health Center has about you is incorrect or incomplete, you may ask us to amend the information. To request an amendment to your record, you must submit your request in writing on a form that the Student Health Center will provide. You will be asked to provide a reason to support the request.
- **Right to an Accounting of Disclosures.** You have the right to receive a list of disclosures. This will not include all disclosures made. For example, this list will not include disclosures for treatment, health care operations, disclosures made prior to April 14 2003, or disclosures you specifically authorized. To request this list you must submit your request in writing on a form that the Student Health Center will provide.

- **Right to request restrictions.** You have the right to request a restriction or limitation on the medical information that the Student Health Center uses or discloses about you for treatment, payment or healthcare operations. The Student Health Center is not required to agree to your request. If the request is approved, the Student Health Center will comply with your request unless the information is needed to provide you emergency treatment. To request restrictions, you must make your request in writing on a form that the Student Health Center will provide.
- **Right to Request Confidential Communications.** You have the right to request that the Student Health Center communicate with you about medical matters in a certain way or at certain locations. You must make your request in writing on a form that the Student Health Center will provide. The Student Health Center will accommodate all reasonable requests.
- **Right to a Paper Copy of this Notice.** You have the right to obtain a paper copy of this NPP, and you may ask the Student Health Center to give you a copy of this NPP at any time. You may obtain a copy of the forms mentioned above by contacting the Student Health Center.

#### ***COMPLAINTS***

If you believe your privacy rights have been violated, you may file a complaint with the Student health Center by contacting the privacy officer at (405)491-6333. There will be no retaliation for filing the complaint.

#### ***CHANGES TO THIS NOTICE***

The Student Health Center reserves the right to change this NPP and the revised NPP will be effective for information that the Student Health Center already has about you as well as information received in the future. Should our practices change, the Student Health Center will post a revised NPP at their location in the Commons building. Paper copies will be available upon request.

#### ***QUESTIONS AND INFORMATION***

If you have any questions about this notice, please contact our Privacy Officer at (405)491-6333.



6729 NW 39<sup>th</sup> Expressway  
Bethany, OK 73008

Ph.405-491-6605  
Fax 405-491-6683

**CONSENT FOR THE USE OR DISCLOSURE OF HEALTH INFORMATION FOR TREATMENT,  
PAYMENT, OR HEALTH CARE OPERATIONS**

In our Notice of Privacy Practices (NPP) we provide you information about how the Student Health Center can use or disclose your medical information. As described in our NPP, we request your consent for any use or disclosure of medical information to carry out treatment, payment, or health care operations. You have the right to review our NPP before signing this Consent.

By signing this Consent form, you:

- (1) Acknowledge that a copy of the NPP has been made available to you; and
- (2) Consent to use and disclosure of your health information for treatment, payment, or health care operations, as described in the NPP.

You have the right to revoke this Consent in writing at any time, except where we have already used or disclosed your health information in reliance upon this Consent.

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Patient's Name (printed)

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ID #

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