

# McMurry University

## Student Health Services Notices of Privacy Practices

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

**1. Purpose:** The McMurry Student Health Services (SHS) and its professional staff, employees, and volunteers follow the privacy practices described in this notice. SHS maintains your Protected Health Information (PHI) in a confidential manner as required by law. PHI consists of medical and mental health information. SHS must use and disclose your PHI to the extent necessary to provide you with quality health care. To do this, SHS must share your PHI as necessary for treatment, payment, and health care operations.

**2. What are Treatment, Payment, and Health Care Operations?** Treatment may include sharing information among health care providers and/or mental health clinicians involved in your care. For example, your physician may share information about your condition with the pharmacist to discuss appropriate medication or with a radiologist or other consultants in order to make a diagnosis. SHS may use your PHI as required by your insurer to obtain payment for your treatment. We also may use and disclose your PHI to improve the quality of care, e.g., for review and training purposes.

**3. What Are Other Ways SHS May Use your PHI?** Unless you ask for restrictions on a specific use or disclosure, your PHI may be used for the following purposes:

- Appointment Reminders and Treatment calls- SHS may contact you to provide appointment reminders or information about treatment plans, medication or test results, other health-related benefits and services that may be of interest
- To inform you of treatment alternatives or benefits or services related to your health. (You will have an opportunity to refuse to receive this information)
- Business Associates- To carry out health care treatment, payment, and operations functions through business associates, e.g., to install a new computer system. SHS may disclose your health information to such business associates so that they can perform their respective job functions. To protect your health information, however, SHS requires the business associate to safeguard your information.
- Public Health Purposes- such as reporting reactions to medications; infectious disease control; reporting child or elder abuse or neglect; notifying authorities of suspected abuse, neglect, or domestic violence (if you agree or as required by law). 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
- To inform a family member, other relative, personal friend or other individual involved in your care if we obtain your verbal agreement to do so
- Decedents-Health Information may be disclosed to funeral directors or coroners to enable them to carry out their lawful duties
- Organ/Tissue Donations-Your health information may be used or disclosed for organ or tissue donation purposes
- Workman's Compensation- Your health information may be used or disclosed in order to comply with laws and regulations related to Workman's Compensation
- Physician Board Certification-SHS may use your health information to submit to the Professional Certification Board for purposes required for physicians' qualification to complete their specialty board examination
- Health Care oversight activities, e.g., audits, inspections, investigations, and licensure
- To prevent a serious threat to health or safety
- Law Enforcement (e.g., in response to a court order or other legal process; to identify or locate an individual being sought by authorities; about the victim of a crime under restricted circumstances; about a death that be the result of criminal conduct; circumstances relating to reporting information about a crime)
- Disaster relief agency if injured in a disaster
- National security and intelligence activities-Specialized government functions such as protection of public officials or reporting to various branches of the armed services that may require use or disclosure of your PHI
- Protection of the President or other authorized persons for foreign heads of states, or to conduct special investigations
- As required by law
- Other uses- Other uses and disclosures will be made only with your written authorization and you may revoke the authorization except to the extent SHS has taken action in reliance on such
- Certain research projects
- Lawsuits and disputes. (We will attempt to provide you advance notice of a subpoena before disclosing the information)
- Alcohol and drug abuse information has special privacy protections. SHS will not disclose any PHI relating to a client's substance abuse assessment and/or treatment unless: (1) the client consents in writing; (2) a court order signed by a judge requires disclosure of the information; (3) medical personnel need the information to meet a medical emergency; (4) qualified personnel use the information for the purpose of conducting research, management audits, or program evaluation; or (5) it is necessary to report a crime or a threat to commit a crime or to report abuse or neglect as required by law

4. **Your Authorization is required for other disclosure**-Except as described above, we will not use or disclose our medical information unless you authorize (permit) SHS in writing to disclose your information. Your written authorization is required for each request for the disclosure of medical information.

5. **You have Rights Regarding your Medical Information**- You have the following rights regarding your PHI, provided that you make a written request to invoke the right on the form provided by SHS.

- **Right to request restrictions**-you may request limitations on the medical information we use or disclose for health care treatment, payment, or operations (e.g., you may ask us not to disclose that you have had a particular surgery), we are not required to agree to your request. If we agree, we will comply with your request unless the information is needed to provide you with emergency services
- **Right to confidential communications**-you may request communication in a certain way or at a certain location, but you must specify how or where you wish to be contacted
- **Right to inspect and request a copy**- You have the right to inspect a copy of your medical information regarding decisions about your care. We charge a fee for copying, mailing and supplies. Under limited circumstances, your request may be denied; you may request review of the denial by another licensed health care professional chosen by SHS. SHS will comply with the outcome of the review
- **Right to accounting disclosures**- You may request a list of the disclosures of your medical information that have been made to persons or entities other than for health care treatment payment or operations in the past seven (7) years
- **Right to a copy of this Notice**-You may request a paper copy of this Notice at any time, even if you have been provided with an electronic copy. You may obtain an electronic copy of this Notice at our web site: [www.mcm.edu/health](http://www.mcm.edu/health)
- **Right to request an amendment**-If you believe that the PHI we have about you is incorrect or incomplete, you may request an amendment on the form provided by SHS, which requires certain specific information. SHS is not required to accept the amendment

6. **Requirements regarding this Notice**-We will be governed by this notice for as long as it is in effect. SHS may change this Notice and these changes will be effective for medical information already in our possession as well as any information we receive in the future. Each time you register at SHS for health care services, you may review a copy of the Notice in effect at the time.

7. **Complaints**-If you believe your privacy rights have been violated, you may file a complaint with SHS or with the Secretary of the United States Department of Health and Human Services. You will not be penalized or retaliated against in any way for making a complaint to SHS or the Department of Health and Human Services.

8. **Contact-Call the Privacy Officer at 325-793-4857 if:**

You have a complaint

You have any questions about this Notice.

You wish to request restrictions on uses and disclosures for health care treatment, payment or operations.

You wish to obtain a form to exercise your individual rights described in paragraph five (5).

### **Obligations of Student Health Services**

SHS is required to:

- Maintain the privacy of protected health information
- Provide you with this notice of its legal duties and privacy practices with respect to your health information
- Abide by the terms of this notice
- Notify you if we are unable to agree to a requested restriction on how your information is disclosed
- Accommodate reasonable requests you may make to communicate health information by alternative means or at alternative locations

SHS reserves the right to -change its privacy practices and to make the new provisions effective for all protected health information it maintains. Revised notices will be made available to you upon request at your next visit to our practice.

#### **Contact Information**

If you have any questions or complaints, please contact:

Brenda Johnson – Privacy Officer

Student Health Services 1 McMurry University #716 Abilene, Texas 79697 Telephone (325) 793-4857

Effective May 27th, 2021