

Alabama A&M University

 Student Health Care Center

**NOTICE OF PRIVACY PRACTICES**

THIS NOTICE DESCRIBES HOW MEDICAL INFORMATION ABOUT YOU MAY BE USED AND DISCLOSED AND HOW YOU CAN GAIN ACCESS TO THIS INFORMATION. PLEASE REVIEW IT CAREFULLY. THIS NOTICE REMAINS IN EFFECT UNTIL REPLACED.

1. OUR PLEDGE REGARDING MEDICAL INFORMATION

The privacy of your medical information is important to us. We understand that your medical information is personal and we are committed to protecting it. We create a record of the care and services you receive at our organization. We need this record to provide you with quality care and to comply with certain legal requirements. This notice will tell you about the ways we may use and share medical information about you. We also describe your rights and certain duties we have regarding the use and disclosure of medical information.

1. OUR LEGAL DUTY

Law requires us to: a) Keep your medical information private;

b) Give you this notice describing our legal duties, privacy practices and your rights regarding your medical information;

c) Follow the terms of the current notice.

We have the right to: a) Change our privacy practices and the terms of this notice at any time, provided that the changes are permitted by law;

b) Make the changes in our privacy practices and the new terms of our notice effective for all medical information that we keep, including information previously created or received before the changes.

Notice of change to privacy practices: a) Before we make an important change in our privacy practices, we will change this notice and make the new notice available upon request.

1. USE AND DISCLOSURE OF YOUR MEDICAL INFORMATION

The following section describes different ways that we use and disclose medical information. Not every use or disclosure will be listed. However, we have listed all of the different ways we are permitted to use and disclose medical information. We will not use or disclose your medical information for any purpose not listed below, without your specific written authorization. Any specific written authorization you provide may be revoked at any time by writing to us at the address provided at the end of this notice.

FOR TREATMENT: We may use medical information about you to provide you with medical treatment or services. We may disclose information about you to doctors, nurses, technicians, medical students or other people taking care of you. We may also share medical information about you to your other health care providers to assist them in treating you.

FOR PAYMENT: We may use and disclose your medical information for payment purposes. A bill may be sent to you or a third-party payer. The information on or accompanying the bill may include your medical information.

FOR HEALTH CARE OPERATIONS: We may use and disclose your medical information for our health care operations. This might include measuring and improving quality, evaluating the performance of employees, conducting training programs and getting the accreditation, certificates, licenses and credentials we need to serve you.

ADDITIONAL USES AND DISCLOSURES: In addition to using and disclosing your medical information for treatment, payment and health care operations, we may use and disclose medical information for the following purposes.

*Notification*: We may use and disclose medical information to notify or help notify a family member, your personal representative or another person responsible for your care. We will share information about your location, general condition or death. If you are present, we will get your permission if possible before we share, or give you the opportunity to refuse permission. In case of emergency, and if you are unable to give or refuse permission, we will share only the health information that is directly necessary for your health care, according to our professional judgment. We will also use our professional judgment to make decisions in your best interest about allowing someone to pick up medicine, medical supplies, x-ray or medical information for you.

*Disaster Relief*: We may share medical information with a public or private organization or person who can legally assist in disaster relief efforts.

*Public Health Activities*: As required by law, we may disclose your medical information to public health or legal authorities charged with preventing or controlling disease, injury or disability, including child abuse or neglect. We may also disclose your medical information to persons subject to jurisdiction of the Food and Drug Administration (FDA) for purposes of reporting adverse events associated with product defects or problems, to enable product recalls, repairs or replacements, to track products or to conduct activities required by the FDA. We may also, when we are authorized by law to do so, notify a person who may have been exposed to a communicable disease or otherwise be at risk of contracting or spreading a disease or condition.

*Victims of Abuse, Neglect or Domestic Violence*: We may use and disclose medical information to appropriate authorities if we reasonably believe that you are a possible victim of abuse, neglect, or domestic violence or the possible victim of other crimes. We may share your medical information if it is necessary to prevent a serious threat to your health or safety or the health or safety of others. We may share medical information when necessary to help law enforcement officials capture a person who has admitted to being part of a crime or has escaped from legal custody.

*Law Enforcement*: Under certain circumstances, we may disclose health information to law enforcement officials. These circumstances include reporting required by certain laws (such as the reporting of certain types of wounds), pursuant to certain subpoenas or court orders, reporting limited information concerning identification and location at the request of a law enforcement official, reports regarding suspected victims of crimes at the request of a law enforcement official, reporting death, crimes on our premises and crimes in emergencies.

*Appointment Reminders*: We may use and disclose medical information for purposes of reminding you of your appointments.

*Alternative and Additional Medical Services*: We may use and disclose medical information to furnish you with information about health-related benefits and services that may be of interest to you, and to describe or recommend treatment alternatives.

1. YOUR INDIVIDUAL RIGHTS

You have the right to:

1. Look at or obtain copies of certain parts of your medical information via request. Requests must be made in writing. Fees will be incurred for paper copies and/or postage.
2. Receive a list of all the times your medical information is shared for purposes other than treatment, payment and health care operations and other specified exceptions.
3. Request that we place additional restrictions on our use or disclosure of your medical information. We are not required to agree to these additional restrictions, but if we do, we will abide by our agreement (except in the case of an emergency).
4. Request that we communicate with you about your medical information by different means or to different locations. Your request must be made in writing.
5. Request that we change certain parts of your medical information. We may deny your request if we did not create the information you want changed or for certain other reasons, If we deny your request, we will provide you a written letter of explanation. You may respond with a statement of disagreement that will be added to the information you wanted changed. If we accept your request, we will make reasonable efforts to tell others, including people you name, of the change and to include changes in any future sharing of that information.
6. Obtain a paper copy of this information.

QUESTIONS AND COMPLAINTS ABOUT THIS NOTICE CAN BE DIRECTED TO OUR OFFICE OR IN WRITTEN FORM TO THE US DEPARTMENT OF HEALTH AND HUMAN SERVICES. WE WILL NOT RETALIATE IN ANY WAY SHOULD YOU CHOOSE TO FILE A COMPLAINT.