



John A. Swenson Student Health Services
 McCannel Hall, Room 100
 2891 2nd Avenue N., Stop 9038
 Grand Forks, ND 58202-9038
 Phone: 701.777.4500 Fax: 701.777.4835

NOTICE OF PRIVACY PRACTICES - STUDENTS

Effective Date April 14, 2003
Revised September 25, 2013

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.

If you have questions or comments, regarding this notice, please contact the University of North Dakota Student Health Services at the above-mentioned address or telephone number.

*All requests, notifications, and complaints should be submitted to Student Health
 Attention: Health Care Analyst*

To Whom Does This Notice Apply?

This notice has been published by the University of North Dakota Student Health Services. It applies to everyone who works for student health, including all employees, contractors, information technology service workers, student employees, and volunteers.

Why Do We Publish This Notice?

As medical professionals, we understand that information about you and your health is sensitive and personal. We are also required by law to maintain the privacy of information that we gather and use about you, and all of the patients we serve. This notice is also to inform you about certain legal rights you have with respect to the information we secure.

When Does This Notice Become Effective?

We are required to comply with the terms of this Notice while it is in effect. We reserve the right to change the terms of this Notice and to make the new terms effective for all information to which this notice applies. This Notice will be in effect from April 14, 2003, until the date we publish an amended notice. If we do publish an amended notice, we will notify you of the amendment at your next appointment to Student Health Services. We will also publish this information on our website at <http://und.edu/health-wellness/student-health/>, or a copy may be requested by contacting us at the above telephone number or address.

What Information Does This Notice Cover?

This notice covers all information in our written or electronic records which concerns you, your healthcare, and payment for services we provide for

your care. This notice also covers information we may have shared with other organizations to help us provide care to you, get reimbursed for services provided to you, or to manage our administrative operations.

Although federal privacy requirements for protected health information generally exclude student health information, the confidentiality of such information is protected under the federal Family Education Rights and Privacy Act (FERPA), North Dakota state law, and/or University Policy, as applicable. FERPA gives you the right to control the release of your health information in most instances, and we will generally obtain your consent before we release such information except under certain circumstances when your consent is not required under applicable law. FERPA also gives you certain rights to inspect and correct your health information.

Our Obligations Regarding Your Protected Health Information (PHI):

1. *Privacy.* To maintain the privacy of your PHI and release such information to medical professionals only upon your written consent or as otherwise permitted by FERPA and/or state law or University policy.

2. *Annual Notice.* To provide you with annual notice of your rights under FERPA regarding your education records. Medical treatment records that are shared with persons other than medical professionals or records that are used for purposes other than your health care treatment are considered education records under FERPA.

3. *Records of Disclosures.* With certain exceptions, maintain a record of each request for access to and each disclosure of PHI from your health record.

Uses and Disclosures of PHI and other Medically Related Information:

1. *Use and Disclosure of PHI.* We will request that you sign a written consent for use and disclosure of your PHI for treatment, payment, and health care operations. If you have provided us with an authorization for any purpose, you may revoke it at any time. You may revoke an authorization by giving us written notice at our contact address mentioned above. Your revocation will be effective as of the time we receive it, and will not apply to any uses or disclosures which occur before we have received such a request. We may disclose without your consent PHI: (a) made or maintained by health care professionals only in connection with your treatment and disclosed only to individuals providing treatment; (b) when state or federal law requires the release of your PHI; or (c) to comply with a court order or lawfully-issued subpoena. We may also disclose without your consent PHI that is used or disclosed to persons other than health care providers under the following circumstances: (a) to health accrediting organizations to carry out their accrediting functions; (b) to a court in a lawsuit if you have sued the University of North Dakota in connection with your medical treatment; (c) when the disclosure is in connection with a health or safety emergency; and (d) when otherwise required or permitted by FERPA and/or other federal or state law.

2. *Disclosure of other medically related records.* We may also disclose without your consent other medically-related records (e.g., appointment calendars or other routine administrative information) that are made by persons who are not health care professionals under the following circumstances: (a) to health accrediting organizations to carry out their accrediting functions; (b) to your parents if you are a dependent student, as defined in section 152 of the Internal Revenue Code; (c) to comply with a court order or lawfully-issued subpoena; (d) to University of North Dakota officials with a legitimate educational interest; (e) to a court in a lawsuit if you have sued the University of North Dakota or its employees in connection with your medical treatment; (f) when the disclosure is in connection with a health or safety emergency; or (g) when otherwise required or permitted by FERPA and/or other federal or state law.

Other Permitted Disclosures.

We may also disclose information about you without your consent for the following purposes:

1. We may use or disclose your PHI to public health or other government agencies that are allowed to receive this information, or to persons who report to the FDA. We may disclose vital statistics, communicable diseases, or information about product recalls.
2. We may disclose your PHI to authorized agencies in the event of suspected child abuse, neglect, or domestic violence. Disclosure will be consistent with state and federal laws.
3. We may disclose your PHI to authorized agencies in other cases of suspected abuse, neglect, or domestic violence under the following circumstances: (a) with your agreement; (b) if required by law, (c) if you are incapacitated, a minor; or (d) it appears necessary to prevent serious harm to you or others.
4. We may disclose your PHI to a health oversight agency for activities authorized by regulatory, licensing, and other legal purposes that are necessary for healthcare system government programs, and civil rights laws.
5. We may disclose your PHI in judicial or administrative proceedings, in response to a court order, and in certain cases in response to a subpoena, discovery request, or other legal purpose.
6. We may disclose your PHI under certain conditions to law enforcement agencies, subject to applicable legal requirements and limitations.
7. We may disclose your PHI to your authorized superiors or other authorized federal officials, if you are in the United States military, national security, intelligence, or Foreign Service.
8. We may disclose your PHI to coroners, funeral directors, and organ donation organizations, for purposes allowed by law, such as identification or determining cause of death.
9. We may disclose your PHI to researchers when their research has been approved by an institutional review board or privacy board, and the board has determined that the research meets certain requirements for protection of that information.
10. We may disclose your PHI to comply with workers' compensation laws and other similar programs established by law.

Your Rights Regarding Your Protected Health Information:

1. **Request a restriction.** You have the right to request certain restrictions regarding our use or disclosure of your PHI. This means that you may ask us not to use or disclose part of your PHI for certain treatment, payment, or health care operations purposes. You may also request that we not disclose all or part of your PHI to individuals (such as family members and friends) involved in your health care or the payment for your care. If you pay out of pocket for a service or health care item, you may also request that we do not disclose information about your treatment to your health insurer. Your request must clearly describe the specific restriction you are requesting and to whom you want the restriction to apply.

2. **Confidential communications.** You have a right to request that we communicate with you about health care matters in certain ways to preserve your privacy. For example, you may request that we contact you by mail at a specific address or call you only at your work number. You must make any such request in writing and you must specify how or where we are to contact you. We will accommodate all reasonable requests. We will not ask you the reason for your request.

3. **Review your medical record.** You have a right to review your personal medical records. We may deny your request in certain limited circumstances. If we do deny your request, you have the right to have the denial reviewed by a licensed healthcare professional who was not directly involved in the denial of your request, and we will comply with the outcome of that review.

4. **Obtain a copy of your medical record.** You have a right to obtain a copy of all or any part of your medical information. We may charge you a reasonable fee for copying materials. We may not charge a fee if you need the information for a claim for benefits under the Social Security Act or any other state or federal needs-based benefit program.

5. **Request an Amendment.** You have a right to request an amendment to your medical records. If you believe that the medical information about you is incorrect or incomplete, you may request an amendment in writing and provide a reason to support your request. We are not required to make such an amendment. You are entitled to request in writing a written statement of disagreement, which will be included in your medical record. If you choose

to make such a statement, we are entitled to submit a statement of explanation, which will be placed in your medical record.

6. **Right to obtain an accounting of disclosures.** You have a right to receive an accounting of disclosures we have made and to obtain an accounting of disclosures. You have a right to receive specific information about disclosures that were made in the six (6) years prior to your request. This does not include disclosures for purposes of treatment, payment, or healthcare operations. If you request an accounting more than once in a 12 month period we may charge a reasonable cost-based fee of which you will be notified in advance.

7. **Right to get notice of a breach.** You have the right to be notified in the event that we discover a breach of unsecured PHI. Notice of any such breach will be made in accordance with federal requirements.

8. **Right to a Paper Copy of this Notice.** You have the right to a paper copy of this Notice, even if you have agreed to receive this Notice electronically. You may request a copy of this Notice at any time by contacting Student Health Services at the address set out above. The Notice is also available at the Student Health Services website.

9. **How to Exercise Your Rights.** To exercise your rights described in this Notice, send your request, in writing, to Student Health Services at the address listed above. We may ask you to fill out a form that we will supply. To exercise your right to inspect and copy your PHI, you may also contact your physician directly.

10. **Right to file a Complaint.** If you believe we have violated your privacy rights, you may forward a written complaint to us. You may also file a complaint with the Secretary of the United States Department of Health and Human Services. If you do file a complaint, we are legally prohibited from retaliating against you.

Complaints can be submitted to:

**Region VIII
Office for Civil Rights
U.S. Dept of Health & Human Services
1961 Stout Street, Room 1185 FOB**

Denver, CO 80294-3538

Phone: (303) 844-2025

Fax: (303) 844.2025

TDD (303) 844.3439