

## Patient Health Information Rights

- You have a right to a paper copy of this Notice even if you have received it electronically.
- You have the right to request a restriction on certain uses/disclosures of your health information. This request must be in writing. We are not obligated to honor your request. If we do agree to your restriction we will not use these restrictions in cases of emergency. You have the right to restrict disclosure of information to a health plan when the bill is paid in full out of pocket.
- You have the right to examine your medical record when nursing personnel are available to review the file with you. You have the right to receive a copy of your medical record. You may request a copy of the record in electronic format, as appropriate (health services do not currently have an EMR system). This request must be in writing. If you are denied access to your medical records we will contact you in writing and you will have the opportunity to ask that the denial be reviewed.
- You have the right to request your record be amended if you feel it is incorrect or incomplete. This request must be submitted in writing. For certain reasons we may deny your request. If your request is denied, you will receive a written explanation of the denial along with an opportunity to file a statement of disagreement which will be added to your record.
- You have the right to request alternate ways of communicating with us regarding your private health information.
- You have the right to receive an accounting of any disclosures after August 1, 2003 that were not for the purposes of treatment, payment, healthcare operations, or disclosures you authorized outside of Lycoming College.

## Questions and Complaints

Questions regarding this notice, our privacy practices or your rights can be addressed through the Director of Student Health Services.

If you feel your privacy has been violated, complaints can be filed, in writing, with the Director of Student Health Services, The Dean of Student Affairs, or The Department of Health and Human Services. There will not be a penalty for filing a complaint.

In accordance with HITECH Act of 2009 (The Health Information Technology for Economic & Clinic Health Act), any determined breach of PHI will be reported to you & as appropriate, the Secretary of Health & Human Services (HHS) and the Office of Civil Rights (OCR).

Effective August 1, 2003  
Revised January 6, 2014

# Notice of Privacy Practices

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.



We reserve the right to change our privacy practices and the terms of this Notice provided these changes are permitted by law. We have the right to make these changes effective for all health information we have about you, including information created or received prior to the change. Before we make significant changes to our privacy practices, we will change this notice and make a copy available on request. This Notice is in effect August 1, 2003 and will remain in effect until changed. Updated January 6, 2014.

Lycoming College  
Student Health Center

One College Place  
Williamsport, PA 17701

## Introduction

Student Health Services is dedicated to the protection of confidential patient health information. The Health Center staff makes your privacy a high priority. Each time you visit the Health Center we make a record of the care and services provided. This record is necessary so we can provide quality health care to you as well as meet our obligations to certain state and federal laws. This notice will explain some but not all ways we may use and/or share health information. This notice will also describe your rights to access and control your medical record. We are required by law to keep your health information private. This protection includes oral, written, and electronic private health information (PHI). We are required by law to give you this Notice and to follow its present terms.

## Uses and Disclosures of your medical information

Although not every possible use/disclosure is listed they will fall into one of the general categories below. In the following instances health information may be disclosed without your express authorization:

**treatment-** Health Services may use/disclose your health information to provide treatment, coordinate services and manage your continued health care (doctors, pharmacies, hospitals involved in your care).

**payment-** Health Services may use/disclose health information for the purpose of receiving payment or obtaining reimbursement to you. This may also include contacting your insurer to verify benefits or to obtain the needed authorization for treatment.

**health care operations-** Health Services may use/disclose health information to perform health care operations such as but not limited to quality assessment & improvement activities, employee performance appraisals, risk management, employee training, obtaining accreditation/ licensure/certificates.

**appointment reminders-** The Health Center may use/disclose health information to the extent of reminding you of an appointment to include date, time and general information about an upcoming appointment on your phone answering device. We may send you an appointment reminder by mail or email or provide you with information on treatment alternatives/other health related services.

**Individuals involved in your care-** The Health Center may also rely on your informal permission to disclose to your family, friends or other people you identify PHI directly relevant to that person's involvement in your care or payment of care.

**As required by law-** Including, but not limited to, Health Services will release your health information as required by state and/or federal law as applicable for the purposes of public health, abuse/neglect/domestic violence, legal proceedings, national security, and law enforcement.

**Public Health Activities-** We may use/disclose health information to public health authorities for preventing or controlling disease, injury or disability. We may disclose information to the FDA in regards to reporting adverse events or tracking product recalls.

**Military Activity-** The Health Center may use/disclose health information if you are in the armed forces and is required by command authorities or for reasons of benefit determination by the Department of Veteran Affairs.

**Worker compensation-** We may disclose information for purposes of handling/processing your claim.

**Medical examiners, coroners, funeral directors-** Medical information may be used/disclosed by Health Services to Funeral Directors, Medical Examiners, Coroners or organ procurement organizations to aid them in carrying out their duties.

**To avert serious threat to health/safety-** We may use/disclose PHI to prevent a serious threat to your health/safety or that of others.

**Facility Directory/Visit log-** Unless you state otherwise, health center staff will verify to friends, family, faculty, & administration date & time of visit.

**Business Associates-** On occasion, some services provided through contractual arrangement with outside parties. These services may include financial, auditing & legal. Business Associates are asked to sign an agreement to protect your PHI.

**Research-** Your PHI may be used/disclosed for certain research purposes when approved, as indicated, by an Institutional Review Board (IRB).

**Fund Raising-** Although not currently our practice, in the future we may use or disclose certain information for the use of fundraising for Lycoming College Student Health Services. These funds would be used to expand & improve services & programs to our campus community. You may elect to opt out of solicitation at any time.

**Disclosure without authorization:** When information is required to be disclosed without your authorization, Student Health will provide the least amount of information necessary to satisfy the purpose of the disclosure.

## Other Uses and Disclosures

Student Health Services will release patient information for purposes other than those above with a written authorization signed by you. Verbal permission will be accepted only under certain circumstances when written authorization can not be practically obtained and will be well documented in your chart. You may withdraw your authorization, in writing, at any time and will be effective upon our receipt of your written request.