

NOTICE OF PRIVACY PRACTICES

The Health Insurance Portability and Accountability Act of 1996 (HIPAA) requires that you receive this notice. READ IT CAREFULLY.

SUNY Potsdam Student Health Services (SHS) is dedicated to maintaining the privacy of your Protected Health Information (PHI). In conducting its business, SHS will create records about you (PHI) and store them in written and electronic formats. These records are the property of SHS but are accessible to you. SHS is required to maintain the confidentiality of your PHI. This document describes how SHS may use/disclose your PHI, your rights regarding PHI privacy, and the obligation SHS has in the use/disclosure of your PHI. SHS may revise this Notice of Privacy Practices, and any revision will affect all of the records that SHS has, or will create, about you.

SHS may use and disclose your PHI, without your permission, in the following circumstances:

- Treatment:** SHS may release your PHI to provide you, or refer you for, treatment, including referrals to SUNY Potsdam's College Counseling Center and Athletic Trainers.
- Payment:** SHS may use and disclose your PHI to bill and collect payment for: the services and items you receive at SHS; from third parties that may be responsible for the cost of treatment rendered; to bill you directly for services and items.
- Operations:** SHS may use your PHI to ensure the proper operation of SHS (e.g. to evaluate the quality of care you receive).
- Personal use:** Your health information can be disclosed to you.
- Reminders:** SHS may disclose your PHI for the purpose of sending you reminders or notifications.
- Legal:** SHS will use and disclose your PHI when federal, state, or local laws require it. This may include disclosure to public health authorities; health care oversight authorities; when required by court proceedings; when there is a serious threat to life or safety (yours or someone else's); or when federal, state, or local law enforcement officials require it.
- Death:** SHS may release PHI to a medical examiner or coroner to identify a deceased individual or to identify the cause of death, or to a funeral director in order for them to do their job.
- Military:** SHS may disclose your PHI to proper authorities if you are, or have been, a member of the US or foreign military.
- Inmates:** SHS may disclose your PHI to correctional or law enforcement officials if: you are an inmate or under the custody of a law enforcement official and the PHI is necessary for the institution to provide you medical services, for the safety/security of the institution, for your health/safety, or for the health/safety of other individuals.
- Worker's Comp:** Our office may release your PHI for workers' compensation and similar programs.

You have the following rights regarding your PHI. You have the right to:

- Communication:** You have the right to request this office to communicate with you in a particular manner or at a certain location. Request this right by making a written request to the Director of SHS. You do not need to give a reason for your request. SHS will accommodate reasonable requests.
- Limit PHI Use:** You have the right to request a restriction in how SHS uses or discloses your PHI for treatment, payment, or health care operations. *SHS is not required to agree to your request.* Make the request in writing to the Director of SHS. The request must clearly and concisely describe how you wish your PHI to be restricted.
- Inspection:** You have the right to inspect and obtain a copy of your PHI, except for psychotherapy notes. Submit your request in writing to the Director of SHS. SHS may charge a fee for the copies, and *SHS may deny your request in certain circumstances.* You may request a review of any denial, which will be conducted by a licensed health care professional chosen by SHS.
- Amendment:** You may ask SHS to amend your health information if you believe it is incorrect or incomplete. Make the request in writing to the Director of SHS. It must include the reason for your request. *SHS may deny your request if it would change information SHS believes is a) accurate and complete; b) not part of the PHI kept by the practice; c) not part of the PHI which you would be permitted to inspect and copy; or d) not created by SHS.*
- Disclosure:** You may request a list of disclosures that SHS has made of your PHI for purposes other than treatment, payment, or operations (an "accounting of disclosures"). Send request in writing to the Director of SHS.
- Paper Copy:** You may have a paper or electronic copy of this notice. Make requests at the front desk or call 315-267-2377.
- Complaint:** You have the right to file a complaint if you believe your privacy rights have been violated. You may file a complaint with SUNY Potsdam or with the Secretary of the Department of Health and Human Services.

SHS will obtain your written authorization to release or use your PHI in all other circumstances. You may revoke such authorization, in writing, at any time. If you have any questions regarding this Notice, or if you wish to contact the Director of SHS, please write to: Director of SHS, 44 Pierrepont Avenue, Potsdam, NY, 13676.