

NOTICE OF PRIVACY PRACTICES FOR PROTECTED HEALTH INFORMATION (PHI)

THIS NOTICE DESCRIBES HOW INFORMATION ABOUT YOU MAY BE USED AND DISCLOSED AND HOW YOU CAN GET ACCESS TO THIS INFORMATION. PLEASE REVIEW IT CAREFULLY.

The Health Insurance Portability and Accountability Act (HIPAA) requires us to ensure that your health information is kept private. It also requires us to give you this Notice which explains our legal responsibilities, privacy practices, your health information rights and how your health information may be used and disclosed. We will not use or disclose your health information without your consent or authorization except as required by law or described in this Notice.

We reserve the right to change this Notice and our privacy practices in the future. Any changes made will apply to all of the health information we have about you at that time. If we make a change, we will post a Notice in our building. Upon request, we will give you a copy of the new Notice. You can also read about these changes on our website at www.lsu.edu/shc.

HOW YOUR HEALTH INFORMATION MAY BE USED OR DISCLOSED FOR TREATMENT, PAYMENT, AND HEALTH OPERATIONS:

- **Treatment.** Your health information is used by our medical, mental health and other healthcare staff involved in your care. For example, our providers and clinicians use your health information to diagnose your condition and to develop an appropriate treatment plan. If there is a need to refer you to an outside healthcare provider, your health information may be disclosed to that provider to assist him/her with your care.
- **Payment.** We have the right to give your health information to insurance companies, government programs such as Medicare and Medicaid, and their contractors who process your claims as well as others who are responsible for paying all or part of the cost of treatment provided to you. If you choose to file any portion of your visit to insurance, you are consenting to the release of necessary documents for payment. While not common, the insurance company may request the health record to verify medical necessity to approve payment. The complete chart note for the date of service in question will be released. Your health information may be used to prepare a bill for you. The bill may contain information that identifies you, as well as information about your diagnosis, treatment or procedures that may have been done.
- **Healthcare Operations.** Our healthcare providers, clinicians, the risk management or quality improvement coordinators or members of the quality improvement team may use information in your health record to assess the care and outcome(s) in your case and others like it. This information will then be used in an effort to continually improve the quality and effectiveness of the healthcare and services we deliver. In addition, interns/trainees or other healthcare personnel, who come to our facility to learn to practice or improve their skills under our supervision, may have access to your health information

OTHER PERMITTED USES AND DISCLOSURES:

We may disclose all or part of your health information to persons as follows:

- **You.** In order to get your health information, you will need to complete a Release of Information Form. You may be charged a small fee for some or all of the copies.
- **People You Designate.** We will release your health information to individuals upon your request. You will need to complete a Release of Information Form.
- **Our Business Associates.** Business associates are companies or people we contract with to perform certain services for us. Examples include auditors, attorneys and individuals providing management, analysis, transcriptions, utilization review, or other similar services. Business associates are required to take reasonable steps to protect the privacy of your health information.
- **The Secretary of the United States Department of Health and Human Services.** The Secretary has the right to see your records in order to ensure we comply with the law.
- **Public Health.** As required by law, we may disclose your health information to public health or legal authorities who are responsible for preventing or controlling disease, injury, or disability and for maintaining vital statistics.
- **Food and Drug Administration (FDA).** We may disclose to the FDA 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.
- **Law Enforcement.** We may disclose certain health information as required by law or in response to a valid subpoena.
- **Health Oversight Agencies.** We may disclose your health information to agencies during the course of audits, investigations, inspections, licensure and other proceedings.
- **Judicial and Administrative Proceedings.** We may disclose your health information in the course of any off-campus administrative or judicial proceeding. For example, if you are involved in a lawsuit or a dispute, we may disclose your health information with your authorization or a court or administrative order.
- **Public Safety.** We may disclose your health information to appropriate persons in order to prevent or lessen a serious and imminent threat to the health or safety of a particular person or the general public.
- **Coroners and Funeral Directors.** We may disclose health information about persons who have died to coroners, health examiners and funeral directors, as allowed by law.
- **Organ Transplant Services.** We may reveal health information to agencies that are responsible for harvesting and transplanting organs.
- **Research.** We may reveal your health information in connection with certain research activities which have been approved by an institutional review board that has reviewed the research proposal and established protocols to ensure the privacy of your health information.
- **Specialized Government Functions.** We may disclose your health information for certain military and national security purposes.
- **Required by Law.** We may reveal your health information in any circumstance required by law.
- **University Officials.** If you contract a communicable disease, we may reveal your health information to university officials so that appropriate plans can be implemented to prevent the spread of the disease
- **Marketing.** We may contact you to provide information about our services that may be of interest to you or to remind you of scheduled appointments.

In certain situations, you have the right to object before your health information can be used or revealed. This does not apply if you are being treated for certain mental or behavioral problems. If you do not object after you are given the chance to do so, your health information may be used:

- **Family and Friends.** Using their best judgment, our healthcare professionals may disclose to an immediate family member, other relative, close personal friend, or any person you identify health information relevant to that person’s involvement in your care. We may use or disclose information concerning your location and general condition to notify or assist in notifying a family member, personal representative, or another person responsible for your care. In the event of an emergency or in which you are unable to communicate, we reserve the right to discuss your health information with persons who can help with your care.
- **Disaster Relief.** We may reveal your health information to a public or private disaster relief organization assisting with an emergency.

OTHER RIGHTS REGARDING YOUR HEALTH INFORMATION:

- You have the right to request to receive your health information through a reasonable alternative means or at an alternative location. For example, you may want us to contact you only at work, or home, or you may not want us to call you at all. If your request is reasonable, we must honor it. If we agree to your request, we must comply with it until we tell you that we will no longer do so.
- You have the right to inspect your health information and to obtain a copy of it. We can charge you a reasonable amount for the copy. Your right to look at and copy your health records is contingent upon certain criteria. For example, we can ask you to make your request in writing or, if you come in person, to do so at certain times of the day.
- You have the right to ask us to amend your health information. For example, if you think that we made a mistake in the information we documented about you, you can notify us. If we do not agree to amend your record, we will tell you why, in writing, and give you information about your rights.
- You have the right to revoke any authorization you may have given to us to use or disclose your health information, except to the extent that the action has already been taken.
- You have the right to be told to whom we have given your health information in the previous six (6) years. This does not apply to all disclosures. For example, if we disclose your health information to an individual responsible for your health care or financial obligations, we do not have to keep a record of such transactions.
- **Requesting Restrictions.** a) You have the right to restrict Disclosure of PHI to a health plan for payment if you have paid in full for the services and items provided in that visit. b) You have the right to request a restriction in our Use or Disclosure of your PHI for treatment, payment or healthcare operations. In order to request a restriction, you must complete the Release of Information Form and clearly indicate your request under the ‘Do Not Disclose’ section. c) You have the right to request that we restrict our Disclosure of your PHI to only certain individuals involved in your care or the payment for your care, such as family members and friends. **We are not required to agree to your request;** however, if we do agree, we are bound by our agreement except when otherwise required by law, in emergencies or when the information is necessary to treat you. In your request you must describe in a clear and concise fashion: 1) the information you wish restricted, 2) whether you are requesting to limit Student Health Center use, disclosure or both, and 3) to whom you want the limits to apply.

Note: The above requests must be made in writing and submitted to the Student Health Center Privacy Officer, LSU Student Health Center, 16 Infirmary Lane, Baton Rouge, LA 70803, (225) 578-6271.

The Student Health Center is required by law to notify you in case of a breach of your unsecured PHI when it has been or is reasonably believed to have been accessed, acquired or disclosed as a result of a breach.

If you have questions and would like additional information, you may contact the Student Health Center Privacy Officer at 225-578-6271.

Complaints about this Notice of Privacy Practices or how the Student Health Center handles your health information should be directed to our Privacy Officer. If you are not satisfied with the manner in which this office handles a complaint, you may submit a formal complaint to the Secretary of the United States Department of Health and Human Services:

DHHS Region VI, Regional Manager
US DHHS, Office for Civil Rights
1301 Young Street, Suite 1169
Dallas, TX 75202
Office (800) 368-1019 TDD (800) 537-7697 FAX (214) 767-0432

The complaint form may be found at: www.hhs.gov/ocr/privacy/hipaa/complaints/hipcomplaint.pdf
You will not be penalized in any way for filing a complaint.

Effective Date of this Notice: May 10, 2021

You have the right to get a copy of this notice at no charge. Ask the staff at the front desk for a copy.

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