

Assumption College Student Health Services

Notice of Privacy Practices

Assumption College Student Health Services (SHS) is committed to providing high quality health care for its enrolled students in a safe and private environment. We are giving you this Notice of Privacy Practices to inform you about how we maintain the confidentiality of your student health records.

This notice describes how health information about you (as a patient of SHS) may be used and disclosed, and how you can get access to your protected health information.

SHS reserves the right to change this Notice of Privacy Practices, and to develop new privacy practices that will affect all existing student health records.

The Notice of Privacy Practices is available at Assumption College Student Health Services, 500 Salisbury Street, Worcester, MA 01609 and on its website: <http://www.assumption.edu/healthservices>

Your Student Health Record:

- Each time you receive medical services at SHS, a record is made. Your student health record may describe your conditions, diagnoses, treatments and plan.
- SHS has in place, in accordance with applicable federal and state law, appropriate administrative, technical, and physical safeguards to protect the confidentiality of your student health record.
- SHS maintains your student health record for five years after intended or completed graduation.

When and Why We Will Disclose Confidential Student Health Records:

- SHS may use or disclose your protected health information (PHI) for treatment, payment and healthcare operations.
 - Treatment: SHS may use your PHI to treat you or to assist others in your treatment. This may include coordinating care with a specialist, laboratory, pharmacy, or diagnostic facility.
 - Payment: SHS may use and disclose your PHI in order to bill and collect payment for the services and items you may receive from us. The information on or accompanying the bill may include information that identifies you, as well as your diagnosis, procedures, and supplies used.
 - Healthcare Operations: SHS may use and disclose your PHI to evaluate the quality of care you received from us, for grievance resolution, or to conduct cost-management and business planning activities for our practice.
- SHS may use or disclose your PHI for purposes outside of treatment, payment and healthcare operations when we have received an appropriate authorization from you before releasing this PHI.
 - An authorization form allows you to indicate the purpose of release, to whom, and the expiration date. You may revoke an authorization in writing at any time, except to the extent that SHS has taken action in reliance of the authorization.

Use and Disclosures That May Be Made Without Your Consent or Authorization

- Health or Safety Emergency – Student health records are considered a medical record or an education record under the Family Educational Rights and Privacy Act (“FERPA”). Under FERPA, records may be disclosed with a student’s written consent or, in some situations – such as a health or safety emergency, records may be disclosed without a student’s written consent.
 - SHS may use or disclose your PHI when necessary to reduce or prevent a serious threat to your health and safety or the health and safety of the general public. Under these circumstances, we will only make disclosures to a person or organization able to help prevent the threat.
 - If you are incapacitated or in an emergency circumstance, we may use our professional judgment to determine whether a disclosure is in your best interest.
 - In addition, FERPA permits disclosure to parents if a health or safety emergency involves their son or daughter.
- Public Health Risks – SHS may disclose your PHI to public health authorities that are authorized by law to collect information for the purpose of:
 - Reporting births or deaths;
 - Reporting child abuse or neglect, elder abuse, and disabled persons abuse;
 - Preventing or controlling disease, injury or disability;
 - Notifying people regarding potential exposure to a communicable disease;
 - Notifying people regarding the potential risk for spreading or contracting a disease or condition;
 - Reporting reactions to drugs or problems with products or devices;
 - Notifying individuals if a product or device they may be using has been recalled
- Laws – SHS will use and disclose your PHI when required to do so by federal, state, and local law. This may include a disclosure in response to:
 - Law Enforcement – a reportable crime.
 - Judicial – a court or administrative order, subpoena, discovery request, or other lawful process.
 - Health Oversight Agency – for audits, investigations, inspections, and licensing.
 - Workers Compensation – to agencies responsible for monitoring and processing claims.
 - Medical Examiner or Coroner – to help identify deceased or determine cause of death.
 - Organ or Tissue Procurement Organizations – for the purpose of tissue donation and transplant.

Your Rights Regarding Your PHI

- To receive confidential communication of your medical information.
- To request restrictions in our use or disclosure of your medical information – and to be notified if we are unable to comply with your medical record restrictions.
- To inspect and obtain a copy of your medical record.
- To request an amendment of your medical information if you feel that it is incorrect or incomplete.
- To request an accounting (or list) of disclosures we made of your medical information.
- To receive a paper copy of this notice of our privacy practices.
- To file a complaint if you feel that we have violated your privacy rights. The complaint may be filed with our office or the US Department of Health and Human Services, JFK Federal Building – Room 1875, Boston, MA 02203; Phone (617) 565-1340; or Email OCRComplaint@hhs.gov. You will not be penalized for filing a complaint.