

**SOUTHEAST MISSOURI STATE UNIVERSITY
HEALTH CLINIC**

SUMMARY OF NOTICE OF PRIVACY PRACTICES

This is a summary of our University Health Clinic’s Notice of Privacy practices and describes how we may use and disclose your protected health information (PHI) and how you can access this information. Please review this information carefully. The Health Insurance Portability and Accountability Act (HIPAA) Privacy Rule requires that we protect the privacy of health information that identifies a patient, or when there is reasonable basis to believe the information can be used to identify a patient. This notice describes your rights as our patient and our obligations regarding the use and disclosure of PHI.

USES AND DISCLOSURES	
Uses and Disclosure Statement	
<ul style="list-style-type: none"> • We may use or disclose your PHI <i>without</i> your authorization or opportunity to agree or object to treat you, to obtain payment, and to operate University Health Clinic*. • Other uses and disclosures can be made <i>without</i> your authorization or opportunity to agree or object, e.g., if the law requires us to disclose information to government authorities such as legal requests, suspected abuse, and infectious diseases • In most situations not associated with payment, treatment, or operations, we may use or disclose your PHI only <i>with</i> your written authorization. <p>* The Federal Educational Rights and Privacy Act (FERPA), other federal or state laws, and professional ethics also protect the privacy of the University student’s PHI when they are more stringent than HIPAA, e.g., The University Health Clinic will continue to require authorization from the student to bill the student’s health insurance plan.</p>	
Examples of Uses and Disclosures for Treatment	Authorization Not Required
<ul style="list-style-type: none"> • We may consult with other health care providers regarding your treatment and coordinate and manage your health care with others. • We may disclose PHI when you need a prescription, lab work, an x-ray, or other health care services from an outside organization. • If a clinician in our practice refers you to an outside physician, we may disclose PHI to your new physician regarding whether you are allergic to any medications. • A clinician from our practice may call you to advise you of treatment alternatives. 	
Examples of Uses and Disclosures to Obtain Payment	Authorization Not Required
<ul style="list-style-type: none"> • Student Financial Services may submit a claim that contains your name, date of birth, address, social security number, diagnoses, and procedures performed in our clinic to you for payment. 	
Examples of Uses and Disclosures to Operate our Practice	Authorization Not Required
<ul style="list-style-type: none"> • We may use and disclose your PHI to audit our billing practices, or for quality assurance purposes. • We may leave telephone messages asking that you return our call. • We may share PHI with organizations that assess the quality of care we provide, e.g., the Accreditation reviewers. 	

YOUR RIGHTS

You have the following rights regarding your PHI, and University Health Clinic must act on your written request within 60 days.

- You may request restrictions on certain uses and disclosures of PHI, but we are not required to agree to a requested restriction, unless you request that your PHI not be disclosed to your health plan for payment or healthcare operations and you paid out of pocket for that service.
- You may request access to your PHI in an alternative communication format or location.
- You may request that you receive confidential communications of PHI.
- You may request to inspect and receive a copy of your PHI.
- You may request that your information be amended.
- You may request a copy of our Notice of Privacy Practices on paper or in an alternative format, e.g., electronic.

You may revoke an authorization, except to the extent that we have taken action on it.

OUR RESPONSIBILITIES

The law requires that we maintain the privacy of PHI.

- The law requires that we provide individuals with notice of our privacy practices.
- The law requires us to abide by the terms of the Notice of Privacy Practices and provide notice of revisions.
- The law requires that we notify you within 60 days of discovery of a breach of any of your unsecured PHI.

QUESTIONS/CONCERNS

For more information, or a copy of the entire Notice of Privacy Practices, please visit www.semo.edu/finadm or contact the Privacy Officer, Dr. Bruce Skinner, Office of Residence Life Director, Towers Complex, Rm. 102, (573) 651-2274.

COMPLAINTS

If you believe your privacy rights have been violated, you may submit a complaint in writing using the University *Health Information Privacy Complaint Form* available at <http://www.semo.edu/finadm> or from the Privacy Officer or the Reception area of the University Health Clinic. Send completed complaint forms to the HIPAA Complaint Officer, Southeast Missouri State University, One University Plaza, MS 3400, Cape Girardeau, MO 63701. You may file a complaint directly with the U.S. Department of Health and Human Services, visit <http://www.hhs.gov/ocr/privacy/hipaa/complaints/index.html>.

No one will retaliate against you for filing a complaint.