

NOTICE OF PRIVACY PRACTICES
SETON HALL UNIVERSITY HEALTH SERVICES

THIS NOTICE DESCRIBES HOW YOUR PROTECTED HEALTH INFORMATION (PHI) MAY BE USED AND DISCLOSED AND HOW YOU MAY GET ACCESS TO THIS INFORMATION. **PLEASE READ IT CAREFULLY.**

INTRODUCTION: Health Services is committed to maintaining the privacy of your medical records as mandated by law. This notice describes our privacy practices regarding your protected health information (PHI). A copy of this notice is available by contacting Health Services or by accessing our website. This notice is effective 4/1/03.

WE MAY USE AND DISCLOSE YOUR HEALTH INFORMATION WITHOUT YOUR AUTHORIZATION FOR:

1. **Treatment** – to hospitals, other health care personnel or facilities that need information to manage your health care. Examples: a prescription sent to a pharmacy, an outside referral and an order for a blood test sent to a laboratory.
2. **Payment for Treatment** – to obtain payment for services we provide to you. Example: demographic information and portions of your medical information sent to the university bursar to obtain payment for immunizations administered.
3. **Health Care Operations** – to operate this facility and provide quality health care. Examples: quality assessment, peer review, professional credentialing, licensing, accreditation, and legal services.
4. **Public Health** – to inform public health officials who are responsible for the welfare of the community. Example: an active case of meningitis or tuberculosis.
5. **Workman's Compensation** – to comply with federal laws.
6. **Appointments** – to contact you regarding your appointments. Please inform us if there are alternative means of contacting you.
7. **Health Related Services** – to advise you of the need for follow up and other health care services we offer.
8. **Emergencies** – to disclose information relevant to your care when a serious or life-threatening situation occurs.

ADDITIONAL USES OR DISCLOSURES OF YOUR PHI THAT CAN BE MADE WITHOUT YOUR CONSENT OR AUTHORIZATION:

1. As required by law
2. Public safety and/or national security
3. Investigation by law enforcement agencies
4. To avert a serious threat to public health and safety
5. Military request for medical records
6. Legal proceedings
7. Response to coroner or medical examiner for identification of a body
8. If an inmate, to the correctional institution or law enforcement official
9. As required by the U.S. Food and Drug Administration (FDA)

USES AND DISCLOSURES TO WHICH YOU MAY OBJECT:

Family, Friends, or Others - we may make disclosures regarding your care to your family or other person(s) that you identify as being involved in your care, unless you object, by contacting the health care provider responsible for your care (e.g., you allow a friend to accompany you into the exam room).

AUTHORIZATION REQUIRED FOR ALL OTHER USES AND DISCLOSURES

Other uses and disclosures of your PHI, not covered by this notice, will only be given with your prior written authorization. You may later revoke that authorization, in writing, except for services we have already provided to you.

YOUR RIGHTS REGARDING YOUR PHI:

1. **To inspect and copy medical information** that may be used to make decisions about your health care. A written request must be submitted to Health Services, and a copy will be provided to you within 30 days. A fee may be associated with this request. We may deny your request in certain circumstances, which will be explained to you in writing. You have the right to have the denial reviewed.
2. **To request limits on uses and disclosures.** This must be done in writing, but may not include those which we are legally required to make, as stated in this notice. We will consider your request, but are not legally required to accept it.
3. **To request how we send PHI to you.** This can include a telephone call, mailing address or an email address. We will agree to your request as long as we can easily provide it in the manner you request.
4. **To obtain a list of the disclosures we have made.** This accounting will not include disclosures of health information that we made for the purposes of treatment, payment or health care operations or pursuant to a written authorization that you have signed.
5. **To request an amendment to your PHI.** If you believe that there is a mistake in your PHI, you may submit a request in writing to correct this mistake. You must include your reason for the request. We may deny your request if (a) the record was not created by us, (b) the record is not part of the health information used to make decisions about you, (c) we believe the record is correct and complete, or (d) you would not have the right to inspect and copy the records described herein.

COMPLAINTS OR QUESTIONS:

If you feel we have violated your privacy rights, you may file a complaint with Joan Osthuess, RN, C Director of Health Services or you may send a written complaint to the Secretary of Health and Human Services, 200 Independence Avenue, S.W., Room 615F, Washington D.C. 20201.