

Your Information. Your Rights. Our Responsibilities.

This notice describes how medical information about you may be used and disclosed and how you can get access to this information. **Please review it carefully.**

Your Rights

When it comes to your health information, you have certain rights. This section explains your rights and some of our responsibilities to help you.

Get an electronic or paper copy of your medical record

- You can ask to see or get an electronic or paper copy of your medical record and other health information we have about you. Ask us how to do this.
- We will provide a copy or a summary of your health information, usually within 30 days of your request. We may charge a reasonable, cost-based fee.

Ask us to correct your medical record

- You can ask us to correct health information about you that you think is incorrect or incomplete. Ask us how to do this.
- We may say “no” to your request, but we’ll tell you why in writing within 60 days.

Request confidential communications

- You can ask us to contact you in a specific way (for example, home or office phone) or to send mail to a different address.
- We will say “yes” to all reasonable requests.

Ask us to limit what we use or share

- You can ask us not to use or share certain health information for treatment, payment, or our operations. We are not required to agree to your request, and we may say “no” if it would affect your care.
- If you pay for a service or health care item out-of-pocket in full, you can ask us not to share that information for the purpose of payment or our operations with your health insurer. We will say “yes” unless a law requires us to share that information.

Get a list of those with whom we've shared information

- You can ask for a list (accounting) of the times we've shared your health information for six years prior to the date you ask, who we shared it with, and why.
- We will include all the disclosures except for those about treatment, payment, and health care operations, and certain other disclosures (such as any you asked us to make). We'll provide one accounting a year for free but will charge a reasonable, cost-based fee if you ask for another one within 12 months.

Get a copy of this privacy notice

You can ask for a paper copy of this notice at any time, even if you have agreed to receive the notice electronically. We will provide you with a paper copy promptly.

Choose someone to act for you

- If you have given someone medical power of attorney or if someone is your legal guardian, that person can exercise your rights and make choices about your health information.
- We will make sure the person has this authority and can act for you before we take any action.

File a complaint if you feel your rights are violated

- You can complain if you feel we have violated your rights by contacting us using the information on page 6.
- You can file a complaint with the U.S. Department of Health and Human Services Office for Civil Rights by sending a letter to 200 Independence Avenue, S.W., Washington, D.C. 20201, calling 1-877-696-6775, or visiting www.hhs.gov/ocr/privacy/hipaa/complaints/.
- We will not retaliate against you for filing a complaint.

Your Choices

For certain health information, you can tell us your choices about what we share. If you have a clear preference for how we share your information in the situations described below, talk to us. Tell us what you want us to do, and we will follow your instructions.

In these cases, you have both the right and choice to tell us to:

- Share information with your family, close friends, or others involved in your care upon completing and signing a HIPAA Authorization Form.
- Share information in a disaster relief situation

If you are not able to tell us your preference, for example if you are unconscious, we may go ahead and share your information if we believe it is in your best interest. We may also share your information when needed to lessen a serious and imminent threat to health or safety.

In these cases we never share your information unless you give us written permission:

- Marketing purposes
- Sale of your information
- Most sharing of psychotherapy notes

In the case of fundraising:

- We may contact you for fundraising efforts, but you can tell us not to contact you again.

Our Uses and Disclosures

How do we typically use or share your health information?

We typically use or share your health information in the following ways.

Treat you

We can use your health information and share it with other professionals who are treating you.

Example: A doctor treating you for an injury asks another doctor about your overall health condition.

Run our organization

We can use and share your health information to run our practice, improve your care, and contact you when necessary.

Example: We use health information about you to manage your treatment and services.

Bill for your services

We can use and share your health information to bill and get payment from health plans or other entities.

Example: We give information about you to your health insurance plan so it will pay for your services.

Appointment Reminders/Treatment Options

We may contact you for appointment reminders or to tell you about treatment options, alternatives or other health related benefits/services that may be of interest to you.

Business Associates

We may disclose information to those who perform functions on our behalf or provide use with services when the information is needed for such functions or services such as vendors.

How else can we use or share your health information?

We are allowed or required to share your information in other ways – usually in ways that contribute to the public good, such as public health and research. We have to meet many conditions in the law before we can share your information for these purposes. For more information see:

www.hhs.gov/ocr/privacy/hipaa/understanding/consumers/index.html.

Help with public health and safety issues

We can share health information about you for certain situations such as:

- Preventing disease
- Helping with product recalls
- Reporting adverse reactions to medications
- Reporting suspected abuse, neglect, or domestic violence
- Preventing or reducing a serious threat to anyone’s health or safety

Do research

We can use or share your information for health research.

Comply with the law

We will share information about you if state or federal laws require it, including with the Department of Health and Human Services if it wants to see that we’re complying with federal privacy law.

Respond to organ and tissue donation requests

We can share health information about you with organ procurement organizations.

Work with a medical examiner or funeral director

We can share health information with a coroner, medical examiner, or funeral director when an individual dies.

Address workers’ compensation, law enforcement, and other government requests

We can use or share health information about you:

- For workers’ compensation claims
- For law enforcement purposes or with a law enforcement official
- With health oversight agencies for activities authorized by law
- For special government functions such as military, national security, and presidential protective services

Respond to lawsuits and legal actions

We can share health information about you in response to a court or administrative order, or in response to a subpoena.

Our Responsibilities

- We are required by law to maintain the privacy and security of your protected health information.
- We will let you know promptly if a breach occurs that may have compromised the privacy or security of your information.
- We must follow the duties and privacy practices described in this notice and give you a copy of it.
- We will not use or share your information other than as described here unless you tell us we can in writing. If you tell us we can, you may change your mind at any time. Let us know in writing if you change your mind.

For more information see: www.hhs.gov/ocr/privacy/hipaa/understanding/consumers/noticepp.html.

Changes to the Terms of this Notice

We can change the terms of this notice, and the changes will apply to all information we have about you. The new notice will be available upon request, in our office, and on our web site.

Other Important Information

Uses and Disclosures not Covered by this Notice: We have attempted to include most known uses and disclosures that relate to how we use and disclose your information. There may be other uses and disclosures not covered by this Notice. In such cases, we will request your written authorization unless the use or disclosure is otherwise permitted by law or regulation. An inmate does not have a right to a Notice under the HIPAA Privacy Rule standard regarding Notice of Privacy Practices.

Special Cases: We must also comply with North Carolina laws and/or other federal laws about certain types of information. Examples of these include but are not limited to:

- **Communicable Diseases:** We are required to report certain communicable diseases to appropriate public health authorities such as sexually transmitted diseases, food poisoning and others. This reporting does not require your permission. NC 130A-143 provides that anything that identifies a patient as being infected with AIDS is confidential except for epidemiological purposes (information is deidentified) Disclosures of HIV/AIDS information must have the patient's specific consent.
- **Mental Health Services:** North Carolina General Statute 122C-54(g); NCGS 122c-55(a), (a2), (d), (e) states: "North Carolina law generally requires that we obtain your

written consent before we may disclose health information related to your mental health services. There are some exceptions to this general requirement however. We may disclose health information to members of the University Health Services staff or to the personnel employed in the Counseling and Psychological Services department, to our professional advisors, including the university attorney and university administrators as appropriate, and to agencies or individuals that oversee our operations or that help us carry out our responsibilities in serving you. We will disclose only the information that is necessary to the provision of services or operations, and the information will be disclosed only to individuals who have a need to know. We also may disclose information to the following people: (1) a health care provider who is providing emergency medical services to you; and (2) to other mental health professionals when necessary to coordinate your care and treatment. If we determine that there is an imminent threat to your health or safety, or the health or safety of someone else, we may disclose information about you to prevent or lessen the threat. We also will release information about you if state or federal law requires us to do so, when a court of law orders us to do so, or to report suspected neglect or abuse of a child or disabled adult.”

- **Alcohol and Substance Abuse Services:** If you request and/or receive alcohol and/or drug abuse services from us, federal law generally requires that we obtain your written consent before we may disclose information that would identify you as a patient. There are some exceptions to this requirement. We may disclose information to members of our workforce as needed to coordinate your care, and to agencies or individuals that help us carry out our professional responsibilities in serving you. We may disclose information to medical personnel in a medical emergency
- **Pharmacy Services:** North Carolina law limits the sharing of pharmacy information. This information is generally only shared with those involved in your care or who have oversight of the organization.

Questions or Complaints: The University’s HIPAA Compliance Officer can be reached at the following:

Pam Buchanan
HIPAA Compliance Officer
1 University Way
Cullowhee, NC 28723
828-227-7640
pmbuchanan@email.wcu.edu.