

NOTICE OF PRIVACY PRACTICE

THIS NOTICE DESCRIBES HOW MEDICAL INFORMATION ABOUT THE HEALTH CENTER'S PATIENTS MAY BE USED AND DISCLOSED AND HOW PATIENTS CAN OBTAIN ACCESS TO THEIR INFORMATION. PLEASE REVIEW IT CAREFULLY.

SCHIFFERT HEALTH CENTER (SHC) IS COMMITTED TO PROTECTING THE PRIVACY OF MEDICAL INFORMATION WE CREATE OR OBTAIN ABOUT YOU. THIS NOTICE TELLS YOU ABOUT THE WAYS IN WHICH WE MAY USE AND DISCLOSE MEDICAL INFORMATION ABOUT YOU. IT ALSO DESCRIBES YOUR RIGHTS AND CERTAIN OBLIGATIONS WE HAVE REGARDING THE USE AND DISCLOSURE OF YOUR MEDICAL INFORMATION.

A. HOW WE MAY USE AND DISCLOSE MEDICAL INFORMATION ABOUT YOU:

- 1. TREATMENT.** WE MAY USE OR DISCLOSE MEDICAL AND PERSONAL INFORMATION ABOUT YOU TO PROVIDE YOU WITH MEDICAL TREATMENT OR SERVICES. WE MAY ALSO SHARE MEDICAL INFORMATION ABOUT YOU WITH OTHER SCHIFFERT HEALTH CENTER PERSONNEL OR NON SCHIFFERT HEALTH CENTER HEALTH CARE PROVIDERS, AGENCIES, OR FACILITIES IN ORDER TO PROVIDE OR COORDINATE ANY CARE YOU MAY NEED.
- 2. BILLING.** BILLING INFORMATION WHICH CONTAINS PERSONAL INFORMATION TO INCLUDE NAME, STUDENT IDENTIFICATION NUMBER, DATE OF SERVICE, AND CHARGE IS SENT TO THE UNIVERSITY'S ACCOUNTS RECEIVABLE OFFICE FOR BILLING. THE BILL APPEARS ONLY AS "MEDICAL CLINIC CHARGE" OR "PHARMACY CHARGE". BILLS ARE MAILED BY THE ACCOUNTS RECEIVABLE OFFICE TO THE ADDRESS PROVIDED BY YOU.
- 3. OVERSIGHT ACTIVITIES.** OVERSIGHT INCLUDES INTERNAL AND EXTERNAL AUDITS, CHART REVIEWS, INVESTIGATIONS, LICENSURES, AND INSPECTIONS REQUIRED FOR COMPLIANCE WITH GOVERNMENT, UNIVERSITY, AND ACCREDITATION PROGRAMS AND LAWS AS WELL AS SHC'S QUALITY ASSURANCE/RISK MANAGEMENT PROGRAMS. ONLY THE MINIMAL NECESSARY INFORMATION WILL BE RELEASED. HOWEVER, ON OCCASION, THESE REVIEWS WILL INVOLVE VIEWING OF INDIVIDUAL INFORMATION BY THE AUDITOR, ACCREDITATION EXAMINER, ETC. ALL INDIVIDUALS PERFORMING THESE REVIEWS, AUDITS, ETC. WILL BE REQUIRED TO AGREE WITH AND SIGN THE NON DISCLOSURE CONFIDENTIALITY STANDARDS OF THE HEALTH CENTER BEFORE BEING ALLOWED ACCESS.
- 4. PUBLIC HEALTH AND SAFETY.** WE MAY USE AND DISCLOSE MEDICAL AND PERSONAL INFORMATION ABOUT YOU TO THE PROPER AUTHORITIES TO REPORT DEATHS, CERTAIN INFECTIOUS DISEASES, OCCUPATIONAL INJURIES AND DISEASES, CHILD ABUSE/NEGLECT, DOMESTIC VIOLENCE, PROBLEMS WITH MEDICATIONS AND OTHER PRODUCTS AS REQUIRED BY LAW TO PREVENT/CONTROL DISEASE, INJURY OR DISABILITY TO YOU OR TO OTHERS.
- 5. LEGAL REQUIREMENTS.** WE MAY USE AND DISCLOSE MEDICAL AND PERSONAL INFORMATION ABOUT YOU AS REQUIRED BY COURT OR ADMINISTRATIVE ORDER, SUBPOENA, DISCOVERY REQUEST, OR OTHER LAWFUL PROCESS. IT MAY ALSO BE DISCLOSED WHEN LEGALLY REQUESTED BY NATIONAL SECURITY, INTELLIGENCE, AND OTHER FEDERAL OFFICIALS.
- 6. OTHER USES.** OTHER USES AND DISCLOSURES OF MEDICAL AND PERSONAL INFORMATION NOT COVERED BY THIS NOTICE WILL BE MADE ONLY WITH YOUR WRITTEN AUTHORIZATION. SUCH AUTHORIZATION MAY BE REVOKED IN WRITING BY YOU AT ANY TIME.

B. THE PATIENT ALSO HAS CERTAIN RIGHTS. THESE INCLUDE:


- 1. THE RIGHT TO INSPECT AND COPY.** SUCH REQUESTS MUST BE MADE IN WRITING. A COST BASED FEE MAY BE CHARGED FOR PROVIDING YOU A COPY OF YOUR RECORDS. SHC MAY DENY, IN WRITING, THE RELEASE OR VIEWING OF YOUR RECORDS IF THE SHC ADMINISTRATION DETERMINES THAT THE RELEASE OF THE INFORMATION MAY BE HARMFUL TO THE PATIENT OR ANOTHER PERSON. WHEN SUCH A REQUEST IS DENIED THE PATIENT MAY REQUEST A REVIEW OF THE DENIAL BY A DESIGNATED SHC AND/OR UNIVERSITY REVIEWING OFFICIAL WHO DID NOT PARTICIPATE IN THE DECISION TO DENY. SUCH REQUESTS MUST BE MADE IN WRITING TO THE SHC PRIVACY OFFICIAL(S) DESIGNATED IN PARAGRAPH "D" BELOW.
- 2. THE RIGHT TO REQUEST AN AMENDMENT.** IF YOU FEEL THAT MEDICAL INFORMATION WE HAVE ABOUT YOU IS INCORRECT OR INCOMPLETE, YOU MAY ASK US TO AMEND THE INFORMATION. SUCH REQUESTS MUST BE MADE IN WRITING TO THE HEALTH INFORMATION MANAGEMENT DEPARTMENT. SUCH REQUESTS WILL BE REVIEWED BY SHC. IF WE AGREE WITH YOUR REQUEST, WE WILL AMEND YOUR RECORDS. IF DENIED, WE WILL PROVIDE YOU WITH A WRITTEN EXPLANATION OF THE REASON(S) WHY WE DID NOT MAKE THE AMENDMENT. YOU HAVE THE RIGHT TO SUBMIT A REBUTTAL AND REQUEST FOR REVIEW OF SUCH DENIAL. SUCH REQUESTS ARE TO BE MADE IN WRITING TO THE SHC DESIGNATED PRIVACY OFFICIAL(S) DESIGNATED IN PARAGRAPH "D" BELOW.
- 3. THE RIGHT TO AN ACCOUNTING OF DISCLOSURES.** YOU HAVE THE RIGHT TO RECEIVE A LIST OF DISCLOSURES WE HAVE MADE OF YOUR MEDICAL INFORMATION IN THE SIX YEARS PRIOR TO YOUR REQUEST. THIS LIST WILL NOT INCLUDE EVERY DISCLOSURE MADE, INCLUDING THOSE MADE FOR TREATMENT, PAYMENT, AND HEALTH CARE OPERATIONS PURPOSES. SUCH REQUESTS ARE TO BE MADE IN WRITING TO THE SHC DESIGNATED PRIVACY OFFICIAL(S) DESIGNATED IN PARAGRAPH "D." BELOW.
- 4. THE RIGHT TO REQUEST RESTRICTIONS.** YOU HAVE THE RIGHT TO REQUEST A RESTRICTION OR LIMITATION ON THE MEDICAL INFORMATION WE USE OR DISCLOSE ABOUT YOU. SUCH REQUESTS MUST BE MADE IN WRITING TO THE HEALTH INFORMATION MANAGEMENT DEPARTMENT. SHC MAY NOT AGREE WITH THIS REQUEST WHEN IT IS FELT TO BE IN THE PATIENT'S BEST INTEREST TO RELEASE THE INFORMATION AND/OR WHEN SUCH A RELEASE IS MANDATED BY THE USES OUTLINED IN PARAGRAPH "A" ABOVE.
- 5. THE RIGHT TO REQUEST CONFIDENTIAL COMMUNICATIONS.** YOU HAVE THE RIGHT TO REQUEST THAT COMMUNICATIONS BETWEEN YOU AND SHC BE KEPT CONFIDENTIAL. WE WILL HONOR REASONABLE REQUESTS. HOWEVER, IF WE ARE UNABLE TO CONTACT YOU USING THE REQUESTED WAY, WE MAY CONTACT YOU USING ANY INFORMATION WE HAVE.

C. FUTURE CHANGES TO SHC PRIVACY PRACTICES AND THIS NOTICE:


COPIES OF THIS NOTICE ARE AVAILABLE UPON REQUEST. SHC RESERVES THE RIGHT TO MAKE CHANGES TO THIS NOTICE. WE RESERVE THE RIGHT TO MAKE THE REVISED OR CHANGED NOTICE EFFECTIVE FOR MEDICAL INFORMATION WE ALREADY HAVE ABOUT YOU AS WELL AS ANY INFORMATION WE RECEIVE IN THE FUTURE.

D. QUESTIONS AND COMPLAINTS:

- 1. COMPLAINTS REGARDING THE SECURITY AND/OR PRIVACY OF PERSONAL HEALTH INFORMATION MAY BE FILED WITH THE DIRECTOR OF SCHIFFERT HEALTH CENTER, KANITTA CHAROENSIRI, D.O., M.B.A.**

 KANITTA CHAROENSIRI, D.O., M.B.A.
DIRECTOR, SCHIFFERT HEALTH CENTER
213, MCCOMAS HALL
VIRGINIA TECH
BLACKSBURG, VA 24061-0140
540-231-5313
CHARKX@VT.EDU

- 2. PATIENTS MAY FILE FORMAL COMPLAINTS ABOUT POSSIBLE VIOLATIONS OF THE PRIVACY RULES WITH:**

 OFFICE OF INSPECTOR GENERAL, OFFICE OF PUBLIC AFFAIRS
DEPARTMENT OF HEALTH AND HUMAN SERVICES
ROOM 5541, COHEN BUILDING
330 INDEPENDENCE AVENUE, S.W.
WASHINGTON, D.C. 20201
PHONE: 202-619-1343
FAX: 202-260-8512
EMAIL: PUBLIC.AFFAIRS@OIG.HHS.GOV

 COMPLAINT INTAKE, OFFICE OF LICENSURE & CERTIFICATION
VIRGINIA DEPARTMENT OF HEALTH
9960 MARYLAND DRIVE, SUITE 401
RICHMOND, VA 23233-1463
PHONE: 800-955-1819
FAX: 804-527-4503