

# Notice of Privacy Practice

**We will ask you to acknowledge receipt of the following information:**

**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.**

This notice explains how Winona State University Health & Wellness Services (H&WS) uses and discloses (releases) your personal health information and the rights that you, as a consumer, have to access this information and keep it private. We are required by federal and state law to protect the privacy of your personal health information and to provide you with this notice.

**We must follow the privacy practices that are described in this notice.** We reserve the right to change our privacy practices and the terms of this notice. When we make a significant change in our privacy practices, a revised notice will be made available. To the extent applicable, any changes in our privacy policy will affect information we receive or create after the effective date of the new policy.

**If you have questions about anything you read here, please contact:**

- Director, H&WS Director: 507-457-5548
- HIPAA Specialist: 507-457-2224

## Our Uses and Disclosures of Your Personal Health Information

We can use your health information for the following purposes:

**Treatment.** “Treatment” generally means the provision, coordination, or management of health care and related services among health providers or by a health care provider with a third party, consultation between health care providers, or referral of a patient from one health care provider to another. For example, a doctor may use the information in your medical record to determine which treatment option, such as a drug or surgery, best addresses your health needs. The treatment selected will be documented in your medical record, so that other health care professionals can make informed decisions about your care.

**Payment.** In order for an insurance company to pay for your treatment, we must submit a bill that identifies you, your diagnosis, and the treatment provided to you. As a result, we will pass such health information onto an insurer in order to help receive payment for your medical bills.

**Health Care Operations.** “Health care operations” include certain administrative, financial, legal, and quality improvement activities necessary to run our business and support the core functions of treatment and payment. We may need your diagnosis, treatment, and outcome information in order to improve the quality or cost of care we deliver. These quality and cost improvement activities may include evaluating the performance of your doctors, nurses and other health care professionals, or examining the effectiveness of the treatment provided to you when compared to patients in similar situations.

We will use your information to send appointment reminders to you via email

Unless you are incapacitated, we will give you an opportunity to object to the following uses or disclosures of your information:

**Family and Other Individuals Involved in Your Care-** We may disclose to family members, friends, and persons you indicate are involved with your care, personal information that is directly relevant to their involvement in your care.

**Disaster Relief Efforts-** we may release your health information to organizations authorized to handle disaster relief efforts so those who care for you can receive information about your location or health status.

**Treatment Options-** we may look at your medical information and decide to tell you about another treatment or new service we offer.

In special circumstances specified in law, certain health information may be released to legal authorities, such as law enforcement officials, court officials, or government agencies for specific purposes without seeking your permission. For example, we may have to respond to a court order. The use or disclosure will be made in compliance with the law and will be limited to the relevant requirements of the law. The following provides more detail about such disclosures:

- **For public health activities.** We may be required to report your health information to authorities to help prevent or control disease, injury, or disability. This may include using your medical record to report certain diseases, injuries, birth or death information, information of concern to the Food and Drug Administration, or information related to child abuse or neglect. We may also have to report to your employer certain work-related illnesses and injuries so that your workplace can be monitored for safety.
- **For health oversight activities.** We may disclose your health information to authorities so they can monitor, investigate, inspect, discipline or license those who work in the health care system or for government benefit programs.
- **To respond to a court order or subpoena.** We may have to disclose your health information as part of judicial or administrative proceedings.
- **To avoid a serious threat to health or safety.** As required by law and standards of ethical conduct, we may release your health information to the proper authorities if we believe, in good faith, that such

release is necessary to prevent or minimize a serious and approaching threat to your or the public's health or safety.

- ***For workers' compensation.*** We may disclose your health information to the appropriate persons in order to comply with the laws related to workers' compensation or other similar programs. These programs may provide benefits for work-related injuries or illness.

Below is a listing of agencies and persons to whom we may release your health information for specific purposes:

- Department of Health
- Department of Human Services
- Department of Public Safety
- Department of Commerce
- Department of Employee Relations
- Department of Labor & Industry, insurers and employers in workers compensation cases
- OCR/HHS Secretary
- State Fire Marshall
- Health Boards
- Health professional licensing boards or agencies
- Law enforcement agencies
- Medical examiners or coroners
- Potential victims of serious threats of physical violence
- Local human services agencies

## **Your Authorization is Required for Other Disclosures**

Except as described above, we will not use or disclose your health information unless you authorize us in writing to disclose your information. You may revoke your permission, which will be effective only after the date of your written revocation. Your medical records may also contain psychotherapy notes you may have participated in. You will need to sign a separate authorization for the use and disclosure of this information. You may revoke your permission to use and disclose your psychotherapy notes by sending a written revocation to Student Health Services.

## **Your Health Information Rights**

You have several rights with regard to your health information. Specifically, you have the right to:

1. **Inspect and copy your health information.** With a very few exceptions, you have the right to inspect and obtain a copy of your health information. Please use the *Consent Form to Release Health Information* to make your request in writing. We will respond immediately or within 10 working days, unless an extension is necessary. You have the right to request your health information in an electronic format as indicated on the consent form if that health information is readily producible in an electronic format. Copies of electronic records will be provided in PDF on a portable media device provided by SHS. If you request copies, we may charge you a reasonable fee as permitted by law. If we deny your request, you may be entitled to a review of that denial.
2. **Request to amend your health information.** If you believe your health information is incorrect, you may ask us to correct the information. You may be asked to make such requests in writing and to give a reason as to why your health information should be changed. However, if we did not create the health information that you believe is incorrect, or if we disagree with you and believe your health information is correct, we may deny your request. You may be entitled to a review of that denial. You may respond with a written statement of disagreement to be included in your records.
3. **Request restrictions on certain uses and disclosures.** You have the right ask for certain restrictions on how your health information is used or to whom your information is disclosed, even if the restriction affects your treatment or our payment or health care operation activities. We are not required to agree in all circumstances to your requested restriction. However, in most situations we must agree to restrict disclosure to your health plan if you request this in writing and agree to pay for the services/items out-of-pocket in full.
4. **As applicable, receive confidential communication of health information.** You have the right to ask that we communicate your health information to you in different ways or places. For example, you may want us to contact you only at work or through a written letter sent to a private address. You must make your request in writing and specify how or where you wish to be contacted. We will accommodate reasonable requests.
5. **Receive a record of disclosures of your health information.** You have the right to request and obtain a list of the disclosures we have made of your health information. This list must include the date of each disclosure, who received the disclosed health information, a brief description of the health information disclosed, and why the disclosure was made. We may not charge you for the list, unless you request such a list more than once per year.
6. **Obtain a paper copy of this notice.** Upon your request, you may at any time receive a paper copy of this notice, even if you earlier agreed to receive this notice electronically.
7. **Right to be notified of breach.** If your unsecured health information has been impermissibly used or disclosed, we must notify you of the breach.

## **Complaints**

If you believe your privacy rights have been violated, you, or your legal representative, may file a complaint with us or with the U.S. Department of Health and Human Services. We will not retaliate against you for filing such a complaint. To file a complaint with either entity:

### **Director of Health & Wellness**

77 West Sanborn, PO Box 5838  
Winona, MN 55987  
507-457-5548

### **H&WS HIPAA SPECIALIST**

77 West Sanborn, PO Box 5838  
Winona, MN 55987  
507-457-2224

### **Office of Civil Rights**

Medical Privacy, Complaint Division  
US Department of Health and Human Services  
200 Independence Ave. SW  
Washington, DC 20201  
1-866-627-7748

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