

Pacific University
Student Health Center
2043 College Way, Forest Grove, OR 97116
503-352-2269

NOTICE OF PRIVACY AND CONFIDENTIALITY

This statement describes how medical information about you may be used and disclosed and how you can get access to this information. PLEASE REVIEW IT CAREFULLY.

Our Uses and Disclosure—How do we typically use or share your health information?

Treatment:

We can use your health information and share it with other professionals who are treating you. For example, a doctor treating you for an injury asks another doctor about your overall health condition.

Healthcare Operations:

We may use and disclose your health information in order to run the necessary administrative, educational, quality assurance and business functions. For example, we may use your health information to evaluate the performance of our staff in caring for you. We may use and disclose your health information to contact you as a reminder that you have an appointment for treatment or services. For example, we may use your health information to manage your treatment and services.

Billing Purposes:

We can use and share your information to bill and get payment from health plans or other entities. For example, we give information about you to your health insurance plan so it will pay for your services.

Other permitted uses and disclosures of your health information

We may use or disclose your health information without your permission in the following circumstances, subject to all applicable legal requirements and limitations:

1. **Required By Law:** As required by federal, state, or local law.
2. **Public Health Risks:** For public health reasons in order to prevent or control disease, injury or disability; or to report births, deaths, suspected abuse or neglect, non-accidental physical injuries, reactions to medications or problems with products.
3. **Health Oversight Activities:** To a health oversight agency for audits, investigations, inspections, licensing purposes, or as necessary for certain government agencies to monitor the health care system, government programs, and compliance with civil rights laws.
4. **Lawsuits and Disputes:** In response to a subpoena or a court or administrative order, if you are involved in a lawsuit or a dispute, or in response to a court order, subpoena, warrant, summons or similar process, if asked to do so by law enforcement.
5. **Law Enforcement:** To law enforcement agencies in order to provide information about someone who is or is suspected to be a victim of a crime; to provide information about a crime at our office; or to report a crime that happened somewhere else.
6. **Coroners, Medical Examiners and Funeral Directors:** To a coroner or medical examiner, (as necessary, for example, to identify a deceased person or determine the cause of death) or to a funeral director, as necessary to allow him/her to carry out his/her activities.
7. **Serious Threat to Health or Safety; Disaster Relief:** To appropriate individual(s)/organization(s) when necessary (i) to prevent a serious threat to your health and safety or that of the public or another person, or (ii) to notify your family members or persons responsible for you in a disaster relief effort.
8. **Military and Veterans:** As required by military command or other government authority for information about a member of the domestic or foreign armed forces.
9. **National Security; Intelligence Activities; Protective Service:** To federal officials for intelligence,

counterintelligence, and other national security activities authorized by law, including activities related to the protection of the President, other authorized persons or foreign heads of state, or related to the conduct of special investigations.

10. **Workers' Compensation:** To your employer via a workers' compensation or similar work-related injury program.

When Written Authorization is Required

We will not use or disclose your PHI for any purpose other than the purposes described in this Notice without your written authorization. For example, Pacific University will not supply PHI to another company for its marketing purposes, we will not sell your PHI, and we will not disclose any psychotherapy notes. If you give us authorization, you can withdraw this written Authorization at any time. To remove your authorization, deliver a written revocation to the address at end of this statement. If you revoke your Authorization, we will no longer use or disclose your health information as allowed by your written Authorization, except to the extent that we have already relied on your Authorization.

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.

- You can ask to see or get a paper copy of your medical record and other health information we have about. 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. Requests must be made by signing an "Authorization to Release Medical Information" form.
- You can ask us to correct health information about you that you think is incorrect or incomplete. We may say "no" to your request, but we will tell you why in writing within 60 days.
- 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.
- 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. This must be requested in writing.
- 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. This must be requested in writing.
- You can ask for a list of the times we have shared your health information for six years prior to the date you ask, who we shared it with and why. We will include all disclosures except for those about treatment, payment, and health care operations and certain other disclosures (such as any you asked us to make). We will provide one accounting a year for free but will charge a reasonable, cost based fee if you ask for another one within 12 months.
- You may request a paper copy of this notice at any time.
- If you have questions about this privacy notice or you believe your privacy rights have been violated, you may file a complaint in writing to the address below.

Our Responsibilities

- We are required by law to maintain the privacy and security of your 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 upon request.
- 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 by telling us so in writing.

Changes to the Notice of Privacy and Confidentiality

We reserve the right to change this statement at any time. If we change this statement, the new statement will apply to your health information that we already have as well as to such information that we may generate in the future. If we change this statement, we will post the new notice in our offices and have copies available for you.

Questions or Concerns

If you want more information about our privacy practices, have questions or concerns, please contact:

Director: Kathryn Eisenbarth
Clinic: Pacific University Student Health Center
Telephone: 503-352-2705
Email: eisenbak@pacificu.edu
Address: 2043 College Way, Forest Grove, OR 97116

Effective: May 2014