

## FULLERTON COLLEGE HEALTH SERVICES NOTICE OF PRIVACY PRACTICES

**THIS NOTICE DESCRIBES HOW YOUR PROTECTED HEALTH INFORMATION (PHI) MAY BE USED AND DISCLOSED AND HOW YOU CAN GET ACCESS TO THIS INFORMATION. YOU SHOULD REVIEW THIS INFORMATION CAREFULLY. YOUR INITIALS AFTER EACH SECTION ACKNOWLEDGES THAT YOU HAVE REVIEWED EACH SECTION. IF YOU HAVE QUESTIONS, PLEASE ASK FOR CLARIFICATION.**

**Uses and Disclosures:** We use health information about you for treatment. At this time, Fullerton College does not bill a third party to obtain payment for treatment. Treatment is, for administrative purposes, and to evaluate the quality of care that you receive. Continuity of care is part of treatment and some or all of your records may be shared with other providers in the Fullerton College Health Center. Your written consent will be necessary, if your records are shared with providers to whom you are referred outside of the Fullerton College Health Center. We may use or disclose unidentifiable health information about you without your authorization in several situations. We will ask for your written authorization before using or disclosing any identifiable health information about you.

**Your rights:** In most cases, you have the right to look at or get a copy of health information about you. If you request copies, we may charge you normal photocopy fees. You also have the right to receive a list of disclosures, if we have disclosed certain types of your information. If you believe that information in your record is incorrect, you have the right to request that we amend your record so that the correct information is included.

**Our legal duty:** We are required by law to protect the privacy of your information, provide this notice about our information practices, follow the information practices that are described in this notice, and seek your acknowledgment of receipt of this notice. Before we make a significant change in our policies, we will change our notice and post the new notice in the waiting area or some other area that is easily accessible to you. You can also request a copy of our notice at any time. For more information about our privacy practices, contact the person listed below.

**Complaints:** If you are concerned that we have violated your privacy rights, or you disagree with a decision we made about access to your records, you may contact the person listed below. You also may send a written complaint to the U.S. Department of Health and Human Services. You may find additional information about your right to privacy regarding your medical records at the Health and Human Services web site (<http://www.hhs.gov>). The person listed below (or the current Director of Fullerton College Health Services) can provide you with the appropriate address and/or additional contact information upon request.

Vanessa Miller, Director  
Fullerton College Health Services  
321 E. Chapman Ave  
Fullerton CA 92832  
(714) 992-7093

### **Uses and Disclosures of Protected Health Information**

Following are examples of the type of uses and disclosures of your protected health care information that the provider is permitted to make. These examples are not meant to be exhaustive, but to describe the types of uses and disclosures.

**Treatment:** We will use and disclose your protected health information to coordinate, or manage your health care and any related services. For example, your protected health information (PHI) may be provided to a doctor to whom you have been referred to ensure that the doctor has the necessary information to diagnose or treat you.

**Payment:** Your protected health information will be used, as needed, in activities related to obtaining payment for your health care services. For example, obtaining approval for a hospital stay may require that your relevant protected health information be disclosed to your Health Insurance Company or governmental plan to obtain approval for the hospital admission.

**Healthcare Operations:** We may use or disclose, as needed, your protected health information in order to support our business activities. For example, when we review employee performance, we may need to look at what and how an employee has documented in your medical record.

**Business Associates:** We may share your protected health information with a third party 'business associate' that performs various activities (e.g., billing, transcription services). Whenever an arrangement between us and a business associate involves the use of disclosure of your protected health information, we will have a written contract that contains terms that will protect the privacy of your protected health information.

**Marketing:** We may use or disclose certain health information in the course of providing you with information about treatment alternatives, health-related services, or fund-raising. You may contact us to request these materials not be sent to you.

## **Written Authorization**

Other uses and disclosures of your protected health information will be made only with your written authorization, unless otherwise permitted or required by law as described below. You may revoke your authorization, at any time, in writing.

## **Opportunity to Object**

We may use and disclose your protected health information in the following instances. You have the opportunity to object. If you are not present or able to object, then your provider may, using professional judgment, determine whether the disclosure is in your best interest.

Facility Directories: The Fullerton College Health Center does not print or maintain a directory of the patients we serve.

Emergencies: In any emergency treatment situation, we will provide you a Notice of Privacy Practices as soon as reasonably practicable after the delivery of treatment.

Communication Barriers: We may use and disclose your protected health information if we have attempted to obtain acknowledgment from you of our Notice of Privacy Practices but have been unable to do so due to substantial communication barriers and we determine, using professional judgment, that you would agree.

## **Without Opportunity to Object**

We may use or disclose your protected health information in the following situations without your authorization or opportunity to object:

Public Health: for public health purposes to a public health authority or to a person who is at risk of contracting or spreading your disease.

Health Oversight: to a health oversight agency for activities authorized by law, such as audits, investigations, and inspections.

Abuse or Neglect: to an appropriate authority to report child abuse or neglect, if we believe that you have been a victim of abuse, neglect, or domestic violence.

Food and Drug Administration: as required by the Food and Drug Administration to track products.

Legal Proceedings: in the course of legal proceedings.

Law Enforcement: for law enforcement purposes, such as pertaining to victims of a crime or to prevent a crime.

Coroners, Funeral Directors, and Organ Donation: for the coroner, medical examiner, or funeral director to perform duties authorized by law and for organ donation purposes.

Research: to researchers when their research has been approved by an Institutional Review Board or Privacy Board.

Soldiers, Inmates, and National Security: to military supervisors of Armed Forces personnel or to custodians of inmates, as necessary. Preserving national security may also necessitate disclosure of protected health information.

Workers' Compensation: to comply with workers' compensation laws.

Compliance: to the Department of Health and Human Services to investigate our compliance.

In general, we may use or disclose your protected health information as required by law and limited to the relevant requirements of the law.

## **Your Rights**

You have the right to:

Inspect and receive a copy your protected health information. However, we may refuse to provide access to certain psychotherapy notes or information for a civil or criminal proceeding.

Request a restriction of your protected health information. You may ask us not to use or disclose certain parts of your protected health information for treatment, payment or healthcare operations. You may also request that information not be disclosed to family members or friends who may be involved in your care. Your request must state the specific restriction requested and to whom you want the restriction to apply. We are not required to agree to a restriction that you may request, but if we do agree, then we must act accordingly.

Request to receive confidential communications from us by alternative means or at an alternative location. We will accommodate reasonable requests. We may also condition this accommodation by asking you for information as to how payment will be handled or specification of an alternative address or other method of contact. We will not request an explanation from you as to the basis for the request.

Ask us to amend your protected health information. You may request an amendment of protected health information about you. If we deny your request for amendment, you have the right to file a statement of disagreement with us, and your medical record will note the disputed information.

Receive an accounting of certain disclosures we may have made. This right applies to disclosures for purposes other than treatment, payment or healthcare operations. It excludes disclosures we may have made to you, for a facility directory, to family members or friends involved in your care, or for notification purposes. You have the right to receive specific information regarding these disclosures. The right to receive this information is subject to certain exceptions, restrictions and limitations.

Obtain a paper copy of this notice from us, upon request, even if you have agreed to accept this notice electronically.

EFFECTIVE MARCH 31, 2017