

## HIPAA COMPLIANCE

HIPAA stands for the Health Insurance Portability Act of 1996. It provides guidelines for safeguarding the use and disclosure of individually identifiable health information, and places certain requirements on covered entities that use or disclose protected health information (PHI)

## NOTICE OF PRIVACY PRACTICES

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.

Each time you visit the Tuskegee University Student Health Center, record of your visit is made. This record contains information about your symptoms, examinations, test results, medications you take, your allergies and the plan for your care. This information we refer to as your health or medical record is an essential part of the healthcare we provide for you. Your health record contains personal health information and there are state and federal laws to protect the privacy of your health information.

WE MAY USE AND DISCLOSE YOUR PROTECTED HEALTH INFORMATION (PHI) IN THE FOLLOWING WAYS:

The following sections describe, in general terms, the different ways that we may use and disclose your PHI. Examples are provided to help you understand the various types of uses and disclosures; they do not cover all possible situations.

1. *Treatment.* The Health Center may use and disclose your PHI to provide health care and related services to you. For example, we may use or disclose your PHI to a physician or other health care provider in order to treat you or to assist others in your treatment. Other examples include uses and disclosures for laboratory tests, prescriptions, and referrals to other health care providers for additional health care services.
2. *Payment.* We may use and disclose your PHI in order to bill and collect payment for the services and items you may receive and to determine your eligibility to participate in our services. We also may use and disclose your PHI to obtain payment from you or from third parties that may be responsible for such costs, such as the Student Health Insurance Company.
3. *Health Care Operations.* We may use and disclose your PHI in connection with our health care operations, including our administrative, financial, legal, and quality improvement activities.
4. *Appointments and Other Reminders.* The Health Center may use and disclose your PHI in order to contact you and remind you of an appointment. For example, Women's Health may contact you to confirm an appointment or the Pharmacy may call to remind you to pick up your prescription.
5. *Health Related Services.* We may use and disclose your PHI to tell you of or recommend treatment alternatives and other health related benefits and services that might be of interest to you.

## RELEASE OF MEDICAL RECORDS

Respecting a student's right to privacy, HIPAA and other guidelines, medical information and medical records will be released, only when the student is physically present and has signed an Authorization to Release Medical Records form. If a student is unable to physically present for valid reasons, a copy of a picture ID (Govt. approved driver's license, passport), must be faxed or mailed with the signed request for medical records. The student's signed authorization to release form or request letter, must also be included in requests from other medical agencies, clinics, physician offices, legal firms, family members or designated individuals. The Director of TUSHS, as the custodian of medical records, must be informed.

We may disclose your Student Health Services records without your written consent:

(a) To comply with a judicial order or lawful subpoena;

(b) Disclosure to the court in connection with a legal proceeding involving the University and you or your parents; and

(c) Disclosure in connection with a health or safety emergency if knowledge of the information is necessary to protect the health and safety of you or other persons;

#### **IMPLEMENTATION, QUESTIONS AND COMPLAINTS**

A. IMPLEMENTATION. This Notice provides a general overview of our privacy practices. This Notice and our privacy practices are implemented in accordance with applicable University policies and procedures and the requirements of HIPAA and other federal and Alabama laws, as applicable.

B. QUESTIONS. If you want more information about our privacy practices or have any questions or concerns, please contact the Director of Student Health Services

C. COMPLAINTS. If you believe your privacy rights have been violated, you may file a complaint with the Director of Student Health Services. All complaints must be submitted in writing.

#### **Contact Information:**

Director  
Student Health Services  
71-235 John A. Kenney Hall  
Tuskegee University  
Tuskegee, Alabama 36088  
Tel: 334-727-8647/8641