

## **MSM Campus Health Nurse Office**

As required by the privacy regulations created as a result of the Health Insurance Portability and Accountability Act of 1996 (HIPAA).

**This notice describes how health information about you may be used and disclosed and how you can get access to your individually identifiable health information.**

**Please review this notice carefully.**

### **A. Our commitment to your privacy:**

The Campus Health Nurse Office is dedicated to maintaining the privacy of your individually identifiable health information (also called *protected* health information, or PHI). In conducting our business, we will create records regarding you and the treatment and services we provide to you. We are required by law to maintain the confidentiality of health information that identifies you. We also are required by law to provide you with this notice of our legal duties and the privacy practices that we maintain in the Campus Health Nurse Office concerning your PHI. By federal and state law, we must follow the terms of the Notice of Privacy Practices that we have in effect at the time.

We realize that these laws are complicated, but we must provide you with the following important information:

- How we may use and disclose your PHI,
- Your privacy rights in your PHI,
- Our obligations concerning the use and disclosure of your PHI.

The terms of this notice apply to all records containing your PHI that are created or retained by the Campus Health Nurse Office. We reserve the right to revise or amend this Notice of Privacy Practices. Any revision or amendment to this notice will be effective for all of your records that the Campus Health Nurse Office has created or maintained in the past, and for any of your records that we may create or maintain in the future. The Campus Health Nurse Office will post a copy of our current Notice in our offices in a visible location at all times, and you may request a copy of our most current Notice at any time.

### **B. If you have questions about this Notice, please contact:**

**MSM Campus Health Nurse, 120 Claremont Avenue New York, NY 10027, 917-493-4278.**

### **C. We may use and disclose your PHI in the following ways:**

The following categories describe the different ways in which we may use and disclose your PHI.

**1. Treatment.** The Campus Health Nurse Office may use your PHI to treat you. With your written permission we may use or disclose your PHI in order to treat you or to assist others in your treatment. Additionally, we may disclose your PHI to others who may assist in your care, such as your spouse or parents. Finally, we may also disclose your PHI to other health care providers for purposes related to your treatment.

**2. Health care operations.** The Campus Health Nurse Office may use and disclose your PHI for business operation purposes. As examples of the ways in which we may use and disclose your information for our operations, the Campus Health Nurse Office may use your PHI to evaluate the quality of care you received, or to conduct cost-management and business planning activities.

**3. Appointment reminders.** The Campus Health Nurse Office may use and disclose your PHI to contact you and remind you of an appointment.

**4. Treatment options.** The Campus Health Nurse Office may use and disclose your PHI to inform you of potential treatment options or alternatives.

**5. Health-related benefits and services.** The Campus Health Nurse Office may use and disclose your PHI to inform you of health-related benefits or services that may be of interest to you.

**6. Release of information to family/friends.** With your written permission, the Campus Health Nurse Office may release your PHI to a friend or family member that is involved in your care, or who assists in taking care of you.

**7. Disclosures required by law.** The Campus Health Nurse Office will use and disclose your PHI when we are required to do so by federal, state or local law.

**D. Use and disclosure of your PHI in certain special circumstances:**

The following categories describe unique scenarios in which we may use or disclose your identifiable health information:

**1. Public health risks.** The Campus Health Nurse Office may disclose your PHI to public health authorities that are authorized by law to collect information for the purpose of:

- Maintaining vital records, such as births and deaths,
- Reporting child abuse or neglect,
- Preventing or controlling disease, injury or disability,
- Notifying a person regarding potential exposure to a communicable disease,
- Notifying a person regarding a potential risk for spreading or contracting a disease or condition,
- Reporting reactions to drugs or problems with products or devices,
- Notifying individuals if a product or device they may be using has been recalled,
- Notifying appropriate government agency(ies) and authority(ies) regarding the potential abuse or neglect of an adult patient (including domestic violence);

however, we will only disclose this information if the patient agrees or we are required or authorized by law to disclose this information.

**2. Health oversight activities.** The Campus Health Nurse Office may disclose your PHI to a health oversight agency for activities authorized by law. Oversight activities can include, for example, investigations, inspections, audits, surveys, licensure and disciplinary actions; civil, administrative and criminal procedures or actions; or other activities necessary for the government to monitor government programs, compliance with civil rights laws and the health care system in general.

**3. Lawsuits and similar proceedings.** The Campus Health Nurse Office may use and disclose your PHI in response to a court or administrative order, if you are involved in a lawsuit or similar proceeding. We also may disclose your PHI in response to a discovery request, subpoena or other lawful process by another party involved in the dispute, but only if we have made an effort to inform you of the request or to obtain an order protecting the information the party has requested.

**4. Law enforcement.** We may release PHI if asked to do so by a law enforcement official:

- Regarding a crime victim in certain situations, if we are unable to obtain the person's agreement,
- Concerning a death we believe has resulted from criminal conduct,
- Regarding criminal conduct at our offices,
- In response to a warrant, summons, court order, subpoena or similar legal process,
- To identify/locate a suspect, material witness, fugitive or missing person,
- In an emergency, to report a crime (including the location or victim(s) of the crime, or the description, identity or location of the perpetrator).

**5. Serious threats to health or safety.** The Campus Health Nurse Office may use and disclose your PHI when necessary to reduce or prevent a serious threat to your health and safety or the health and safety of another individual or the public. Under these circumstances, we will only make disclosures to a person or organization able to help prevent the threat.

**E. Your rights regarding your PHI:**

You have the following rights regarding the PHI that we maintain about you:

**1. Confidential communications.** You have the right to request that the Campus Health Nurse Office communicate with you about your health and related issues in a particular manner or at a certain location. For instance, you may ask that we contact you at home, rather than work. In order to request a type of confidential communication, you must make a written request to **MSM Campus Health Nurse, 120 Claremont Avenue New York, NY 10027, 917-493-4278** specifying the requested method of contact, or the location where you wish to be contacted. The Campus Health Nurse Office will accommodate reasonable requests. You do not need to give a reason for your request.

**2. Requesting restrictions.** You have the right to request a restriction in our use or disclosure of your PHI for treatment or health care operations. Additionally, you have the

right to request that we restrict our disclosure of your PHI to only certain individuals involved in your care, such as family members and friends. We are not required to agree to your request; however, if we do agree, we are bound by our agreement except when otherwise required by law, in emergencies or when the information is necessary to treat you. In order to request a restriction in our use or disclosure of your PHI, you must make your request in writing to **MSM Campus Health Nurse, 120 Claremont Avenue New York, NY 10027, 917-493-4278.**

**Your request must describe in a clear and concise fashion:**

- The information you wish restricted,
- Whether you are requesting to limit the Campus Health Nurse Office 's use, disclosure or both,
- To whom you want the limits to apply.

**3. Inspection and copies.** You have the right to inspect and obtain a copy of the PHI that may be used to make decisions about you, including nursing assessment records, but not including psychotherapy notes. You must submit your request in writing to **MSM Campus Health Nurse, 120 Claremont Avenue New York, NY 10027, 917-493-4278** in order to inspect and/or obtain a copy of your PHI. The Campus Health Nurse Office may charge a fee for the costs of copying, mailing, labor and supplies associated with your request. The Campus Health Nurse Office may deny your request to inspect and/or copy in certain limited circumstances; however, you may request a review of our denial.

**4. Amendment.** You may ask us to amend your health information if you believe it is incorrect or incomplete, and you may request an amendment for as long as the information is kept by or for the Campus Health Nurse Office. To request an amendment, your request must be made in writing and submitted to **Campus Health Nurse, 120 Claremont Avenue New York, NY 10027, 917-493-4278.** You must provide us with a reason that supports your request for amendment. The Campus Health Nurse Office will deny your request if you fail to submit your request (and the reason supporting your request) in writing. Also, we may deny your request if you ask us to amend information that is in our opinion: (a) accurate and complete; (b) not part of the PHI kept by or for the Campus Health Nurse Office; (c) not part of the PHI which you would be permitted to inspect and copy; or (d) not created by the Campus Health Nurse Office, unless the individual or entity that created the information is not available to amend the information.

**5. Accounting of disclosures.** All of our patients have the right to request an "accounting of disclosures." An "accounting of disclosures" is a list of certain non-routine disclosures the Campus Health Nurse Office has made of your PHI for purposes not related to treatment or operations. Use of your PHI as part of the routine patient care in the Campus Health Nurse Office is not required to be documented. In order to obtain an accounting of disclosures, you must submit your request in writing to **MSM Campus Health Nurse, 120 Claremont Avenue New York, NY 10027, 917-493-4278.** All requests for an "accounting of disclosures" must state a time period, which may not be longer than six (6) years from the date of disclosure.

**6. Right to a paper copy of this notice.** You are entitled to receive a paper copy of our notice of privacy practices. You may ask us to give you a copy of this notice at any time. To obtain a paper copy of this notice, contact **MSM Campus Health Nurse, 120 Claremont Avenue New York, NY 10027, 917-493-4278.**

**7. Right to file a complaint.** If you believe your privacy rights have been violated, you may file a complaint with the MSM Dean of Students or with the Secretary of the Department of Health and Human Services. To file a complaint contact the **Dean of Students at 120 Claremont Avenue New York, NY 10027, 917-493-4036.** All complaints must be submitted in writing. You will not be penalized for filing a complaint.

**8. Right to provide an authorization for other uses and disclosures.** The Campus Health Nurse Office will obtain your written authorization for uses and disclosures that are not identified by this notice or permitted by applicable law. Any authorization you provide to us regarding the use and disclosure of your PHI may be revoked at any time *in writing*. After you revoke your authorization, we will no longer use or disclose your PHI for the reasons described in the authorization.

Again, if you have any questions regarding this notice or our health information privacy policies, please contact **MSM Campus Health Nurse, 120 Claremont Avenue New York, NY 10027, 917-493-4278.**

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