

## **Notice of Saint Elizabeth University Privacy Practices for Protected Health 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.

We therefore are committed to and required by law to maintain the privacy of your health information and to provide you with notice of legal duties and privacy practices with respect to your health information. We will not use or disclose your health information except as described in this Notice. This Notice applies to all of the health information maintained at the student health service.

### **How We May Use and Disclose Your Health Information**

We may use and disclose your health information as described below. However, this is only meant to give you a general overview and not to describe all specific possible uses and disclosures that may occur.

#### **Treatment**

We may use your health information to provide medical items or services. For example, we may disclose all or any portion of your health information to your attending physician, treating physician, consulting physician(s), nurses, technicians, medical students, and other health care professionals who have a need for such information for your care and treatment.

Also, different outside health care facilities may share health information about you in order to coordinate specific services, such as prescriptions, lab work and x-rays. We may also disclose your health information to people outside SEU who may be involved in your medical care, such as medical consultants, hospitals, emergency rooms, family members, social services, clergy and others that provide services that are part of your care. Also, our staff may discuss your care in a case conference.

#### **Treatment Alternatives**

We may use and disclose your health information to tell you about possible treatment options or alternatives or other health related benefits that may be of interest to you.

#### **Payment**

We may use and disclose health information about you so that we may bill and receive payment for treatment and services that you receive. Your information may also be necessary for purposes of determining coverage, medical necessity, pre-authorization or certification and for utilization management. The information may be released to an insurance company, third party payer or other entity (or their authorized representatives) involved in the payment of your medical bill and may include copies or portions of your medical record, which are necessary for payment of your account. For example, a bill sent to an insurance company may include information that identifies you, your diagnosis, and the procedures and supplies used. Also, your health information may be disclosed to the university bursar for payment.

#### **Healthcare Operations**

We may use and disclose your health information for our health care operations, including quality assurance, utilization review, medical review, internal auditing, accreditation, social services certification, licensing or credentialing activities of SEU, certain medical research, and education purposes. For example, SEU may review your health information to make sure that SEU is providing quality care to all of its patients.

## **Other Health Care Providers, Health Plans, and Clearinghouses**

We may use and disclose your health information to your treating provider or healthplan, or a clearinghouse involved in the billing of services and treatment provided to you, for the purpose of providing you treatment, receiving or processing payment, and to conduct certain operational activities as permitted by law.

## **Appointment Reminders**

We may use and disclose your health information to contact you as a reminder that you have an appointment for treatment or medical care at SEU.

## **Health Related Services**

### **Facility Directory**

We may be contacting you for follow-up, medical results and recommendations.

### **Disaster Relief**

Unless you object, we may use or disclose your health information to a public or private entity authorized by law or by charter to assist in disaster relief efforts including notifying your family about your condition, status and location.

## **Health Related Benefits and Services**

We may use and disclose your health information to tell you of health-related benefits or services that may be of interest to you.

## **Business Associates**

We may use and disclose health information to business associates. A business associate is an individual or entity under contract with us to perform or assist SEU in a function or activity which requires the use or disclosure of health information.

Examples of business associates, include, but are not limited to consultants, accountants, bursar, business office, computer technologists, secretaries, and staff. We require the business associate to enter into an agreement to protect the confidentiality of your health information.

## **Research**

While most uses and disclosures related to research require your authorization, in some limited situations we may disclose your health information to researchers when their research has been approved by an Institutional Review Board or a similar privacy board that has waived the individual authorization requirement in accordance with the regulations covering this area.

## **De-Identified Data or Limited Data Sets**

We may use or disclose health information about you if we remove all information that could be used to identify you, i.e. "deidentified" information. We are required to remove over fifteen (15) different pieces of information that could be used to possibly identify you. We may also use or disclose a limited amount of health information about you in a "limited data set" for the purposes of research, public health, or health care operations if we enter into a data use agreement with the recipient of the data.

## Health Oversight Agencies

We may use and disclose your health information to a health oversight agency for activities authorized by law, including, but not limited to, licensure, certification, audits, investigations and inspections. These activities are necessary for the government and certain private health oversight agencies to monitor the healthcare system, government programs, and compliance with civil rights.

## Law Enforcement

We may use and disclose your health information for law enforcement purposes to a law enforcement official if required by law, or where permitted by law, or in response to a valid subpoena. Also, we may disclose health information if it is necessary for law enforcement authorities to identify or locate an individual.

## Disclosures in Judicial/Legal Proceedings

We may use and disclose your health information to a court or administrative agency when a judge or administrative agency orders us to do so. We may also use and disclose information about you in legal proceedings, such as in a response to a discovery request, subpoena, court order, etc. Also, SEU may use or disclose your health information in preparation for any dispute or litigation between you and SEU.

## Public Health Risk

We may use and disclose your health information to public health or legal authorities charged with preventing or controlling disease, injury or disability. For example, we are required by law to report the existence of communicable disease, such as acquired immune deficiency syndrome ("AIDS"), to the New Jersey State Department of Health to protect the health and well being of the general public. Other activities generally disclosed include the following:

- To prevent or control disease, injury or disability.
- To report births and deaths.
- To report child abuse and neglect.
- To report reactions to medications or problems with products.
- To notify a person who may have been exposed to a communicable disease or may be at risk for contracting or spreading a disease or condition.
- To notify the appropriate government if SEU believes a patient has been the victim of abuse, neglect or domestic violence.

## Safety of a Person or the Public

We may use and disclose your health information to prevent or lessen a serious and imminent threat to the health or safety of a person or the public.

## Required by Law

We may use and disclose health information about you when required to do so by State or Federal law. For example, we may disclose certain health information to those persons who have a risk exposure related to a communicable disease, as required by New Jersey law.

## National Security and Intelligence Activities

We may use and disclose your medical information about you to authorized federal officials for intelligence, counterintelligence, and other National Security activities as authorized by law. We may also disclose health information about you to authorized federal officials so they may provide protection to the President, or other authorized persons.

## **Coroners, Medical Examiners, Funeral Directors**

We may release your health information to a coroner or medical examiner. This may be necessary, for example, to identify a deceased person or to determine a cause of death. SEU may also release your health information to funeral directors as necessary to carry out their duties. We may use and disclose your health information to your employer to conduct medical surveillance of the workplace, or to evaluate whether you have a work-related illness or injury.

## **Secretary of the Department of Health and Human Services**

We may use and disclose your health information when required by the Secretary of Health and the Department of Health and Human Services for purposes of investigating or determining compliance with the privacy law.

## **Other Uses**

Any other uses and disclosures of your health information will be made only with your written authorization.

## **Your Rights Regarding Your Health Records**

*Although your health records are SEU property, you have the following rights:*

### **- Right to Confidential Communications**

You have the right to receive confidential communications of your health information by alternative means or at alternative locations. To exercise your right, please write to the address at the end of this section.

### **- Right to Request to Inspect and to Obtain a Copy**

You have the right to inspect and to obtain a copy of your health information. However, such requests may be denied as permitted under the law. You have the right to appeal such denials. To exercise your right, please write to the address at the end of this section. (Copying fees may be imposed.)

### **- Right to Request Restrictions**

You have the right to request restrictions on certain uses and disclosures of your health information. However, SEU is not required to agree to such request. You have the right to receive confidential communications of your health information by alternative means or at alternative locations. You must communicate your specific request in writing by using the proper form. To exercise your right, please write to the address at the end of this section.

### **- Right to an Accounting of Uses and Disclosures**

You have the right to request that we provide you with an accounting of disclosures we have made of your health information. An accounting is a list of disclosures. This list will not include disclosures of your health information made for treatment, payment, or health care operations, made to you, or made pursuant to an authorization signed by you. To exercise your right, please contact the address below.

### **- Right to Receive A Copy of this Notice**

You have the right to receive a paper copy of this Notice, upon request.

### **- Rights to Revoke Your Prior Authorization**

You have the right to revoke your authorization (your permission) to use or disclose your health information except to the extent that action has already been taken in reliance on your prior authorization. To exercise your right, please contact the address below. All requests to exercise your rights above must be made in writing to the address below:

If you have questions and would like to additional information, you may contact:

If you believe your privacy rights have been violated, you may file a complaint with SEU or with the Secretary of the Department of Health and Human Services:

Address: Health Service Director  
2 Convent Road  
Morristown, N.J., 07960

There will be no retaliation for filing a complaint

### **Changes to This Notice**

SEU will abide by the terms of the Notice currently in effect. However, SEU reserves the right to change the terms of its Notice and to make the new Notice provision(s) effective for all health information that it maintains.

### **Effective Date**

The effective date of the Notice is January 1, 2009



## Notice of Saint Elizabeth University Privacy Practices for Protected Health Information

This notice is effective as of January 1, 2009

I have read the Privacy Notice and understand my rights contained in the notice.

By way of my signature, I provide this practice with my authorization and consent to use and disclose my protected health care information for the purposes of treatment, payment and health care operations as described in the Privacy Notice.

---

Patient's Name (Print)

---

Patient's Signature

---

Date