

NOTICE OF PRIVACY PRACTICES
February 19, 2003

UNIVERSITY OF PENNSYLVANIA STUDENT HEALTH SERVICE (SHS)

**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.**

The terms of this Notice of Privacy Practices apply to the University of Pennsylvania's Student Health Service.

We understand that information about you and your health is very personal and therefore we are committed to protecting this medical information as required by law. We create a record of the care and services you receive from the **Student Health Service (SHS)**. This record is necessary to provide you with high quality care and to ensure we are in compliance. SHS is committed to excellence in the provision of state-of-the-art health care services through the practice of patient care, education, and research. In coming to SHS, your medical information will be used to treat you, and may be used to educate health care professionals or for research.

We are required by law to maintain the privacy of our patients' protected health information and to provide you with notice of our legal duties and privacy practices with respect to your protected health information. We are required to abide by the terms of this Notice so long as it remains in effect. We reserve the right to change the terms of this Notice of Privacy Practices as necessary and to make the new Notice effective for all protected health information maintained by us. You may receive a copy of any revised notices at the **Student Health Service (Penn Tower Lower Level)** or a copy may be obtained by mailing a request to the **SHS Privacy Officer, Student Health Service, 399 S. 34th Street, Philadelphia PA 19104-4283**.

USES AND DISCLOSURES OF YOUR PROTECTED HEALTH INFORMATION

Your Authorization. Except as outlined below, we will not use or disclose your protected health information for any purpose unless you have signed a form authorizing the use or disclosure. You have the right to revoke that authorization in writing, except to the extent we have already relied upon it.

Uses and Disclosures for Treatment. We will make uses and disclosures of your protected health information as necessary for your treatment. For instance, doctors and nurses and other professionals involved in your care will use information in your medical record and information that you provide about your symptoms and reactions to plan a course of treatment for you that may include procedures, medications, tests, etc. We may also disclose your protected health information to individuals or offices on or off campus who assist in the coordination of medical services or provide care.

Uses and Disclosures for Payment. We will make uses and disclosures of your protected health information as necessary for payment purposes. For instance, we may forward information regarding your medical procedures and treatment to your insurance company to arrange payment for the services provided to you or we may use your information to prepare a bill to send to you or to the person responsible for your payment.

Uses and Disclosures for Health Care Operations. We will use and disclose your protected health information as necessary, and as permitted by law, for health care operations. This is

necessary to run SHS and ensure that our patients receive high quality care. For example, we may use your protected health information in order to conduct an evaluation of the treatment and services we provide, or to review the performance of our staff. And, for education and training purposes, your medical information may also be disclosed to doctors, nurses, technicians, medical students, residents, fellows, and others.

Persons Involved In Your Care. Unless you object, we may in our professional judgment disclose to a member your family, a close friend, or any other person you identify your protected health information that relates to that person's involvement in your health care. We may use or disclose protected health information to assist in notifying a family member, personal representative or any other person that is responsible for your care of your location and general condition. Finally, we may also disclose limited protected health information to a public or private entity that is authorized to assist in disaster relief efforts in order for that entity to locate a family member or other persons that may be involved in some aspect of caring for you.

Appointments and Services. We may contact you to provide appointment reminders or test results.

Health Products and Services. We may from time to time use your protected health information to communicate with you about treatment alternatives and other health-related benefits and services that may be of interest to you.

Research. We may use and disclose your protected health information as necessary, and as permitted by law, for research, subject to your explicit authorization and/or oversight by the University of Pennsylvania Committee on the Protection of Human Subjects or similar committee. Your privacy will be protected by confidentiality requirements evaluated by such committee. This is necessary to investigate cutting-edge health care through improved treatments, medications and outcomes research. For example you may be approached by your physician to ask you if you would be interested in participating in a clinical trial of a new drug for your condition. Or your medical information may be used with the approval of the committee charged with protecting the rights of research subjects, described above, to conduct outcomes research to see if a particular procedure is effective.

Other Uses and Disclosures. We are permitted or required by law to make certain other uses and disclosures of your protected health information without your consent or authorization. Subject to conditions specified by law:

- We may release your protected health information for any purpose required by law;
- We may release your protected health information for public health activities, such as required reporting of disease, injury, and birth and death, and for required public health investigations;
- We may release your protected health information to certain governmental agencies if we suspect child abuse or neglect; we may also release your protected health information to certain governmental agencies if we believe you to be a victim of abuse, neglect, or domestic violence;
- We may release your protected health information to entities regulated by the Food and Drug Administration if necessary to report adverse events, product defects, or to participate in product recalls;

- We may release your protected health information to your employer when we have provided health care to you at the request of your employer for purposes related to occupational health and safety; in most cases you will receive notice that information is disclosed to your employer;
- We may release your protected health information if required by law to a government oversight agency conducting audits, investigations, inspections and related oversight functions;
- We may use or disclose protected health information in emergency circumstances, such as to prevent a serious and imminent threat to a person or the public;
- We may release your protected health information if required to do so by a court or administrative ordered subpoena or discovery request; in most cases you will have notice of such release;
- We may release your protected health information to law enforcement officials;
- We may release your protected health information to coroners, medical examiners, and/or funeral directors;
- We may release your protected health information if necessary to arrange an organ or tissue donation from you or a transplant for you;
- Certain aspects and components of our services are performed through contracts with outside persons or organizations, such as auditing, accreditation, legal services, etc. At times it may be necessary for us to provide certain of your protected health information to one or more of these outside persons or organizations who assist us with our health care operations. In all cases, we require these business associates to appropriately safeguard the privacy of your information.
- We may release your protected health information if you are a member of the military for activities set out by certain military command authorities as required by armed forces services; we may also release your protected health information if necessary for national security, intelligence, or protective services activities; and
- We may release your protected health information if necessary for purposes related to your workers' compensation benefits.

Confidentiality of Alcohol and Drug Abuse Patient Records, HIV-Related Information, and Mental Health Records. The confidentiality of alcohol and drug abuse patient records, HIV-related information, and mental health records maintained by us is specifically protected by state and/or Federal law and regulations. Generally, we may not disclose such information unless you consent in writing, the disclosure is allowed by a court order, or other limited and regulated circumstances pertain.

RIGHTS THAT YOU HAVE

Access to Your Protected Health Information. Generally, you have the right to access, inspect, and/or copy protected health information that we maintain about you. Requests for access must

be made in writing and be signed by you or your representative. We will charge you in accordance with a schedule of fees established by Pennsylvania laws. You may obtain an access request form from SHS Medical Records or the SHS Privacy Officer.

Amendments to Your Protected Health Information. You have the right to request in writing that protected health information that we maintain about you be amended or corrected. We are not obligated to make all requested amendments but will give each request careful consideration. All amendment requests, in order to be considered by us, must be in writing, signed by you or your representative, and must state the reasons for the amendment/correction request. If we make an amendment or correction at your request, we may also notify others who work with us and have copies of the uncorrected record if we believe that such notification is necessary. You may obtain an amendment request form from SHS Medical Records or the SHS Privacy Officer.

Accounting for Disclosures of Your Protected Health Information. You have the right to receive an accounting of certain disclosures made by us of your protected health information after April 14, 2003. Requests must be made in writing and signed by you or your representative. Accounting request forms are available from SHS Medical Records or the SHS Privacy Officer. The first accounting in any 12-month period is free; you will be charged a fee of \$20.00 for each subsequent accounting you request within the same 12-month period.

Restrictions on Use and Disclosure of Your Protected Health Information. You have the right to request restrictions on certain of our uses and disclosures of your protected health information for treatment, payment, or health care operations. A restriction request form can be obtained from SHS Medical Records or the SHS Privacy officer. We are not required to agree to your restriction request but will attempt to accommodate reasonable requests when appropriate, and we retain the right to terminate an agreed-to restriction if we believe such termination is appropriate. In the event of a termination by us, we will notify you of such termination.

Confidential Communications. You have the right to request, and we will accommodate reasonable requests by you, to receive communications regarding your protected health information from us by alternative means or at alternative locations. For instance, if you wish appointment reminders to not be left on voice mail or sent to a particular address, we will accommodate reasonable requests. You must request such confidential communication in writing.

Paper Copy of Notice. As a patient you retain the right to obtain a paper copy of this Notice of Privacy Practices, even if you have requested such copy by e-mail or other electronic means. **A copy of this notice is available on the SHS website (www.upenn.edu/shs/).**

ADDITIONAL INFORMATION

Complaints. If you believe your privacy rights have been violated, you can file a complaint with the SHS Privacy Officer in person, by writing, by calling 215-349-5047, or by e-mail to shs@pobox.upenn.edu. You may also file a complaint with the Secretary of the U.S. Department of Health and Human Services in Washington D.C. There will be no retaliation for filing a complaint.

Acknowledgment of Receipt of Notice. You will be asked to sign an acknowledgment form that you received this Notice of Practice Practices.

For further information. If you have questions or need further assistance regarding this Notice, you may contact the SHS Privacy Officer in person, by writing, by calling 215-349-5047, or by e-mail to shs@pobox.upenn.edu.

Effective Date. This Notice of Privacy Practices is effective April 14, 2003.