

**Notice of Privacy Practices for
The University of Northern Iowa Student Health Clinic**

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. If you have any questions about this Notice of Privacy Practice please contact:

University of Northern Iowa
Student Health Clinic
Privacy Officer: Shelley O'Connell
Cedar Falls, IA 50614-0221

Privacy Officer:
Shelley O'Connell
Phone: 319-273-7224
Email: Shelley.OConnell@uni.edu

Effective Date: February 20, 2019

Purpose of This Privacy Notice

We are required by law to maintain the privacy of your health information and to give you our Notice of Privacy Practices that describe our privacy practices, legal duties and your rights concerning your medical information. Upon self-check-in for your appointment at the UNI Student Health Clinic you will be asked to acknowledge that you have received a copy of this Notice of Privacy Practices. You are responsible for reading and understanding this notice. Your healthcare provider will use or disclose your health information as described below.

This Notice of Privacy Practices describes how we may use and disclose your health information to carry out treatment, payment or health care operations and for other purposes that are permitted or required by law. It also describes your rights to access and control your health information.

We are required to follow the terms of this Notice of Privacy Practices currently in effect. We reserve the right to change the terms of our notice and to make the new practices and notice provisions effective for all health information that we maintain. The most current Notice of Privacy Practices is available on our website at health.uni.edu. You are entitled to receive this Notice in writing at any time. For a written copy, please contact the Privacy Officer at 319-273-7224 or email healthcenter@uni.edu

How we may use and disclose your health information. Your health information may be used and disclosed by your healthcare provider; physician, physician assistant, nurse practitioner, nurse, medical office staff and others outside of the Student Health Clinic that are involved in your care and treatment for the purpose of providing health care services to you. Your health information may also be used and disclosed to pay your health care bills and to support the operation of the Student Health Clinic.

These privacy practices will be followed by:

- UNI Student Health Clinic health care professionals, UNI Counseling Center mental health counselors and psychologists, and independent healthcare providers who contract with the Student Health Clinic and are authorized to enter information into your medical record.
- All employees of the UNI Student Health Clinic or the UNI Counseling Center.

Following are the purposes for which the UNI Student Health Clinic may use or disclose your protected health information without obtaining your written authorization other uses and disclosures not identified below will be made only with your written authorization. Such authorization may be revoked at any time, if done in writing, except to the extent the Clinic has taken action in reliance on such authorization or the authorization was obtained as a condition of obtaining insurance coverage.

Treatment: We will use and disclose your health information to provide, coordinate, or manage your health care treatment or related services. We will disclose medical information about you to other physicians or health care providers who are or will be involved in taking care of you. For example, we will disclose your health information when you need a prescription, lab work, x-ray, physical therapy, or other health care services.

Payment: We will use and disclose your health information for payment purposes. We may also tell your health insurance plan about a treatment you are going to receive to obtain prior approval, to determine whether your plan will cover the treatment, and for undertaking utilization review activities. For example, obtaining approval for a MRI at a hospital which may require that your health information be disclosed to the health plan to obtain approval. Additionally, if you are responsible for a portion of the bill and that portion is not paid within 90 days, the charges will be sent to the University Of Northern Iowa Office of Business Operations for inclusion on your University Bill (U Bill).

Health Care Operations: We may use or disclose, as needed, your health information in order to support the operations of our practice. This may include, but is not limited to, clinic management, quality assessment activities, employee review activities, training of student employee, satisfaction surveys, and conducting or arranging for other business activities. For example, we may disclose your health information to our peer review committee or accrediting agencies. We may contact you by phone and leave a voice mail message, text message, or email as a reminder that you have an appointment for treatment or medical services.

Business Associates: We may share your health information with others called “business associates,” who perform services on our behalf. The Business Associates must agree in writing to protect the confidentiality of the information. For example, we may share your health information with a reference laboratory who would perform lab testing on patient specimens.

Family, Friends or Others: We may provide your health information to a family member, friend or other person you tell us is involved in your care or involved in the payment of your health care. We will only release information as is directly relevant to their involvement. We will only release this information if you agree; or if in our professional judgment, it would be in your best interest to allow the person to receive the information or act on your behalf, or prevent or lessen a serious and imminent threat to health or safety.

Required By Law: We will use or disclose your health information as required by federal or state laws or regulations.

Public Health Activities: We may disclose health information about you for public health activities. These may include:

- To public health authorities as allowed or required by law to collect or receive such information for the purpose of preventing or controlling disease, injury, or disability. To appropriate authorities authorized to receive reports of child abuse or neglect.
- To FDA regulated entities for purposes of monitoring or reporting the quality, safety or effectiveness of FDA regulated products.
- To person(s) who may have been exposed to a communicable disease or may otherwise be at risk of contracting or spreading the disease or condition.

Health Oversight Activities: We may disclose health information to a health oversight agency for activities authorized by law, such as audits, investigations, and inspections. Oversight agencies seeking this information include government agencies that oversee the health care system, government benefit programs, other government regulatory programs, and civil rights laws.

Abuse or Neglect: We may disclose your health information to a public health authority that is authorized by law to receive reports of child abuse or neglect. In addition, we may disclose your health information to a governmental entity or agency authorized to receive such information if we believe that you have been a victim of dependent adult abuse or neglect. In this case, the disclosure will be made consistent with the requirements of applicable federal and state laws.

Legal Proceedings: If you are involved in a lawsuit or a legal dispute we may disclose health information about you, in response to a court or administrative order. We may disclose information about you in response to a subpoena, discovery request or other lawful process by someone else involved in the dispute, but only if reasonable efforts have been made to notify you of the request or to obtain an order from the court protecting the information requested.

Law Enforcement: We may release certain health information to law enforcement authorities for law enforcement purposes. These law enforcement purposes include: (1) as required by law, including reporting certain wounds and physical injuries, (2) in response to a court order, subpoena, warrant, or similar process, (3) to identify or locate a suspect, fugitive, material witness or missing person, (4) suspicion that death or serious injury has occurred as a result of criminal conduct, (5) in the event that a crime occurs on the premises of the UNI Student Health Clinic, and (6) on the occurrence of a medical emergency when it is likely that a crime has occurred.

Coroners, Funeral Directors, and Organ Donation: We may disclose health information to a coroner or medical examiner for identification purposes, determining cause of death, or for the coroner or medical examiner to perform other duties authorized by law. We may also disclose health information to a funeral director, as authorized by law, in order to permit the funeral director to carry out his/her duties. We may disclose such information in reasonable anticipation

of death. Health information may be used and disclosed for cadaveric organ, eye or tissue donation purposes.

Patient Rights

You have the right to inspect and copy health information we maintain about you with some exceptions. This information includes the medical record and billing records. To see or obtain a copy of medical or billing information, please submit your request in writing to:

Student Health Clinic Release of Information
016 Student Health Center
Cedar Falls, IA 50614-0221
Email: HealthCenter@uni.edu

We will make every effort to respond to your request within a reasonable period of time. You may be charged a fee to cover the costs associated with your request.

You have the right to have the UNI Student Health Clinic correct your health records as long as such information is maintained by the Clinic subject to some exceptions. To request correction of your records, please submit your request in writing to the Student Health Clinic at the address listed above.

You have the right to request a restriction or limitation on the health information we use or disclose about you for the purposes of treatment, payment or health care operations. You may also request that any part of your health information not be disclosed to family members or friends who may be involved in your care or for notification purposes as described in this Notice of Privacy Practices. Your request must be in writing and must state the specific restriction requested and to whom you want the restriction to apply. Your health care professional is not required to agree to a restriction that you may request, but we will let you know whether we have agreed to your request. With this in mind, please discuss any restriction you wish to request with your health care professional. You may request a restriction by contacting and discussing the issue with the Privacy Officer.

You have the right to request that we communicate with you about your health information in a different way or different place. We will agree to your request if it is reasonable and specifies the alternate means or location to contact you. You may request that we amend certain health information that we keep in your records if you believe that it is incorrect or incomplete. We may require you to give a reason to support your request. We are not required to make all requested amendments, but will give each request careful consideration. If we deny your request, we will provide you with a written explanation of the reasons and your rights.

You have the right to obtain a list of instances in which we have disclosed your protected health information. We will provide the times we have shared your health information, who we shared it with and why. The list will not include uses or disclosures that you have specifically authorized in writing, such as copies of records or your health information to your attorney or to your employer. You must submit your request for such a list in writing to the Privacy Officer listed at the beginning and end of this notice. We will respond to your written request for an

accounting within 60 days. We will provide one list at no charge, but will charge a reasonable cost-based fee if you ask for another list within 12 months.

You may receive a paper copy of this notice from us, upon request, even if you have agreed to accept this notice electronically. You must submit your request for a paper copy in writing to the Privacy Officer listed in this notice.

Questions and Complaints

If you believe your privacy rights have been violated, you may file a complaint with the Privacy Officer using the contact information listed at the end of this notice.

To file a complaint with the U.S. Department of Education please contact:

U.S. Department of Education
400 Maryland Avenue, SW
Washington, D.C. 20202-5920
Phone: 1-800-USA-LEARN (1-800-872-5327)

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Student Health Clinic
Attn: Privacy Officer: Shelley O'Connell
Cedar Falls, IA 50614-0221
Phone: 319-273-7224 or Fax: 319-273-7030