



NOTICE OF PRIVACY PRACTICES FOR STUDENT HEALTH & WELLNESS SERVICES

THIS NOTICE DESCRIBES HOW INFORMATION ABOUT YOU MAY BE USED AND DISCLOSED AND HOW YOU CAN GET ACCESS TO THIS INFORMATION. PLEASE REVIEW IT CAREFULLY.

Transylvania University Student Health & Wellness Center will treat and use protected health information about you responsibly. This Notice of Privacy Practices describes the personal information we collect, how and when we use or disclose it, and your rights as they relate to your protected health information. This Notice became effective April 14, 2003, and was last revised May 2013, and applies to all protected health information as defined by federal regulations.

Understanding your health record

Each time you visit Transylvania University Student Health & Wellness Center, a record of your visit is made. Typically, this record contains your symptoms, examination results, action recommended to you, and plans for future care or treatment. This information, often referred to as your health or medical record, serves as a:

- Basis for planning your care and treatment
- Means of communicating among the health professionals who may contribute to your care
- Legal document describing the care you received
- Means by which you or a third party payer can verify that services billed were actually provided
- Source of information for the public health officials charged with improving the health of this state and the nation
- Source of data for our planning and marketing
- Tool with which we can assess and continually work to improve the care we render and the outcomes we achieve

Understanding what is in your record and how your health information is used helps you to ensure its accuracy; better understand who, what, when, where, and why others may access your health information; and make more informed decisions when authorizing disclosure to others.

Your health information rights

Although your health record is the physical property of Transylvania University Student Health & Wellness Center, the information belongs to you. You have the right to:

- Obtain a paper copy of this notice of privacy practices upon request
- Inspect and copy your health record as provided for in 45 CFR 164.524
- Amend your health record as provided in 45 CFR 164.628
- Obtain an accounting of disclosures of your health information as provided in 45 CFR 164.528
- Request communications of your health information by alternative means or at alternative locations
- Request a restriction on certain uses and disclosures of your information as provided by 45 CFR 164.522
- Revoke your authorization to disclose health information except to the extent that action has already been taken

Our responsibilities

Transylvania University Student Health & Wellness Center is required to:

- Maintain the privacy of your health information
- Provide you with this notice as to our legal duties and privacy practices with respect to information we collect and maintain about you
- Abide by the terms of this notice
- Notify you if we are unable to agree to a requested restriction
- Accommodate reasonable requests you may have to communicate health information by alternative means or at alternative locations

We reserve the right to change our practices and to make the new provisions effective for all protected health information we maintain. Should our information practices change, we will mail a revised notice to the address you've supplied us, or, if you agree, we will e-mail the revised notice to you.

We will not use or disclose your health information without your authorization, except as described in this notice. We will also discontinue using or disclosing your health information after we have received a written revocation of the authorization according to the procedures included in the authorization.

For more information or to report a problem

If you have questions and would like additional information, you may contact the Health & Wellness Center privacy officer, Director Ashley Hinton-Moncer, at (859) 233-8854 or ahinton@transy.edu.

If you believe your privacy rights have been violated, you can file a complaint with the Privacy Office or with the Office for Civil Rights, U.S. Department of Health and Human Services. There will be no retaliation for filing a complaint with either the privacy officer or the Office for Civil Rights. The address for the OCR is:

Office for Civil Rights
U.S. Department of Health and Human Services
200 Independence Avenue, S.W.
Room 509F, HHH Building
Washington, D.C. 20201

Examples of disclosure for treatment, payment, and health operations

We will use your health information for treatment.

For example: Information obtained by your Health & Wellness care team will be documented in your record and used to determine the course of treatment that should work best for you. Members of the Health & Wellness care team will then record the actions they took and their observation. In that way, they will know how you are responding to treatment.

We will use your health information for regular health operations.

For example: Members of the Student Health & Wellness Services team may use information in your health record to assess the care and outcomes in your case and others like it. This information will then be used in an effort to continually improve the quality and effectiveness of the health care and service we provide.

For more information on permitted uses and disclosures, please visit the HIPAA website:
<http://www.hhs.gov/ocr/privacy/hipaa/understanding/summary/index.html>