



Butte College Student Health Clinic Notice of Privacy Practices

This notice describes how medical information about you may be used and disclosed and how you may access this information. Please review it carefully.

We are required by law to protect the privacy of your medical information, provide this notice about our information practices, follow the information practices that are described in this notice, and seek your acknowledgement of receipt of this notice. Before a significant amendment in our policy takes effect, we will correct our notice and post the new notice in the reception area. You can also request a copy of our notice at any time. Please address your questions regarding this notice to our Medical Front Office Administrative Secretary.

The following categories describe different ways *that we use and disclose protected health information (PHI)*. The examples and explanations are not all inclusive, however, all the ways we are permitted to use and disclose information will fall within one of the categories.

For Treatment

We will use and disclose your protected health information to provide, coordinate, or manage your health care and any related services. For example, your PHI may be provided to a doctor to whom you have been referred to ensure that s/he has the necessary information to diagnose or treat you.

For Payment

Your PHI will be disclosed as needed, in activities related to obtaining payment for your health care services. For example, you may receive an itemized bill for your insurance carrier, or direct billing for an overdue IOU.

For Healthcare Operations

We may use or disclose, as needed, your PHI in order to support our business activities. For example, during clinician performance evaluations we may need to look at what the clinician has documented in your medical chart.

Business Associates

We may share your PHI with a third party 'business associate', e.g., medical transcriber. Whenever an arrangement between a business associate and us involves the disclosure of your PHI, we have a written contract that contains terms that protect the privacy of your PHI.

Appointment Reminders

We may use or disclose PHI in telephone or written reminders of an appointment with us. It is our policy to be as discrete as possible though there may be times specifics may be divulged. For example, reminding you to fast 12 hours before your blood draw.

Marketing

We may use or disclose your PHI in the course of providing you with information about treatment alternatives, health related services, or fundraising. We do not sell your PHI. You may request in writing that these materials not be sent to you.

We may use and disclose your PHI in the following instances **with your opportunity to object**. If you are not present or able to object, then your medical provider may, using professional judgment, determine whether the disclosure is in your best interest.

Others Involved in Your Healthcare

Unless you object, we may disclose to a member of your family, a relative, a close friend or any other person you identify, your PHI that directly relates to that person's involvement in your health care.

Emergencies

In an emergency treatment situation, we will provide you a Notice of Privacy Practices as soon as reasonably practical after the delivery of treatment.

Communication Barriers

We may use and disclose your PHI if we have attempted to obtain acknowledgement from you of our Notice of Privacy Practices and have been unable to do so due to substantial communication barriers and we determine, using professional judgment, that you would agree.

We may use or disclose your PHI in the following situations **without your authorization or opportunity to object**:

Public Health: for public health activities including; disease prevention or control, injury or disability, births and deaths, abuse or neglect of children, elders and dependent adults, and exposure notification.

Health Oversight: to a health oversight agency for activities authorized by law, such as audits, investigations, and inspections, and the Department of Health and Human Services to investigate our compliance.

Abuse or Neglect: to an appropriate authority to report our suspicions or validation that you have been a victim of abuse, neglect, or domestic violence.

Food and Drug Administration: to report reactions to medications or problems with products, or to notify people of recalls of products they may be using.

Legal Proceedings: in response to a court or administrative order, subpoena, discovery request, or other lawful process by someone else involved in the dispute, and only if efforts to inform you have been made in writing.

Law Enforcement: if asked to do so by a law enforcement official. For example, when pertaining to victims of a crime or to prevent a crime.

Coroners, Funeral Directors, and Organ Donations: for the coroner, medical examiner, or funeral director to perform duties authorized by law and for organ donation purposes.

Research: for research purposes that have been approved by an Institutional Review Board or Privacy Board under certain circumstances. Our policy is to ask for your permission if the researcher requires access to your name, address or other individually identifiable health information.

Soldiers, Inmates, and National Security: to military command authorities if you are a member of the armed forces and foreign military personnel to the appropriate foreign military authority; to custodians of inmates for the institution to provide for your ongoing health care, to protect your health and safety or the health and safety of others, or for the safety and security of the correctional institution; or to authorized federal officials for intelligence, counterintelligence, and other national security activities authorized by law.

Workers' Compensation: to comply with workers' compensation laws that provide benefits for work related injuries or illness.

In general, we may use or disclose your PHI as required by law and limited to the relevant requirements of the law. This includes the prevention of a serious threat to your health and safety or the health and safety of the public or another person. Any disclosure, however, would only be to someone able to help prevent that threat.

Your Rights Regarding Medical Information About You

You have the right to:

- Inspect your PHI during business hours within five (5) working days after we receive your written request, or obtain a copy of the record within 15 calendar days. You may request access in any format so long as it is readily producible in such format. If unavailable in the format requested, the client must be given a readable hard copy, or be given the information in a mutually agreed upon format. You are expected to pay reasonable clerical costs associated with locating the records and making the records available for your inspection. Copies of your medical records are provided at twenty-five cents (\$.25) per page. However, we may refuse to provide access to information for a civil or criminal proceeding and PHI that is subject to the Clinical Laboratory Improvements Amendments (CLIA) of 1988.
- HIPAA provides that the patient may choose to receive a summary in lieu of access to the entire record. A summary may be provided if the patient agrees in advance to the summary, the necessary time to prepare the summary, and any related fees. Fees are based upon actual time and cost for preparation of the summary. The summary is provided within 10 business days, unless lengthy or it has been over 10 days since the patient was last seen for the chief complaint of his/her request, in which case the time may be extended to a maximum of 30 calendar days. The clinician may give a verbal summary of the information in lieu of direct access to the record, if the patient agrees in advance to this form of access.
- Request a restriction of your protected health information. If you do not want a particular treatment or condition to be disclosed to your insurance company or employer, bring in a written directive that you do not consent to release of your PHI for that particular visit. You may want to personally pay for those services you do not want disclosed as insurers and employers may be entitled to the information related to the health care services for which they are paying. Your written permission (consent) is required in most situations regarding sensitive information like HIV test results, substance abuse treatment, or psychiatric care. You may also request that information not be disclosed to family members or friends who may be involved in your care. Your written request must state the specific restriction requested and to whom you want the restriction to apply.
- Request to receive confidential communications from us by alternative means or at an alternative location. We will accommodate reasonable requests. We may also condition this accommodation by asking you for information as to how payment will be handled or require an alternative address or other method of contact. We do not require an explanation from you as to the basis for the request.

- Ask us to amend your PHI. We may deny your request for amendment because your request was not in writing or does not include a reason to support the request, the information was not created by us, is not medical information kept by us, would not be subject to inspection by the client under access laws, or is accurate and complete. If denied we will send you ‘a letter of denial’ and a copy will be placed in your chart. You have the right to file a statement of disagreement with us, and your medical record will note the disputed information. This statement becomes part of your medical record and must be included whenever your medical records are disclosed by your health care provider to a third party.
- Receive an accounting of certain disclosures we may have made. This right applies to disclosures for the purposes other than treatment, payment, or healthcare operations. It excludes disclosures we made to you, the ‘facility directory’, family members or friends involved in your care, or for notification purposes. You have the right to receive specific information regarding these disclosures. You will be given the ‘accounting of disclosures’ within 60 days of receiving your written request.
- Obtain a paper copy of this notice from us.

Law Pertaining to a Minor

In the case of records that were created as a result of the consent of the parent or legal guardian, access is only to those records of care to which s/he consented. The law does not address the issue of old records created pursuant to another’s consent, but if old records are necessary to provide a basis for giving current informed consent, common sense and quality of care issues dictate that those records may also be accessed, even if a different parent or legal guardian consented to that care (subject to the discretion of the provider). In the case of records that were created as a result of the consent of the minor, e.g., emancipated minor, self-sufficient minor, or minor seeking sensitive services, only the minor has the right to access (or release).

- California law requires that records be kept for at least seven (7) years at a minimum following discharge of the minor patient, and at least one (1) year after such minor has reached the age of 18, whichever is longer.
- Information is not shared with foster parents, probation, or social services until their authority to access by the courts is verified.
- We uphold the minor’s right to authorize in writing the release of PHI to a Patient Rights Advocate under the minor consent law and to the parent of legal guardian in all other cases.
- Records of deceased minor patients maintain similar privacy protections as existed when the minor was alive.

Denial of Access (Detrimental to Client)

Under California law (HIPAA defers to state law on matters pertaining to minors and their representatives), access can be denied if a health care provider believes that the release of a minors’ health care record to the parent or legal guardian would cause physical or mental harm, or would harm the therapeutic relationship. The clinician who denied the request to access will document in the minor’s medical record the reason for the request and why denied.

HIPAA (affording greater patient rights than state law) allows the clinician to deny access to the minor patient under minor consent situations if 1) it is reasonably likely to endanger the life or physical safety of the patient or another person, or 2) when the record makes reference to another person (other than a health care provider) and the clinician determines the access is reasonably likely to cause substantial harm to the other person.

Disputing Denials of Access

Denials of access are subject to review by a designated ‘reviewing official’ who did not participate in the original decision to deny access. The decision of the ‘reviewing official’ must be followed. If the ‘reviewing official’ agrees that the access should be denied, then the ‘third party professional review’ currently allowed under California law must be offered. This rule requires the provider to notify the patient that the patient may designate a ‘third party’ licensed health care professional to review his/her medical record on his/her behalf. The offer and patient’s response is noted in the medical record. The third party professional may discuss the record with the client but may not provide a copy of the record to the client. The third party professional review will be done at the patient’s expense.

Filing Complaints

If you are concerned that we have violated your privacy rights, or you disagree with a decision we made about access to your records, you may contact

Renee Carini, FNP, Director
 Butte College Student Health Clinic
 3536 Butte Campus Drive
 Oroville, CA 95965
 (530) 895-2441

You also may send a written complaint to
 Office for Civil Rights, Region IX
 U.S. Department of Health and Human Services
 50 United Nations Plaza, Room 322
 San Francisco, CA 94102