



STUDENT HEALTH SERVICES AND UNIVERSITY COUNSELING SERVICES
NOTICE OF PRIVACY PRACTICES

Effective Date: April 14, 2003

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

This section of the Notice of Privacy Practices (NPP) provides a brief summary of the privacy practices of Pittsburg State University Student Health Services and University Counseling Services and your privacy rights. Please read the entire document for a full description of our practices and your rights. If you need more information, you may call 620-235-4136.

Our Responsibilities Regarding Your Medical and Mental Health Information.

Each time you utilize Student Health Services and University Counseling Services, a record is generated. This record contains medical and mental health information about you. Student Health Services and University Counseling Services are required by law to protect the privacy of your medical and mental health information, provide you with the NPP, abide by the terms of the NPP currently in effect, and notify you if we are unable to agree to a requested restriction on use or disclosure of your medical and mental health information.

Uses and Disclosures of Protected Health Information.

You will be asked to sign a written consent that enables Student Health Services and University Counseling Services to use and disclose your medical and mental health information for treatment (such as sending medical and mental health information to a physician we refer you to), payment (such as sending a bill to the current state-wide student insurance provider), and operations (such as registering you for services). Student Health Services and University Counseling Services may also contact you regarding your appointments or prescriptions or to tell you about health-related benefits or services. In certain limited circumstances Student Health Services and University Counseling Services may disclose medical and mental health information about you to a friend or family member involved in your care.

Under certain circumstances, uses and disclosures without your written consent or authorization may take place. For example, Student Health Services and University Counseling Services may disclose information about you when there is an emergency or belief that you pose an imminent risk of doing harm to yourself or others or a communication barrier, for public health purposes, for health oversight audits or inspections, as required by law, for research studies (as permitted by law), and for law enforcement/legal proceedings.

Your Rights Regarding Your Medical and Mental Health Information.

You have the right to inspect and copy your medical and mental health information, request an amendment of medical and mental health information you believe to be incorrect or incomplete, request an accounting of non-routine disclosures, request restrictions on uses and disclosures, request special confidential communications, and receive a written copy of this NPP. You may file a complaint by contacting our Privacy Officer Jamie Brooksher at 620-235-4136. Student Health Services and University Counseling Services reserve the right to make changes to this NPP. Any changes will be posted in the Pittsburg State University Student Health Services and in the PSU University Counseling Services and on our website pittstate.edu/health/.

Each time you visit Student Health Services and University Counseling Services; a record of your visit is made. This record typically contains medical and mental health information about you, including information regarding symptoms, observations, assessments (including test results, diagnoses, treatment, and mental health), a plan for future care or treatment, and billing-related information. This NPP describes how Student Health Services and University Counseling



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Services may use and disclose your medical and mental health information. It also describes your rights and our responsibilities regarding the use/disclosure of your medical and mental health information. This NPP applies to all of the records of your care generated by Student Health Services and University Counseling Services.

OUR RESPONSIBILITIES REGARDING YOUR MEDICAL AND MENTAL HEALTH INFORMATION

Student Health Services and University Counseling Services are required by law to protect the privacy of your medical and mental health information, provide you with this NPP, abide by the terms of the NPP currently in effect, and notify you if it is unable to agree to a requested restriction on use or disclosure of your medical and mental health information.

1. USES AND DISCLOSURES WITH YOUR WRITTEN CONSENT

You will be asked to sign a written consent form enabling Student Health Services and University Counseling Services to use and disclose your medical and mental health information for treatment, payment, and health care operations as described in this section.

- a) **Treatment.** Student Health Services and University Counseling Services will use and disclose medical and mental health information about you to provide and coordinate your health care and any related services. For example, the information will be used by all members of the staff that are involved in your treatment, including but not limited to physicians, nurses, psychologists and mental health professionals to coordinate the different services you may need. In addition, your medical information may be provided to another health care provider, such as a physician, to whom you have been referred to ensure that they have the necessary information to diagnose and treat you. Student Health Services and University Counseling Services may also contact you to tell you about possible treatment alternatives.
- b) **Payment.** Student Health Services and University Counseling Services will use and disclose medical and mental health information about you to bill and collect payment from you, the current statewide student health insurance company or a third party payer. For example, Student Health Services and University Counseling Services may need to give the current state-wide student health insurance company information about your visit to determine coverage and/or coordinate payment for your treatment. If you have any questions regarding the privacy practices of the current statewide student health insurance company or third party payer, you should contact them directly.
- c) **Health Care Operation.** Student Health Services and University Counseling Services will use and disclose medical and mental health information about you to schedule and coordinate your health care and related services. Student Health Services and University Counseling Services may disclose information to student nursing interns and mental health interns for educational purposes. Members of Student Health Services and University Counseling Services staff involved in quality improvement may use information in your health record to assess the care and outcomes in your case and others like it. For example, Student Health Services and University Counseling Services may analyze medical and mental health information about many patients to evaluate the need for new services, resources, or treatment and to see where we can make improvements. The results will then be used to continually improve the quality of care for all patients we serve. As a student of Pittsburg State University, Student Health Services and University Counseling Services may release limited medical and mental health information to authorized staff of the University to verify receipt of certain tests or vaccinations required for you to be enrolled at the University or in a specific field of study. Student Health Services and University Counseling Services may also contact you to remind you that you have an appointment, to tell you that your appointment has been cancelled or to let you know that your prescription is ready, to assess your satisfaction with our services, or to complete the process of registering you for services.
- d) **Other Related Uses and Disclosures.** Student Health Services and University Counseling Services may use and/or disclose medical and mental health information: To business associates, when we have contracted out for services, so that they can perform the job we have asked them to do, and to bill you or your third party payer for services rendered and to a friend or family member who is involved in your care. If you are not



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present and able to agree or object, such communications shall be made only by authorized healthcare providers when, in their professional judgment, such disclosure is in your best interest.

2. USES AND DISCLOSURES WITHOUT YOUR CONSENT OR AUTHORIZATION

In certain situations, Student Health Services and University Counseling Services may use or disclose medical and mental health information about you without your consent or authorization, for example, when there is an emergency or there is a potential that you are at imminent risk of doing harm to yourself or others or when there are substantial communication barriers to obtaining consent from you. Further, Student Health Services and University Counseling Services may use or disclose your medical and mental health information without your consent or authorization in the following circumstances:

- a) **As Required by Law.** Student Health Services and University Counseling Services may use and disclose medical and mental health information to the following types of entities, including but not limited to:
 - Food and Drug Administration
 - Public health authorities or legal authorities charged with tracking, preventing or controlling diseases, injuries or disabilities
 - Workers compensation agents
 - Military command, national security or intelligence authorities
 - Health oversight agencies
- b) **Law Enforcement/Legal Proceedings.** Student Health Services and University Counseling Services may disclose medical and mental health information for law enforcement purposes as required by law or in response to a valid subpoena or other legal process.
- c) **Research.** Student Health Services and University Counseling Services may disclose medical and mental health information to researchers when their research has been approved by an institutional review board that has reviewed the research proposal and established protocols to ensure the privacy of your medical and mental health information.

3. OTHER USES AND DISCLOSURES OF MEDICAL AND MENTAL HEALTH INFORMATION BASED ON YOUR AUTHORIZATION.

Other uses and disclosures of medical and mental health information not covered by this NPP or by the laws that apply to Student Health Services and University Counseling Services will be made only with your written permission. If you provide Student Health Services and University Counseling Services with permission to use or disclose medical and mental health information about you, you may revoke that permission, in writing, at any time. University Counseling Services will obtain an authorization before releasing psychotherapy notes, notes made about your conversations with professionals during private, group, joint or family counseling sessions, which University Counseling Services may keep separate from your medical record.

YOUR RIGHTS REGARDING YOUR MEDICAL AND MENTAL HEALTH INFORMATION

You have the following rights regarding medical and mental health information we maintain about you:

Right to Inspect and Copy. You have the right to inspect and have copied medical and mental health information used to make decisions about your care. Usually, this includes medical and billing records, but does not include some records such as psychotherapy notes. Your request must be submitted in writing on a form Student Health Services and University Counseling Services will provide to you. A fee may be charged for the costs of processing your request.

Right to Amend. If you feel that medical and mental health information Student Health Services and University Counseling Services has about you is incorrect or incomplete, you may ask us to amend the information. To request an amendment to your record, you must submit your request in writing on a form Student Health Services and University Counseling Services will provide to you. You will be asked to provide a reason to support the request.



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Right to an Accounting of Disclosures. You have the right to receive a list of disclosures. This list will not include all disclosures made. For example, this list will not include disclosures for treatment, payment, health care operations, disclosures made prior to April 14, 2003, or disclosures you specifically authorized. To request this list you must submit your request in writing on a form Student Health Services and University Counseling Services will provide to you.

Right to Request Restrictions. You have the right to request a restriction or limitation on the medical and mental health information Student Health Services and University Counseling Services uses or discloses about you for treatment, payment or health care operations. Student Health Services and University Counseling Services are not required to agree to your request. If the request is approved, Student Health Services and University Counseling Services will comply with your request unless the information is needed to provide you emergency treatment. To request restrictions, you must make your request in writing on a form that the Student Health Services and University Counseling Services will provide to you.

Right to Request Confidential Communications. You have the right to request that Student Health Services and University Counseling Services communicate with you about medical and mental health matters in a certain way or at certain locations. You must make your request in writing on a form that Student Health Services and University Counseling Services will provide to you. Student Health Services and University Counseling Services will accommodate all reasonable requests.

Right to a Paper Copy of This Notice. You have the right to obtain a paper copy of this NPP, and you may ask Student Health Services and University Counseling Services to give you a copy of this NPP at any time. You may obtain a copy of this NPP at our website www.pittstate.edu/health/. You may obtain a copy of the forms mentioned above by contacting the Student Health Services Medical Director at (620) 235-4452 and/or the Director of University Counseling Services at (620) 235-4452.

COMPLAINT

If you believe your privacy rights have been violated, you may file a complaint by contacting the University's HIPAA Privacy Officer Jamie Brooksher, Pittsburg State University, at (620) 235-4136. You may also contact the Secretary of Health and Human Services. There will be no retaliation for filing the complaint.

CHANGES TO THIS NOTICE

Student Health Services and University Counseling Services reserve the right to change this NPP and the revised NPP will be effective for information Student Health Services and University Counseling Services already has about you as well as information received in the future. Should our practices change, Student Health Services and University Counseling Services will post a revised NPP on the Student Health Services and University Counseling Services website and in the facility where you receive services. Paper copies will be available.

QUESTIONS AND INFORMATION

If you have any questions about this notice, please contact the University's HIPAA Privacy Officer Jamie Brooksher at (620) 235-4136.

PITTSBURG STATE UNIVERSITY
STUDENT HEALTH SERVICES/UNIVERSITY COUNSELING SERVICES
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