Understanding your Health Information

Each time you visit the Central State University Health Center office or see a CSU contracted consultant in a hospital, surgical care center, doctor’s office, nursing home or other facility, a record of your visit is made. This record contains information about your symptoms, examinations, test results, medications you take, your allergies and the plan for your care. This information we refer to as your health or medical record and is an essential part of the healthcare we provide for you. Your health record contains personal health information and there are state and federal laws to protect the privacy of your health information.

Uses and Disclosures of Health Information

We Will Use Your Information for Treatment

All the physicians, nurse practitioners and clinical staff involved in your care will document in your record about your examination and the care planned for you. If you have received on-going care from another provider, the Central State University Student Health Center provider may send copies of your medical records to that provider so your provider will have updated treatment information about your care.

We will provide another physician or a subsequent healthcare provider, who is treating you, with copies of various reports from your medical record that should assist him or her in treating you.

We may also use health information about you to call you or send you a letter to remind you about an appointment, to follow up with diagnostic tests results, or to provide you with information about other treatment and care that could benefit your health.

Training/Education

Besides providing service to you, we are here to teach students preparing to be health care providers. Records of people’s health care help us do that.

Student nurses, medical assistant students, and medical residents who are receiving clinical training at the Student Health Center may, with the patient’s consent, participate in patient care. The student or resident will have access to Protected Health Information (PHI) related to the
care the patient receives that day. Any medical information that could in any way identify an individual patient is considered Protected Health Information.

We Will Use Your Health Information for Regular Healthcare Operations

The Central State University Student Health Service providers and staff may look at your health information to complete a quality review to assess the care and results in your case and others like yours.

Other Disclosures

Business Associates

There are some services provided in our organization through contracts with business associates. Examples include radiology and lab tests. To protect your health information, however, we require the business associate to protect your information.

Communication with Others

Health professionals, using their judgment, may disclose to a family member, or other relative, close personal friend or any other person you identify, health information relevant to that person’s involvement in your care or payment related to your care.

- Public health services, regulatory officials, and law enforcement agencies, when required by law. Examples include reporting child abuse or domestic violence, reports regarding decedents, disclosure to avert a serious threat to health or safety, and reports for workers’ compensation. A draft summary of when Ohio state law requires disclosure of PHI has been posted by the State of Ohio at: www.state.oh.us.hipaa/234hpm.htm.
- Courts, when there is a court order.
- Courts and/or attorneys, when there is a subpoena, discovery request or other lawful process, and certain other conditions are satisfied. When we receive a request of this type, we consult University General Counsel to assure that all legal conditions are satisfied.
- Parents or legal guardians of a minor, with some exceptions: PHI regarding contraception, pregnancy, sexually transmitted disease, assault, and drug and alcohol use will not be released to parents or guardians without signed authorization by the patient.

Research

Under certain circumstances, we may use and disclose medical information about you for research purposes. All research projects, however, are subject to a special approval process.

- Public health services, regulatory officials, and

As Required by Law

We may also disclose health information to the following types of entities but not limited to:
Food and Drug Administration
Public Health or legal authorities charged with disease prevention
Correctional institutions
Workers Compensation Agents
Organ and Tissue Donation Organizations
Military Command Authorities
Health Oversight Agencies
Funeral Directors, Coroners and Medical Examiners
National Security and Intelligence Agencies
Protective services for the U.S. President and others
Law enforcement as required by law or in accordance with a valid subpoena
To avoid a serious threat to the health and safety of a person or the public

We will not use information in your records for marketing.

Patient Rights

You have the right to:

• Request a restriction on certain uses and disclosures of your information; we are not required to agree to your request. If we do agree, we will comply with your request unless the information is needed to provide you emergency treatment.
• Obtain a paper copy of the notice of information practices upon request.
• Inspect and obtain a copy of your health record.
• Request an Amendment to your health records.
• Obtain an accounting of disclosures of your health information.
• Request communication of your health information in a certain way or at a certain location. For example, you can ask that we use an alternative address for billing purposes.
• Revoke your authorization to use or disclosure health information except to the extent that action has already been taken.

To exercise any of your rights, please obtain the required forms from and submit your request in writing to:

Student Health Center
Attn: Privacy Contact
1400 Brush Row Rd.
Wilberforce, Ohio 45384

That an accounting would likely impede the agency’s activities and specifies the time for which the suspension Patients have a right to see and copy their PHI. We require that a member of our staff be present when the patient inspects the original medical record. We require that patients provide a written request for a copy of their medical record. (A form is available.) We charge $0.15 per page for records longer than five pages. We do not charge for copies of immunization records or tuberculosis skin test results. We charge an additional $5.00 if the patient requests that we mail the records. On rare occasions, if it is felt that
disclosure of the medical record to the patient would be harmful, we may deny a request. We must provide a reason for the denial in writing within thirty days, and include notification that the patient can appeal this denial to a designated reviewing official. Our designated official is **Shirelle Applin, M.D., CSU Student Health Services Director**.

- Patients have a right to **request** limitations to the routine use of PHI for **Treatment**, **Payment**, and **Health Care Operations** (TPO). **Treatment**, **Payment**, and **Health Care Operations** (TPO) are activities related to the provision of medical care, and activities related to collecting payment from the patient or third party, and health care operations. **Health Care Operations** encompasses functions such as quality improvement, peer review, accreditation, licensing, contracting with insurers, business planning, auditing, and general administration.
- The request must be in writing. (A form is available.) If we agree to any limitation, we must abide by that agreement except in case of emergency. If disclosure of PHI is made to another provider in an emergency, we will request that no further disclosure or use is made.
- Patients have a right to request that they receive information from us by alternative means or at alternative locations. (A form is available.) We must accommodate any reasonable request.
- Patients have the right to see a list of all people to whom PHI has been disclosed, except for disclosures related to TPO, disclosures to the patient, and disclosures pursuant to an authorization. We must also suspend the right of patients to receive an accounting of disclosures to health oversight agencies and law enforcement officials if the agency or official provides a written statement is required.

In order to meet this requirement, the Health Service must keep a disclosure log. The log must maintain all disclosures, both written and verbal. For example, notification of the Health Department about a reportable disease would be logged whether it was by phone or in writing.

**Our duties are to:**

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

**For More Information or to Report a Problem**

Dr. Shirelle Applin, Medical Director  
1400 Brush Row Rd.  
Wilberforce, Ohio 45384  
937-376-6076

Dr. John Freeman  
Special Assistant to President for Student Services  
1400 Brush Row Rd.  
Wilberforce, Ohio 45384  
937-376-6612
We reserve the right to change the terms of this notice and our privacy policies at any time. Before we make an important change to our policies, we will update this notice and we will post the changes in the waiting room or lobby of the facility.

Effective date: December 1, 2005

**Security:**

Privacy measures are designed to protect the confidentiality of PHI. All staff will observe the following rules:

- All staff will receive instruction about the Health Service Privacy Policy. All staff will be required to be familiar with the Health Service Privacy Policy.
- Staff will exert due diligence to avoid being overheard when discussing PHI.
- All records will be kept secured. When the Student Health Services (SHC) is open, exposed patient records are not left unattended in unlocked offices. Custodians relock each office when they are finished cleaning. When the SHC is closed, it is locked and alarmed. Individual charts are either in locked offices, or are in a file area, which is additionally protected by motion detectors.
- Any Student Health Services (SHS) employee who must have access to PHI will be required to sign an agreement that they will hold confidential and private all PHI. Business Associates who do not honor their agreement will be subject to termination of their relationship with the SHC.

**Administration:**

- The SHC front desk clerk/secretary serves as the Privacy Contact.
- The SHC Medical Director serves as the Privacy Officer.
- A designee of the University Residence Life serves as the Security Officer.

All Student Health Service staff is required to comply with all the policies of the Student Health Center, including the Privacy Policy. Violations of this requirement will be treated as disciplinary matters according to the procedures delineated in the Administrative and Classified Staff Handbooks.
PRI VACY POLICY
Student Health Center (SHC)
Central State University Student Health Center (CSUSHC)

Acknowledgement of receipt of the Notice of Privacy Practices

I understand and have been provided with the Notice of Privacy Practices that provides a more complete description of medical information uses and disclosures.

I understand that I have the right to review the notice prior to signing this acknowledgement form.

I understand that the organization reserves the right to change their notice and practices that change will be posted in the office and available to me on the CSU web site.

I understand that I have the right to request restrictions as to how my health information may be used or disclosed to carry out treatment, payment or healthcare operations and that SHC/CSUSHC is not required to agree to the restrictions requested.

I understand that I may revoke this acknowledgement in writing, except to the extent that the organization has already taken action in the reliance thereon.

________________________________________________________________________
Signature of Patient or Legal Representative ____________________________ Date _____________

If representative, explain the relationship to the patient. ________________________________

FOR OFFICE USE ONLY

Modified November 14, 2005