



HIPAA (Health Insurance Portability and Accountability Act) Notice of Privacy Practices

The Student Health Services collects health information about you and stores it electronically and in a chart. This is your Protected Health Information (PHI), or your medical record. We take responsibility for students PHI seriously and use only HIPPA compliant software, methods of electronic transmission of information, and telemedicine communication systems to protect student PHI. Patients have a right to privacy at the Student Health Services; PHI is confidential, and it is not part of your academic record. Aside from the Student Health Services staff, no one on campus has a right to see your PHI or know the treatment you are receiving without your written permission, except in legal exceptions; these exceptions are listed below.

“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 regarding our confidentiality practices, please direct them Elaine Akers, Coordinator, Student Health Services, through email at eakers@sbccd.cc.ca.us.

How we may use and disclose your Protected Health Information (PHI):

For Treatment: We use and disclose your PHI to provide your healthcare. For example, medical information obtained by a provider attending to your healthcare is recorded in your PHI and is necessary to determine what treatment you should receive. We may share this information with outside healthcare providers or agencies; for example, we may share your PHI with a pharmacist who needs it to dispense your prescription, or with a laboratory that performs your test.

For Healthcare Operations: We may use and disclose your PHI in order to operate our facilities. For example, we may use your PHI in order to evaluate the quality of our healthcare or to evaluate the performance of the healthcare professionals who provide services to you.

For Notification and Communication with Family: We may use and disclose your PHI to your family in an emergency or in a disaster situation if we believe it is necessary to respond to the emergency circumstances.

For Payment: We may use and disclose your PHI to obtain payment for services provided.

For Explanation of Specific Exceptions: The Law allows us to use and disclose your PHI without your written authorization for the following purposes:

- **Mandated by Law:** The Law requires us to report abuse, neglect, and domestic violence; to respond to judicial or administrative proceedings (*e.g.*, subpoenas); and to comply with law enforcement requests (*e.g.*, court orders).
- **Public Health:** On occasion, the Law requires us to report a patient’s PHI to public health authorities for reasons related to: injury or disability; reporting abuse or neglect; reporting adverse effects of products and medications to the U.S. Food and Drug Administration (FDA); and reporting disease or infection or chemical exposure, treatment, prevention, and control.

- **Worker's Compensation:** We may use and disclose PHI as necessary to comply with worker's compensation laws. In the case of employees, we report work-related injuries to the District's Office of Risk Management.

Patient's Rights:

1. **Right to Request Special Privacy Protections:** You have the right to request restrictions on certain uses and disclosures of your PHI. We reserve the right to accept or reject these requests and will notify you of our decision.
2. **Right to Request Confidential Communications:** You have the right to request your PHI in a specific way or at a specific location. (For example: You may want us to call and leave messages only on your cell phone). We will comply with reasonable requests submitted in writing.
3. **Right to Inspect and Copy:** You have the right to inspect or copy your PHI. The Student Health Services may charge you a nominal duplicating fee. Your health record is destroyed seven to ten years after your last visit here. There may be limited circumstances for which we would deny your request for access, and the decision will be discussed with you at the time of your request.
4. **Right to Amend or Supplement:** You have the right to amend PHI that you believe to be incorrect or incomplete. We reserve the right to deny your request. At your request for amendment, we will review the amendment process.
5. **Right to Accounting of Disclosures:** You have the right to receive an accounting of certain types of disclosures for the PHI we have made.
6. **Right to Paper Copy of Notice of Privacy Practices:** You have the right to a paper copy of the Notice of Privacy Practices.

Complaints:

If you are concerned that the Student Health Services has violated your privacy rights, or if you disagree with a decision made about access to your PHI, you may contact the coordinator of Student Health Services and/or with the U.S. Department of Health and Human Services Office for Civil Rights. We will not retaliate against you for filing a complaint.

Student Health Services
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San Bernardino, CA 92410
(909) 384-8273
ekers@sbccd.cc.ca.us

U.S. Department of Health and Human
Services Office for Civil Rights
200 Independence Avenue, S.W., Washington,
D.C., 20201
(877) 696-6775
www.hhs.gov