

PACE UNIVERSITY

UNIVERSITY HEALTH CARE

NOTICE OF PRIVACY PRACTICES

This Notice is effective on April 14, 2003

THIS NOTICE DESCRIBES HOW YOUR MEDICAL INFORMATION ABOUT YOU MAY BE USED AND DISCLOSED AND HOW YOU CAN GET ACCESS TO THIS INFORMATION.

PLEASE REVIEW IT CAREFULLY.

We are required by law to protect the privacy of any medical information that identifies you. This medical information may be about health care we provide to you or payment for health care provided to you. It may also be information about your past, present, or future medical condition. As personally identifiable health information, under this rule it becomes protected health information.

We are also required by law to provide you with this Notice of Privacy Practices explaining our legal duties and privacy practices with respect to your protected health information. We are legally required to follow the terms of this Notice. In other words, we are only allowed to use and disclose your protected health information in the manner that we have described in this Notice.

We may change the terms of this Notice in the future. We reserve the right to make changes and to make the new Notice effective for all protected health information that we maintain. If we make changes to the Notice, we will:

- Post the new Notice in our waiting area
- Have copies of the new Notice available upon request (you may always contact our Privacy Official at 914-773-3978 to obtain a copy of the current Notice).

The rest of this Notice will:

- Discuss how we may use and disclose your protected health information
- Explain your rights with respect to your protected health information
- Describe how and where you may file a privacy-related complaint

**WE MAY USE AND DISCLOSE PROTECTED HEALTH INFORMATION
IN SEVERAL CIRCUMSTANCES**

This section of our Notice explains in some detail how we may use and disclose your protected health information in order to provide health care, obtain payment for that health care, and operate our business efficiently. This section then briefly mentions other circumstances in which we may use or disclose your protected health information.

1. Treatment

We may use and disclose your protected health information to provide health care treatment to you. In other words, we may use and disclose your protected health information to provide, coordinate or manage your health care and related services. This may include communicating with other health care providers on or off campus regarding your treatment to coordinate and manage your health care.

2. Payment

We may use and disclose your protected health information to obtain payment for health care services that you received. This means that, within the department, we may use your protected health information to arrange for payment (such as preparing bills and managing accounts). We also may disclose your protected health information to others (such as insurers, collection agencies, and consumer reporting agencies). In some instances, we may disclose your protected health information to an insurance plan before you receive certain health care services because, for example, we may want to know whether the insurance plan will pay for a particular service.

3. Health care operations

We may use and disclose your protected health information in performing a variety of business activities that we call “health care operations.” These “health care operations” activities allow us to, for example, improve the quality of care we provide and reduce health care costs. For example, we may use or disclose your protected health information in performing the following activities:

- Reviewing and evaluating the skills, qualifications, and performance of our staff
- Providing training programs for students, trainees, health care providers or non-health care professionals to help them practice or improve their skills.
- Cooperating with outside organizations in evaluations of the treatment and services we provide, and the certification and licensing of providers, staff or facilities.
- Reviewing and improving the quality, efficiency and cost of care that we provide.
- Planning for our organization’s future operations.
- Resolving grievances within our organization.
- Working with others (such as lawyers, accountants and other providers) who assist us to comply with this Notice and other applicable laws.

4. Persons involved in your care

We may disclose your protected health information to a relative, close personal friend or any other person you identify if that person is involved in your care and the information is relevant to your care. If the patient is a minor, we may disclose protected health information about the minor to a parent, guardian or other person responsible for the minor except in limited circumstances.

We may also use or disclose your protected health information to a relative, another person involved in your care or possibly a disaster relief organization (such as the Red Cross) if we need to notify someone about your location or condition.

You may ask us at any time not to disclose your protected health information to persons involved in your care. We will agree to your request and not disclose the information except in certain limited circumstances (such as emergencies) or if the patient is a minor. If the patient is a minor, we may or may not be able to agree to your request.

5. Required by law

We will use and disclose your protected health information whenever we are required by law to do so. There are many state and federal laws that require us to use and disclose your protected health information. For example, New York State law requires us to report gunshot wounds and other injuries to the police and to report known or suspected child abuse or neglect to the Department of Social Services. We will comply with those State laws and with all other applicable laws.

6. National priority uses and disclosures

When permitted by law, we may use or disclose your protected health information without your permission for various activities that are recognized as “national priorities.” In other words, the government has determined that under certain circumstances (described below), it is so important to disclose your protected health information that it is acceptable to disclose your protected health information without the individual’s permission. We will only

disclose your protected health information in the following circumstances when we are permitted to do so by law. Below are brief descriptions of the “national priority” activities recognized by law.

- **Threat to health or safety:** We may use or disclose your protected health information if we believe it is necessary to prevent or lessen a serious threat to health or safety.
- **Public health activities:** We may use or disclose your protected health information for public health activities. Public health activities require the use of your protected health information for various activities, including, but not limited to, activities related to investigating diseases, reporting child abuse and neglect, monitoring drugs or devices regulated by the Food and Drug Administration, and monitoring work-related illnesses or injuries. For example, if you have been exposed to a communicable disease (such as a sexually transmitted disease), we may report it to the New York State Department of Health and take other actions to prevent the spread of the disease.
- **Abuse, neglect or domestic violence:** We may disclose your protected health information to a government authority (such as the Department of Social Services) if you are an adult and we reasonably believe that you may be a victim of abuse, neglect or domestic violence.
- **Health oversight activities:** We may disclose your protected health information to a health oversight agency – which is basically an agency responsible for overseeing the health care system or certain government programs. For example, a government agency may request information from us while they are investigating possible insurance fraud.
- **Court proceedings:** We may disclose your protected health information to a court or an Official of the court (such as an attorney). For example, we would disclose your protected health information to a court if a judge orders us to do so.
- **Law enforcement:** We may disclose your protected health information to a law enforcement official for specific law enforcement purposes. For example, we may disclose limited protected health information about you to a police Official if the Official needs the information to help find or identify a missing person.
- **Coroners and others:** We may disclose your protected health information to a coroner, medical examiner, or funeral director or to an organization if necessary to arrange an organ or tissue donation from you or a transplant to you.
- **Workers’ compensation:** We may disclose your protected health information in order to comply with workers’ compensation laws.
- **Research organizations:** We may use or disclose your protected health information as necessary, and as permitted by law, for research, subject to your explicit authorization and/or oversight by the Pace University Committee on the Protection of Human Subjects or similar committee.
- **Certain government functions:** We may use or disclose your protected health information for certain government functions, including but not limited to military and veterans’ activities and national security and intelligence activities. We may also use or disclose your protected health information to a correctional institution in some circumstances.

7. Appointments and services

We may contact you to provide appointment reminders or test results.

8. Health products and services

We may from time to time use your protected health information to communicate with you about treatment alternatives and other health-related benefits and services that may be of interest to you.

9. Confidentiality of Alcohol and Drug Abuse patient records, HIV-related information, and Mental Health records.

The confidentiality of alcohol and drug abuse patient records, HIV-related information, and mental health records maintained by us is specifically protected by State and/or Federal law and regulations. Generally, we may not disclose such information unless you consent in writing, the disclosure is allowed by a court order, or other limited and regulated circumstances pertain.

10. Authorization

Other than the uses and disclosures described above (#1-9), we will not use or disclose your protected health information without the “authorization” – or signed permission – of you or your personal representative. In some instances, we may wish to use or disclose your protected health information and we may contact you to ask you to sign an authorization form. In other instances, you may contact us to ask us to disclose your protected health information and we will ask you to sign an Authorization Request For Use or Disclosure of Protected Health Information form.

If you sign a written authorization allowing us to disclose your protected health information, you may later revoke (or cancel) your authorization in writing (except in very limited circumstances related to obtaining insurance coverage). If you would like to revoke your authorization, you may write us a letter revoking your authorization or fill out a Request To Revoke Authorization form, which are available in the department or from our Privacy Official. If you revoke your authorization, we will follow your instructions except to the extent that we have already relied upon your authorization and taken some action.

YOU HAVE RIGHTS WITH RESPECT TO YOUR MEDICAL INFORMATION ABOUT YOU

You have several rights with respect to your protected health information. This section of the Notice will briefly mention each of these rights.

1. Right to a copy of this Notice

You have a right to obtain a paper copy of our Notice of Privacy Practices at any time. In addition, a copy of this Notice will always be posted in our waiting area. If you would like to have a copy of our Notice, ask the receptionist for a copy or contact our Privacy Official.

2. Right of access to inspect and copy

You have the right to access, inspect (which means see or review) and/or receive a copy of your protected health information that we maintain. Rights for access must be made in writing and be signed by you or your representative. You may write us a letter requesting access or fill out a Request For Access To Protected Health Information form, which is available in the department or from our Privacy Official. We will charge you in accordance with a schedule of fees established by New York State laws.

We may deny your request in certain circumstances. If we deny your request, we will explain our reason for doing so in writing. We will also inform you in writing if you have the right to have our decision reviewed by another person. We may be able to provide you with a summary or explanation of the information. Contact our Privacy Official for more information on these services and any possible additional fees.

3. Right to have your protected health information amended

You have the right to request that we amend (which means correct or supplement) your protected health information that we maintain. If you believe that we have information that is either inaccurate or incomplete, we may amend the information to indicate the problem and notify others who have copies of the inaccurate or incomplete information. If you would like us to amend information, you must provide us with a request in writing and explain why you would like us to amend the information. You may either write us a letter requesting an amendment or fill out a Request For Amendment of Protected Health Information form, which is available in the department or from our Privacy Official.

We may deny your request in certain circumstances. If we deny your request, we will explain our reason for doing so in writing. You will have the opportunity to send us a statement explaining why you disagree with our decision to deny your amendment request and we will share your statement whenever we disclose the information in the future.

4. Right to an accounting of disclosures we have made

You have the right to receive an accounting (which means a detailed listing) of disclosures for a period not to exceed six (6) years made by us of your protected health information after April 14, 2003. Requests must be made in writing and signed by you or your representative. The accounting will not include disclosures for treatment, payment or health care operations. A Request For Accounting of Disclosures form is available in the department or from our Privacy Official. If you request an accounting more than once every twelve (12) months, we will charge you a fee of \$25.00 to cover the costs of preparing the accounting.

5. Right to request restrictions on use and disclosure

You have the right to request that we limit the use and disclosure of your protected health information for treatment, payment and health care operations. We are not required to agree to your request. If we do agree to your request, we must follow your restrictions (except if the information is necessary for emergency treatment). You may cancel the restrictions at any time. In addition, we may cancel a restriction at any time as long as we notify you of the cancellation and continue to apply the restriction to information collected before the cancellation. Request must be made in writing or a Request for Restrictions on Use and Disclosure of Protected Health Information form is available in the department or from our Privacy Official.

6. Right to request confidential communication

You have the right to request to receive communications regarding your protected health information from us at a different location or by a different method. For example, you may prefer to have all written information mailed to your work address rather than to your home address. We will agree to any reasonable request for alternative methods of contact. You must request such alternative contacts in writing. You may write us a letter or complete a Request for Alternative Means of Communication form, available in the department or from our Privacy Official.

ADDITIONAL INFORMATION

1. Right to file a complaint

If you believe that your privacy rights have been violated or if you are dissatisfied with our privacy policies or procedures, you may file a complaint with our Privacy Official in person, by calling 914-773-3978, by writing or by e-mail to HIPAA@services.pace.edu. You may also file a complaint with the Secretary of the U.S. Department of Health and Human Services in Washington, D.C. We will not take any action against you or change our treatment of you in any way if you file a complaint.

2. Acknowledging receipt of Notice

You will be asked to acknowledge that you received this Notice of Privacy Practices. Acknowledgment may be completed by signing and returning the attached Acknowledgment Form in person, by mail, fax, or e-mail.

3. FOR FURTHER INFORMATION

If you have questions or need further assistance regarding this Notice, you may contact our Privacy Official in person, by writing, by calling 914-773-3978 or by e-mail to HIPAA@services.pace.edu.

This Notice was prepared on March 27, 2003.
