

## Southern University Student Health Services Notice of Privacy Practices

**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.**

The Student Health Services (SHS) provides several types of services. SHS staff must collect information about you to provide these services. SHS knows that information we collect about you and your health is private. SHS is required to protect this information by Federal and State law. **We call this information “protected health information” (PHI).**

This Notice of Privacy Practices tells you how SHS may use or disclose information about you. Not all situations will be described. We are required to give you a notice of our privacy practices for the information we collect and keep about you. SHS may change its privacy practices and make that change effective for all PHI maintained by the Department. The effective date of this Notice of Privacy Practices is April 14, 2003.

### **SHS May Use and Disclose Information Without Your Authorization**

- **For Treatment.** SHS may use or disclose information to health care providers who are involved in your health care. For example, information may be shared to create and carry out a plan for your treatment.
- **For Payment.** SHS may use or disclose information to get payment or to pay for the health care services you receive. For example, SHS may provide PHI to bill your health plan for services provided to you.
- **For Health Care Operations.** SHS may use or disclose information in order to manage its programs and activities. For example, SHS may use PHI to review the quality of services you receive.
- **Appointments and Other Health Information.** SHS may send you reminders for medical services, checkups, and eligibility renewal. SHS may send you information about health services that may be of interest to you.
- **For Public Health Activities.** Department of Health and Hospitals is the public health agency that keeps and updates vital records such as births, deaths, and the tracking of some health issues and diseases.
- **For Health Oversight Activities.** SHS may use or disclose information to inspect or investigate health care providers.
- **As Required by Law and For Law Enforcement.** SHS will use and disclose information when required or permitted by Federal or State law or by a court order. If Federal or State law creates higher standards of privacy, SHS will follow the higher standard.
- **For Abuse Reports and Investigations.** SHS is required by law to receive and investigate reports of abuse, neglect or exploitation.

- **For Government Programs.** SHS may use and disclose information for public benefits under the government programs. For example, SHS may disclose information for the determination of Supplemental Security Income (SSI) benefits.
- **To Avoid Harm.** SHS may disclose PHI to law enforcement agencies in order to avoid a serious threat to the health, welfare and safety of a person or the public.
- **For Research.** SHS uses information for studies and to develop reports.
- **Disclosures to Family, Friends, and Others.** SHS may disclose information to your family or other persons who are involved in your medical care. You have the right to object to the sharing of this information.

#### **Other Uses and Disclosures Require Your Written Authorization**

For other Situations, SHS will ask for your written authorization before using or disclosing information. You may cancel this authorization at any time in writing. SHS cannot take back any uses or disclosures already made with your authorization.

#### **Other Laws Protect Your Protected Health Information**

Some SHS programs have other Laws for the use and disclosure of information about you. For example, your written authorization may be needed for SHS to use or disclose your mental health or chemical dependency treatment records.

#### **Your Privacy Rights**

- **Right to See and Get Copies of Your Records.** In most cases, you have the right to look at or get copies of your records. You must make the request in writing.
- **Rights to Request to Correct, Amend, or Update your records.** You may ask the SHS to change or add missing information to your records if you think there is a mistake. You must make the request in writing, and provide a reason for your request.
- **Right to Get a List of Disclosures.** You have the right to ask SHS for a list of disclosures. You must make the request in writing. This list will not include the times that information was disclosed for treatment, payment, or health care operations. The list will not include information provided directly to you or your family or information that was sent with your authorization.
- **Right to Request Limits on Uses or Disclosures of Protected Health Information.** You have the right to ask SHS to limit how your information is used or disclosed. You must make the request in writing and tell SHS what information you want to limit and to whom you want the limits to apply. SHS is not required to agree to the limit. You can request in writing that the limit be terminated.
- **Right to Revoke Permission.** If you are asked to sign an authorization to use or disclose information, you can cancel that authorization at any time. You must make the request in writing. You must make the request in writing. This will not affect the information that has already been shared.

- **Rights to Choose How We Communicate with You.** You have the right to ask that SHS share information with you in a certain way or in a certain place. For example, you can ask SHS to send information to your work address instead of your home address. You must make this request in writing. You do not have to explain the reason for your request.
- **Right to File a Complaint.** You have the right to file a complaint with SHS at the address listed below with the Secretary of the United States Department of Health and Human Services if you do not agree about how SHS has used or disclosed information about you.
- **Right to Get a Paper Copy of this Notice.** You have the right to ask for a paper copy of this notice at any time.
- **Right to Receive Notice of Change to SHS Privacy Practices.** You have a right to receive notice of changes in SHS privacy practices that affect you on or after the effective date of the change.

### **HOW TO REVIEW SHS PRIVACY POLICIES**

You may review SHS privacy policies and related forms by going to [www.dhh.state.la.us](http://www.dhh.state.la.us) and looking for the HIPPA Privacy Policy link. You may also contact the SHS Privacy Officer at the address listed at the end of this notice.

### **HOW TO CONTACT SHS TO....**

#### **REVIEW, CORRECT, or LIMIT your Protected Health Information (PHI)**

You may contact the local SHS office which collects and maintains your protected health information or you may contact the SHS Privacy Officer at the address listed at the end of this notice to:

- √ Ask to look at or copy your records;
- √ Ask to limit how information about you is used or disclosed;
- √ Ask to cancel your authorization;
- √ Ask to correct or change your records; or
- √ Ask for a list of the time SHS disclosed information about you.

Your request to look at, copy, or change your records may be denied. If SHS denies your request, you will receive a letter that tells you why your request is being denied and how you can ask for a review of the denial. You will also receive information about how to file a complaint with SHS or with the U.S. Department of Health and Human Services, Office for Civil Rights.

**How to File a Complaint or Report a Problem**

You may contact the Privacy Office listed below if you want to file a complaint or to report a problem about how SHS has used or disclosed information about you.

Your benefits will not be affected by any complaints you make. SHS cannot punish or retaliate against you for filing a complaint, cooperating in a investigation, or refusing to agree to something that you believe to be unlawful.

**Your Privacy Office Contact is:**

**Southern University Student Health Services  
Baranco-Hill Student Health Center  
Helen Barron Drive  
Baton Rouge, Louisiana 70813  
Telephone: (225) 771-4770  
Fax: (225) 771-6225**