

UNDERSTANDING YOUR HEALTH RECORD/INFORMATION

Each time you visit Student Health Services a record of your visit is made. Typically, this record contains your symptoms, examination, test results, diagnoses, treatment, and a plan for future care or treatment. This information, often referred to as your medical/mental health record, serves as a:

- Basis for planning your care and treatment
- Means of communication among the health professionals who contribute to your care
- Legal document describing the care you received
- Means by which you or a third-party payer can verify that services were actually provided
- A tool in educating health professionals
- A source of information for public health officials charged with improving the health of the nation
- A tool with which we can assess and continually work to improve the care we render and the outcomes we achieve
- A tool to contact you with information and appointment reminders

UNDERSTANDING WHAT IS IN YOUR RECORD AND HOW YOUR HEALTH INFORMATION IS USED HELPS YOU:

- Ensure its accuracy
- Better understand who, what, when, where, and why others may access your health information
- Make more informed decisions when authorizing disclosure to others

OUR RESPONSIBILITIES

Student Health Services is required 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 and maintain about you
- Abide by the terms of this notice
- Notify you if we are unable to agree to a requested restriction
- Accommodate reasonable requests you may have to communicate health information by alternative means or at alternative locations.

OTHER INFORMATION

We have developed internal procedures to maintain the privacy of your protected information. These include procedures related to the transmission, storage and disposal of paper and electronic information; the prevention of unauthorized access and damage to systems, including damage due to environmental hazards.

We reserve the right to change our practices and to make the new provisions effective for all protected health information we maintain. Should our information practices change, we will post a revised notice on the Student Health Services web site.

We will not use or disclose your health information without your authorization, except as described in this notice.

FOR MORE INFORMATION OR TO REPORT A PROBLEM

If you have questions and would like additional information, you may contact the Student Health Services office, phone number, (801) 863-8876. If you believe your privacy rights have been violated, you can file a complaint with Utah Valley University Risk Management or with the Secretary of Health and Human Services. There will be no retaliation for filing a complaint.

Notice of Privacy Practices

This notice describes how information about you may be used and disclosed and how you can get access to this information. Please review it carefully.

Dear UVU Student Health Services Patron:

This is your Health Information Privacy Notice from Utah Valley University's Student Health Services. **PLEASE READ IT CAREFULLY!** You have received this notice because you have received services from our office.

This notice describes how we protect the personal health information we have about you and how we may use and disclose this information. Personal Health Information includes individually identifiable information which relates to your past, present or future health treatment or payment for health care services. This notice also describes your rights with respect to Personal Health Information and how you can exercise those rights.

We are required to provide this Notice to you by the Health Insurance Portability and Accountability Act ("HIPAA").

Last updated January 22, 2014

YOUR HEALTH INFORMATION RIGHTS

Although your health record is physical property of the Student Health Services office that compiled it, the information belongs to you. You have the right to:

- **Request restriction on certain issues and disclosures of your information**

You have the right to request a restriction or limitation on Personal Health Information we use or disclose about you for treatment, payment or medical/mental health care processes, or that we disclose to someone who may be involved in your care or payment for your care, like a family member or friend. While we will consider your request, **we are not required to agree to it.** If we do agree to it, we will comply with your request. To request a restriction, you must make your request in writing to UVU Student Health Services, Attn: Privacy Office, MS 200, 800 West University Parkway, Orem, Utah 84058. In your request, you must tell us (1) what information you want to limit; (2) whether you want to limit our use, disclosure or both; and (3) to whom you want the limits to apply (for example, disclosures to your spouse or parent). We will not agree to restrictions on Personal Health Information uses or disclosures that are legally required, or which are necessary to administer our business.

- **Obtain an accounting of disclosures of your medical/mental health information.**

We will not disclose your protected information without your authorization as required by law.. You have the right to request a list of the disclosures we have made of Personal Health Information about you. This list will not include disclosures made for treatment, payment, health care processes, for purposes of national security, made to law enforcement or to corrections personnel or made pursuant to your authorization or made directly to you. To request a list, you must submit your request in writing to UVU Student Health Services, Attn: Privacy Office, MS 200, 800 West University Parkway, Orem, Utah 84058.

- **Request communications of your medical/mental health information by alternative means or at alternative locations, (i.e., facsimile)**

You have the right to request that we communicate with you about Personal Health Information in a certain way or at a certain location if you tell us that communication in another manner may endanger you. For example, you can ask that we only contact you at work or by mail. To request confidential communications, you must make your request in writing to UVU Student Health Services, Attn: Privacy Office, MS 200, 800 West University Parkway, Orem, Utah 84058, and specify how or where you wish to be contacted. We will accommodate all reasonable requests.

- **Inspect and copy your medical/mental health record upon written request**

In most cases, you have the right to inspect and copy Personal Health Information that we maintain about you. To inspect and copy Personal Health Information, you must submit your request in writing to UVU Student Health Services, Attn: Privacy Office, MS 200, 800 West University Parkway, Orem, Utah 84058. To receive a copy of your Personal Health Information, you may be charged a fee for the costs of copying, mailing or other supplies and time associated with your request. However, certain types of Personal Health Information will not be made available for inspection or copying. This includes, but is not limited to Mental Health Therapy Notes, or Personal Health Information collected by us in connection with, or in reasonable anticipation of any claim or legal proceeding. If we deny your request, you may request that the denial be reviewed. The review will be conducted by an individual chosen by us who was not involved in the original decision to deny your request. We will comply with the outcome of that review.

- **Amend your medical/mental health record if the information is not correct.**

You may request correction or amendment by sending us a written request explaining why you believe the information was incorrect. You may request an amendment by sending a written request to UVU Student Health Services, Attn: Privacy Office, MS 200, 800 West University Parkway, Orem, Utah 84058 We may deny your request if it is not in writing or does not include a reason that supports the request. In addition, we may deny your request if you ask us to amend Personal Health Information that:

- Is accurate and complete
- Was not created by us, unless the person or entity that created the Personal Health Information is no longer available to make the amendment:
- Is not part of the Personal Health Information kept by us or for us: or
- Is not part of the Personal Health Information which you would be permitted to inspect and copy.

- **Obtain a copy of the Privacy Notice of Information upon request**