

# Health Center at Auraria Notice of Privacy Practices

**THE HEALTH CENTER IS NOW REQUIRED BY FEDERAL LAW TO PROVIDE YOU A COPY OF OUR NOTICE OF PRIVACY PRACTICES. THIS NOTICE DESCRIBES HOW MEDICAL INFORMATION ABOUT YOU MAY BE USED AND DISCLOSED AND HOW YOU CAN ACCESS THIS INFORMATION. PLEASE REVIEW CAREFULLY AND SIGN/DATE ON THE REVERSE SIDE. Effective 04/14/03**

The Department of Health and Human Services and the Health Center at Auraria are committed to protecting your medical information. The Health Center at Auraria is required by law to maintain the privacy of your medical information by the terms of the most current notice of privacy practices, and to provide you with notice of its legal duties and privacy practices with respect to your health information.

The Health Center at Auraria reserves the right to change the terms of this notice of privacy and to make any new notice provisions effective for all protected health information (known as "PHI").

The Health Center at Auraria will inform patients of changes to this notice by requesting that all patients read and sign a new and updated notice of privacy each time a change in content occurs.

## I. Confidentiality Practices And Uses

The Health Center at Auraria, may access, use or share medical information:

1. **Treatment.** During the course of your care, protected health information (known as "PHI"), may be disclosed to medical/mental health providers as appropriate/necessary to ensure the quality and continuity of your care. For example, if another treatment provider is treating you, we may discuss your case in order to coordinate care between us. In this instance the kinds of health care information we may disclose about you could include your diagnosis, x-ray reports, lab results, etc.
2. **Payment.** We may use and give your medical information to others to bill and collect payment for the treatment and services provided to you. For example, if you are seen at the Health Center for a sore throat, any associated charges and medical information necessary to process your claim may be provided.
3. **Regular Health Care Operations.** To maintain efficient, quality and cost effective medical care PHI is routinely reviewed by authorized personnel to ensure that the highest quality standards of patient care are consistently being practiced. For example, PHI may be seen by regulatory agencies that oversee clinical laboratories and during routine quality assurance procedures.
4. **Information provided directly to you or mailed to you.** For example, your medical provider may give you a copy of your lab results or you may receive a bill sent to your address on file for any outstanding balances.

## II. Disclosures Not Requiring Your Permission

1. **Notification and Communication with Family.** We may disclose your health information to notify or assist in notifying a family member, your emergency contact or another person responsible for your care about your location, general condition or in the event of your death. However, if you are able and available to agree or object, we will give you the opportunity to do so prior to making this notification. If you are unable or unavailable to agree or object, our health professionals will use their best judgment in communication with your family and others.
2. **Required by Law.** As required by law, we may use and disclose your health information.
3. **Public Health.** As required by law, we may disclose your health information to public health authorities for purposes related to: preventing or controlling disease, injury or disability; reporting child abuse or neglect; reporting domestic violence; reporting to the FDA problems with products and reactions to medications; and reporting disease or infection exposure.
4. **Health Oversight Activities.** We may disclose your health information to health agencies during the course of audits, investigations, inspections, licensure and other proceedings.
5. **Judicial and Administrative Proceedings.** We may disclose your health information in the course of any administrative or judicial proceeding.
6. **Law Enforcement.** We may disclose your health information to a law enforcement official for purposes such as identifying or locating a suspect, fugitive, material witness or missing person, complying with a court order or subpoena and other law enforcement purposes.
7. **Deceased Person Information.** We may disclose your health information to coroners, medical examiners and funeral directors.
8. **Organ Donation.** We may disclose your health information to organizations involved in procuring, banking or transplanting organs and tissues.
9. **Research.** We may disclose your health information to researchers conducting research that has been approved.

10. **Public Safety.** We may disclose your health information to appropriate persons in order to prevent, lessen or coordinate a response to a serious and imminent threat to the health/safety of a particular person, the campus community or the general public.
11. **Specialized Government Functions.** We may disclose your health information for military, national security, intelligence and/or protective services for the President, prisoner and government benefits required by law.
12. **Worker's Compensation.** We may disclose your health information as necessary to comply with worker's compensation laws.
13. **Marketing.** We may contact you to provide appointment reminders or to give you information about other treatments or health-related benefits and services that may be of interest to you.
14. **Fund-Raising.** We may contact you to participate in fund-raising activities associated with the Auraria Campus.

## III. Your Rights to Privacy

Except as described in this Notice of Privacy Practices, the Health Center at Auraria will not use or disclose your health information without your written authorization. If you do authorize the Health Center at Auraria to use or disclose your health information for another purpose, you may revoke your authorization in writing at any time. The Health Center at Auraria has procedures to assist you with your rights to your medical information. You may ask the Health Center staff for a hard copy of this notice at any time. An electronic copy of this notice is also available on our web site at <http://www.mscd.edu/student/resources/health/>

Any request you may have of the Health Center at Auraria must be submitted in writing, including complaints. All required forms are available in our offices. You have the right to:

1. Request restrictions on certain uses and disclosures of your health information. The Health Center at Auraria is not required to agree to the restriction that you requested.
2. Request the Health Center at Auraria contact you by E-mail or fax, at a specific address or phone number.
3. Inspect (w/no charge) and receive a copy of your health information. If copies are requested, you may be charged for copies and any associated postage fees. If chart summaries are requested, a fee may be assessed for this service.
4. Change or add information to your designated records. However, the Health Center at Auraria may not change the "original" documents.
5. An accounting of disclosures of your health information made by the Health Center at Auraria, except that the Health Center at Auraria does not have to account for the disclosures described in numbers 1 (treatment), 2 (payment), 3 (health care operations), 4 (information provided to you) of section I and number 11 (specialized government functions) of section II of this Notice and disclosures authorized by the patient.

## IV. Complaints

1. If you need more information, have complaints or feel that your privacy rights have been violated contact: Jeff Uszacki or Billi Mavromatis at 303-556-2525, Health Center at Auraria, Plaza 150, Campus Box 20, P.O. Box 173362, Denver, CO 80217-3362.
2. If you are not satisfied how the Health Center at Auraria handles your concern, you may submit a formal complaint to: DHHS-Office of Civil Rights, 200 Independence Avenue, S.W., Room 509F HHH Bldg., Washington, DC 20201

**If you file a complaint, we will not take any action against you or change our treatment of you in any way.**

# HEALTH CENTER AT AURARIA

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I acknowledge receipt of the Health Center at Auraria's Notice of Privacy Practices on the date I indicate next to my signature below.

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*Printed Name*

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*ID Number or SSN*

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*Signature*

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*Date of Notification*