

**NC STATE UNIVERSITY
HEALTH CARE COMPONENTS
NOTICE OF PRIVACY PRACTICES**

Effective date: April 15, 2003

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.

I. INTRODUCTORY STATEMENT REGARDING YOUR PROTECTED HEALTH INFORMATION (PHI)

When you visit your health care professional, a record of your visit is made. It typically includes an evaluation of your symptoms and our recommendations. This record serves a number of purposes related to your health care, treatment, and payment. It may also serve other purposes such as a source of data for medical research, and for public health officials charged with improving health care. It is also a legal document that describes the care you received and provides the means by which you or a third party payer can verify that services billed were actually provided.

Understanding your record and how your health information is used helps you to ensure its accuracy, better understand who may access your health records and under what circumstances, and make more informed decisions when authorizing disclosure to others. NC State University (NCSU) is required by law to protect the privacy of health information maintained and transmitted about you that can be identified with you, information that we refer to as protected health information or PHI. Federal laws governing student medical records (the Family Educational Rights and Privacy Act or FERPA) and non-student medical records (The Health Insurance Portability and Accountability Act or HIPAA) provide different rights and obligations regarding use and disclosure. State law also governs your rights and our obligations with regard to use and disclosure of your medical information. This notice provides you with a description of your rights and our obligations with regard to your PHI, the uses and disclosures we may make regarding your PHI with and without your authorization, and who to contact for more information, or to file a complaint, depending upon whether you are a student or non-student patient.

II. YOUR RIGHTS WITH REGARD TO YOUR PHI

A. Students in attendance at NCSU¹

- Review of records. To review your health care records to the extent they fall within the definition of an “education record” under FERPA.
- Review of records by designated health care professionals. To have health care records that are made, maintained and only used in connection with your health care treatment reviewed by a physician or other appropriate health care professional of your choice.
- Limited disclosure. To have your health care records kept confidential except for disclosures to which you consent and certain disclosures permitted under FERPA and/or other federal or state law without your consent.
- Amendment. To petition for correction of inaccurate or misleading information in your education records or to include a corrective statement regarding information that is inaccurate or misleading if the University does not make the requested correction.

B. Others (for example, students enrolled at other universities, faculty, staff, or visitors)

- Request Restrictions: To request restrictions on certain uses and disclosures of your PHI, although we are not required to agree to all of your requested restrictions; further, even if we agree to your requested restrictions, in certain situations, e.g., in an emergency, they may not be followed.
- Receive Confidential Communication: To request how, where, and by what means we contact you about your PHI. For example, you may request that we contact you at your work address, phone, or by email.

¹ The Family Educational Rights and Privacy Act (FERPA) applies to any student who is or has been in attendance at NCSU. NCSU defines a student “in attendance” in its FERPA regulation. See http://www.ncsu.edu/policies/student_services/REG400.00.1.htm.

- Access to PHI: With certain exceptions, to inspect and copy your PHI. We may charge you related fees.
- Amendment of PHI: To request an amendment of your PHI maintained in our clinical or billing records. Your request must be in writing and provide the reason for the request;
- Accounting of Disclosures: To request and receive an accounting of certain disclosures of your PHI;
- Copy of this Notice: To request and receive a paper copy of this notice;
- Revocation of Authorizations: To revoke your prior authorizations to use or disclose your PHI except to the extent that action has already been taken.

III. OUR OBLIGATIONS REGARDING YOUR PHI

A. Students in attendance at NCSU

- Privacy. To maintain the privacy of your medical records and release such records to medical professionals only upon your written consent or as otherwise permitted by FERPA and/or state law.
- Annual Notice. To provide you with annual notice of your rights under FERPA regarding your education records. Medical records that are shared with persons other than medical professionals or records that are used for purposes other than your health care treatment are considered education records under FERPA.
- Record of Disclosures. With certain exceptions, maintain a record of each request for access to and each disclosure of PHI from your health record.

B. Others

- Privacy: We must maintain the privacy of your PHI.
- Notice of Privacy Practices: We must provide you with notice as to our legal duties and privacy practices with respect to the PHI we collect and maintain about you and abide by the terms of any privacy notice currently in effect. NC State University reserves the right to change the terms of its notice of privacy practices and to make the new practices effective for all PHI that it maintains. A copy of any revised notice will be posted in the Student Health Center, the Counseling Center, the Sports Medicine Office and via hyperlink from their home web pages. A copy also will be provided to you upon your request.
- Notification: We must notify you if NC State University is unable to agree to a requested restriction regarding use or disclosure of your PHI.
- Means of Confidential Communication: We must accommodate reasonable requests about when, how and by what means we contact you to communicate PHI.

IV. USES AND DISCLOSURES OF YOUR PHI

A. Students in attendance at NCSU

1. Disclosure of medical treatment records. We will request that you sign a written consent for use and disclosure of your PHI for treatment, payment and health care operations. We may disclose **without your consent** medical records made or maintained by health care professionals only in connection with your treatment and disclosed only to individuals providing the treatment, when state or federal law requires the release of your medical record or to comply with a judicial order. We also may disclose **without your consent** medical treatment records that are used or disclosed to persons other than health care providers the following circumstances:

- To health accrediting organizations to carry out their accrediting functions.
- To comply with a judicial order.
- To a court in a lawsuit if you have sued NCSU in connection with your medical treatment.
- When the disclosure is in connection with a health or safety emergency. For example, we may disclose your health information to prevent or lessen a serious and eminent threat to the health and safety of another person or the public.
- When otherwise required or permitted by FERPA and/or other federal or state law.

2. Disclosure of other medically related records.

- a. We also may disclose **without your consent** medically related records (e.g., appointment calendars or other routine administrative information) that are made by persons who are not health care professionals

- To health accrediting organizations to carry out their accrediting functions.
- To comply with a judicial order or lawfully issued subpoena.
- To your parents if you are a dependent student, as defined in section 152 of the Internal Revenue Code.
- To school officials with a legitimate educational interest
- To a court in a lawsuit if you have sued NCSU or its employees in connection with your medical treatment.
- When the disclosure is in connection with a health or safety emergency. For example, we may disclose your health information to prevent or lessen a serious and eminent threat to the health and safety of another person or the public.
- When otherwise required or permitted by FERPA and/or other federal or state law.

ANY OTHER USE OR DISCLOSURE OF YOUR PROTECTED HEALTH INFORMATION REQUIRES YOUR WRITTEN CONSENT

B. **Others.**

1. We may use and disclose your PHI **without your authorization**² in the following circumstances:

- Health Care Treatment. To provide, coordinate or manage your health care treatment. For example, if you are referred to another health care provider, that provider will need to know if you are allergic to any medication, the prescriptions you take or the results of your laboratory tests. We may contact you to provide appointment reminders or information about treatment alternatives or other health related benefits and services, products or health care providers. For example, if you are diagnosed with diabetes, we may tell you about nutritional and other counseling services that may be of interest.
- Payment for services provided. To obtain payment for services provided. For example, when we send a bill to an insurance company, information on the bill may identify you as well as our diagnosis, procedures, and supplies used or the insurance company may review the care you received to check that it and the costs associated with it were covered under their policy.
- For health care operations. For example, our health care providers, risk managers, or members of the performance improvement team may use information in your health record to evaluate your care and outcomes and use this information to improve the quality and effectiveness of our services.

In certain cases, your PHI may be used by or disclosed to a business associate who performs certain services in connection with our health care treatment, payment processes, and health care operations. In order to protect your PHI, we require that our business associates appropriately protect and safeguard your information.

2. We may also use and disclose your PHI **without your authorization** in the following circumstances:

- Required By Law or Necessary for Public Health Activities. When the use and/or disclosure is required by federal, state or local law or is necessary for public health activities. For example, North Carolina law requires that physicians report to the Commission for Health Services communicable diseases, including HIV and certain other diseases listed by the Commission.
- Abuse, Neglect and Domestic Violence. When the disclosure relates to victims of abuse, neglect or domestic violence. For example, North Carolina law requires physicians to report child abuse and neglect to the county department of social services.

² An authorization under HIPAA has a specific meaning and requires specific language authorizing release of PHI. While an authorization is not required for treatment, payment and health care operations, North Carolina law provides more protection than HIPAA and where applicable, we will follow the requirements of state law. For example, to allow us to disclose health information about you under state law for treatment, payment and health care operations, we will request that you sign a consent form approving the release of your health information for these purposes (a form that is different from the authorization mentioned in this privacy notice).

- Health Oversight Activities. When the use and or disclosure is for health oversight activities authorized by law. For example, licensure or disciplinary actions or other governmental regulatory programs.
- Judicial or Administrative Proceedings. When the disclosure is for a judicial or administrative proceeding. For example, we may disclose your health information in response to an order of a court of law.
- Law Enforcement. When the disclosure is for law enforcement purposes to a law enforcement official under certain conditions. For example, under North Carolina law we are required to report to the police wounds or illness from gunshots, knives, poison, or other apparent acts of criminal violence where grave bodily harm has been caused.
- Decedents. When the use and/or disclosure is to a coroner, medical examiner or funeral director for the purpose of determining cause of death or other duties authorized by law. For example, state law requires the report of deaths to the county medical examiner where the death was caused by suicide or homicide or other suspicious, unusual or unnatural circumstances.
- When the use and/or disclosure relates to research. For example, we may disclose your health information to researchers when an institutional review board that has reviewed the research proposal, and established protocols to ensure privacy of your health information, has approved their research.
- Serious Threats to Health or Safety. When the use and/or disclosure is to avert a serious threat to health or safety. For example, we may disclose your health information if a health care provider believes in good faith that the use or disclosure is necessary to prevent or lessen a serious and imminent threat to the health and safety of a person or the public.
- Specialized Government Functions. When the use and/or disclosure relates to specialized government functions. For example, we may disclose your health information if it relates to military and veteran's activities, security and intelligence activities, protective services for officials, medical suitability and correctional institutions.
- Workers' compensation. When the Use and Disclosure is necessary to comply with workers' compensation laws or similar programs.

ANY OTHER USE OR DISCLOSURE OF YOUR PROTECTED HEALTH INFORMATION REQUIRES YOUR WRITTEN AUTHORIZATION

Under any circumstances other than those listed above, we will ask for your written authorization before we use or disclose your PHI. If you sign a written authorization permitting us to disclose your PHI in a specific situation, you can later cancel in writing your authorization. If you cancel your authorization in writing, we will not disclose your PHI after we receive your cancellation except for disclosures that were being processed before we received your request.

FOR MORE INFORMATION OR TO REPORT A PROBLEM:

If you have questions or would like additional information, you may contact the University's Privacy Officer, at (919)515-6122.

Non-student patients:

If you believe your privacy rights have been violated, you can file a complaint with the University Privacy Officer, at (919)515-6122, or in writing at:

University Privacy Officer
Campus Box 7521
NC State University
Raleigh, NC 27695

You may also file a complaint with the Secretary of Health and Human Services.

Student patients: If you have a grievance relating to your medical records you may use the Student Grievance Procedure. If the matter is not resolved, you may also file a complaint with the Family Compliance Office, US Dept. of Education.

THERE WILL BE NO RETALIATION FOR FILING A COMPLAINT.