



NOTICE OF PRIVACY PRACTICES
For
HARRIS-MCDEW STUDENT HEALTH CENTER

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 Health Insurance and Portability & Accountability Act of 1996 ("HIPAA") is a federal program that requires that all medical records and other individually identifiable health information used or disclosed by us in any form, whether electronically, on paper, or orally, are kept properly confidential. This Act gives you, the patient, significant new rights to understand and control how your health information is used. HIPAA provides penalties for covered entities that misuse personal health information.

As required by HIPAA, we have prepared this explanation of how we are required to maintain the privacy of your health information and how we may use and disclose your health information.

We may use and disclose your medical records only for each of the following purposes: treatment, payment and health care operations.

Treatment means providing, coordinating, or managing health care and related services by one or more health care providers. An example of this would include laboratory specimen exams.

Payment means such activities as obtaining reimbursement for services, confirming coverage, billing or collection activities, and utilization review. An example would be contacting your insurance company for proof of coverage prior to an off campus referral.

Health Care Operations include the business aspects of running the Student Health Center such as conducting quality assessment and improvement activities, auditing functions, cost-management analysis, and customer service. An example would be an internal quality assessment review and attendance and participation of students administratively referred for care.

We may also create and distribute de-identified health information by removing all references to individually identifiable information.

We may contact you to provide appointment reminders or information about treatment alternatives or other health-related benefits and services that may be of interest to you.

Any other uses and disclosures will be made only with your written authorization. You may revoke such authorization in writing and we are required to honor and abide by that written request, except to the extent that we have already taken actions relaying your authorization. The Student Health Center will make reasonable efforts to limit and protect health information use, disclosure and request only the minimum necessary to accomplish the intended purpose.

You have the following rights with respect to your protected health information which you can exercise by presenting a written request:

The right to request restrictions on certain uses and disclosures of protected health information, including those related to disclosures to family members, other relatives, close personal friends, or any other person identified by you. We are, however, not required to agree to a requested restriction. If we do agree to a restriction, we must abide by it unless you agree in writing to remove it.

The right to reasonable requests to receive confidential communications of protected health information from us by alternative means or at alternative locations.

The right to inspect and to obtain a copy of your protected health information, unless contraindicated by the Medical Director.

The right to amend your protected health information.

The right to receive an accounting of disclosures of protected health information.

The right to obtain a paper copy of this notice from us upon request.

We are required by law to maintain the privacy of your protected health information and to provide you with notice of your legal duties and privacy practices with respect to protected health information.

This notice is effective as of June 10, 2002 and we are required to abide by these terms of the Notice of Privacy Practices and to make the new notice provisions effective of all protected health information that we maintain. We will post and you may request a written copy of a revised Notice of Privacy Practices from this office.

You have recourse if you feel that your privacy protections have been violated. You have the right to file a formal, written complain with our office or with the Department of Health and Human Series, Office of Civil rights, about violations of the provisions of this notice or the policies and procedures of our office. We will not retaliate against you for filing a complaint.

All protected health information and student health records maintained at the Student Health Center will be destroyed after three (3) years after the last visit or graduation as allowed in Georgia Section - Citation or Reference O.C.G.A. 9-3-33. Students may obtain their records prior to this confidential destruction.

Please contact us for more information, by asking to speak to our Privacy Officer or for written inquiries, note "Attention Privacy Officer".

Savannah State University
Harris-McDew Student Health Center
3219 College Street
Box 20448
Savannah, Georgia 31404

Phone: (912) 358-4122
Fax: (912) 358-3667

For more information about HIPAA or to file a complaint:

The U.S. Dept of Health and Human
Services, Office of Civil Rights
200 Independence Avenue, S.W.
Washington, DC 20201

Phone: (202) 619-0257
Toll Free: 1-877-796-6775

Signature

Date

#915 _____

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