

## HIPAA Disclosure Form

Dear Patient,

Haverford College Health Services considers the privacy of your health information to be one of the most important elements in our relationship with you. Our responsibility to maintain the confidentiality of your health information is one that we take very seriously. We maintain physical, electronic, and procedural safeguards to guard your personal information and to comply with federal and state laws. In addition, we regularly review our policies and practices, monitor our computer networks, and test the strength of our security.

Health Services educates our staff members on their responsibility to maintain the confidentiality of your private health information and we hold them accountable for their actions. We protect patient information. Health Services does not sell your information to any organization or disclose your health information without your written permission, unless you are in a life threatening emergent situation or in an event of a disaster or you are unable to agree or object then our health care professional staff will use their best judgment in communicating with your family and others.

Federal legislation concerning patient's privacy requires health care providers, health insurance companies and other health-related organizations to maintain privacy practices. Please contact the Director of Clinical Services, Mary Laxton, [mlaxton@haverford.edu](mailto:mlaxton@haverford.edu), if you feel your privacy was not respected. **If you are not satisfied with the manner in which this office handles a complaint, you may contact:** T. Muriel Brisbon, Director of Human Resources and Risk Management, AA/EEO Officer. [610-896-1250](tel:610-896-1250) · [tbrisbon@haverford.edu](mailto:tbrisbon@haverford.edu)

Haverford College, Stokes Hall, Suite 222, 370 W. Lancaster Ave, Haverford.

For more information contact: <http://www.hhs.gov/ocr/privacy/hipaa/administrative/>, Department of Health and Human Services, Office for Civil Rights, Hubert Humphrey Bldg., 200 Independence Ave, S.W., Room 509F HHH Building, Washington, DC. 20201.

Please see Patient Rights and Confidentiality, Medical Release Form, Notice of Privacy Practices and Acknowledgement of Receipt Form of the Notice of Privacy Practices. We are pleased to provide this information, both on line at [haverford.edu/healthservices/](http://haverford.edu/healthservices/) and in our reception area for our patients. In compliance with the privacy regulations of the Federal Health Insurance Portability and Accountability Act (HIPAA), you are welcome to a written copy (copies located in the Health Center).

### **Patient's responsibility:**

Please read the Notice of Privacy Practices Form, complete the Acknowledgement Form, and bring the form with you to your first visit to the Haverford College Health Services. Thank you.

Haverford College Health Services Staff, Morris Building, 370 Lancaster Ave., Haverford, PA. 19041, Phone: 610-896-1089, Fax: 610-896-1090

## **HIPAA Information: Notice of Privacy Practices Form**

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.

Haverford College Health Services understands the importance of privacy and we are committed to maintaining the confidentiality of your medical information. We make a record of the medical care we provide and may receive such records from others. We used these records to provide or enable other health care providers to provide quality medical care, to obtain payment for services provided to you as allowed by your health plan and to enable us to meet our professional and legal obligations to operate this medical practice properly. We are required by laws to maintain the privacy of protected health information. This notice describes how we may use and disclose your medical information. It also describes your rights and our legal obligations with respect to your medical information. If you have any questions about this notice, please contact Human Resources.

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This medical practice collects health information about you and stores it in an Electronic Medical Record; this is your medical record. The medical record is the property of this medical practice, but the

information in the medical record belongs to you. The law permits us to use or disclose your health information for the following services:

1. **Treatments:** We use medical information about you to provide your medical care. We disclose medical information to our employees and others who are involved in providing the care you need. For example, we may share your medical information with other physicians or other health care providers who will provide services which we do not provide. Or we may share this information with a pharmacist who needs it to dispense a prescription to you, or a laboratory that performs a test. We may also disclose medical information to members of your family or others who can help you when you are sick or injured.
2. **Payment:** we use and disclose medical information about you to obtain payment for the services we provide. For example, we give your health plan the information it requires before it will pay us. We may also disclose information to other health care providers to assist them in obtaining payment for services they have provided to you.
3. **Health Care Operations:** We may use and disclose medical information about you to operate this medical practice. For example, we may use and disclose this information to review and improve the quality of care we provide, or the competence and qualifications of our professional staff. Or we may use and disclose this information to get your health plan to authorize services or referrals. We may also use and disclose information as necessary for medical reviews, legal services and audits, including fraud and abuse detection and compliance programs and business planning and management. We may also share you medical information with our “business associates that contains terms requiring them to protect the confidentiality of your medical information”. Although federal laws does not protect health information which is disclosed to someone other than another health care provider, health plan or health care clearinghouse, under Pennsylvania law all recipients of health care information are

prohibited from re-disclosing it except as specifically required or permitted by law. We may also share your information with other health care providers, health care clearinghouse or health plans that have a relationship with you, when they request this information to help them with their quality assessment and improvement activities, their efforts to improve health or reduce health care costs, their review of competence, qualification and performance of health care professional, their training program, their accreditation, certification or licensing activities, or their health care fraud and abuse detection and compliance efforts.

4. Appointment Reminders: We may use and disclose medical information to contact and remind you about appointments. If you are not at home, we may leave this information on your phone, text message or email.
5. Sign in Sheet: We may disclose medical information about you by having you sign in when you arrive at our office. We may also call your name when we are ready to see you.
6. Notification and communication with Family: We may disclose your health information to notify or assist in notifying a family member, your personal representative or another person responsible for your care about your location, your general condition or in event of your death. In the event of a disaster, we may disclose information to relief organizations so that they may coordinate these notifications efforts. We may disclose information to someone who is involved with your care or help pay for your care. If you are able and available to agree or object, we will give you the opportunity to object prior to making these disclosures, although we may disclose this information in a disaster even over your objection if we believe it is necessary to respond to emergency circumstance. If you are unable or unavailable to agree or object, our health care professionals will use their best judgment in communication with your family and others.
7. Marketing: we may contact you to give you information about products or services related to your treatment, case management or care coordination, or to inform you of

health-related benefits, public health promotion and services that may be of interest to you. Or to provide you with small gifts. We may also encourage you to purchase a product or service when we see you. We will not use or disclose your medical information without your writing authorization.

8. Required by law: As required by law, we will use and disclose your health information, but we will limit our use of disclosure to the relevant requirements of the law. When the law requires us to report abuse, neglect or domestic violence, or reason to judicial or administrative proceedings, or to law enforcement officials, we will further comply with the requirement set forth below concerning those activities.
9. Public health: We may, and are sometimes required by law to disclose your health information to public health authorities for purposes of: preventing or controlling disease, injury or disability; reports to the Food and Drug Administration problems with products and reactions to medications; and reporting disease or infection or exposure. When we report suspected elder or dependent adult abuse or domestic violence, we will inform you or your personal representative promptly unless in our best professional judgment, we believe the notification would place you at risk of serious harm or would require information a personal representative we believe is responsible for the abuse or harm.
10. Health oversight activities: We may, and are sometimes required by law to disclose your health information to health oversight agencies during the course of audits, investigations, inspections, licensure and other proceedings, subject to the limitations imposed by federal and Pa law.
11. Judicial and administrative proceedings: We may, and are sometimes required by law, to disclose your health information in the course of any administrative order. We may also disclose information about you in response to a subpoena, discovery request or other lawful process if reasonable efforts have been made to notify you of the

request and you have not objected, or if your objections have been resolved by a court or administrative order.

12. Law enforcement: We may, and are sometimes required by law, to 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, warrant, grand jury subpoena and other law informant purposes.
13. Coroners: We may, and are often required by law, to disclose your health information to coroners in connection with their investigations of death.
14. Organ or tissue donation: We may disclose your health information to organizations involved in procuring, banking or transplanting organs and tissues.
15. Public safety: We may, and are sometimes required by law, to disclose your health information to appropriate personnel, such as, trainers, counselors, safety officers, deans, Office of Disabilities and other college personnel to protect self from harm and others – i.e., to prevent or lessen a serious and imminent threat to the health or safety of a particular person or the general public.
16. Specialized government functions: We may disclose your health information for military or national security purposes or to correctional institutions or law enforcement officers that have you in their lawful custody.
17. Worker's compensation: We may disclose your health information as necessary to comply with worker's compensation laws. For example, to the extent your care is covered by worker's compensation. We will make periodic reports to your employer about your condition. We are also required by law to report cases of occupational injury to occupational illness to the employer or worker's compensation insurer.
18. Change of ownership: in the event that this medical practice is sold or merged with another organization, your health information/record will become the property of the new owner, although you will maintain the right to request that copies of your health information be transferred to another physician or medical group.

19. Secure Messaging and Health Portal Guidelines and Student Responsibilities: Haverford Health Portal messaging guidelines include: not to share password with anyone, messages are for non-urgent communication, understand message may be viewed by other health professionals and administrators who work with your provider, providers can only communicate with the patient on their own health condition, highly sensitive information should be discussed directly with your provider, please be aware that you will be notified via e-mail or text message of new medical information to be viewed on the health portal. By accessing or using the Haverford Portal System you agree to be bound by all the terms and conditions of this Agreement and the HIPAA Privacy Statement. We may modify this agreement, the terms and conditions and privacy statement at any time, and you agree that such modifications are effective immediately upon posting of the modified version. You have the right to opt-out of the Health Portal at any time by notifying the Health Services.

### **When this Medical Practice May Not Use or Disclose**

#### **Your Health Information**

Except as described in this Notice of Privacy practice, this medical practice will not use or disclose health information which identifies you without your written authorization. If you do authorize this medical practice to use or disclose your health information for another purpose, you may revoke your authorization in writing at any time.

## Your Health Information Rights

- 1 Right to Request Special Privacy protections. You have the right to request restrictions on certain uses and disclosures of your health information, by a written request specifying what information you want to limit and what limitation on our use of disclosure of that information you wish to have imposed. We reserve the right to accept or reject your request, and will notify of our decision.
- 2 Right to request confidential communication. You have the right to request that you receive or halt information in a specified way or at the specific location. For example, you may ask that we send information to a particular email or to your work address. We will comply with all reasonable requests submitted in writing which specify how or where you wish to receive these communications.
- 3 Right to inspect and copy. You have the right to inspect and copy your health information, with limited exceptions. To access the medical information you want access to and whether you want to inspect it or get a copy of it. We will charge a reasonable fee, as allowed by PA Law. We may deny your request to access your Child's records because we believe allowing access would reasonably likely to cause substantial harm to your child, you will have a right to appeal to our decision. If we deny your request to access your psychotherapy notes, you will have the right to have them transferred to another mental health professional.
- 4 Right to Amend or Supplement. You have a right to request that we amend your health information that you believe is incorrect or incomplete. You must make a request to amend in writing and include the reasons you believe the information is inaccurate or incomplete. We are not required to change your health information and will provide you with information about these medical practices, denial and how you can disagree with the denial. We may deny your request if we do not have the information, if we did not create the information (unless the person or entity that created the information is not

long available to make the amendment), if you would not be permitted to inspect or copy the information at issue, or if the information is accurate and complete as is. You also have the right to request that we add to your records a statement of up to 250 words concerning any statement or item you believe to be incomplete or incorrect.

- 5 Right to an Accounting of disclosures. You have a right to receive an accounting of disclosures of your health information made by this medical practice, except that this medical practice does not have to account for the disclosure provided to you or pursuant to your written authorization, or as described in paragraphs 1 (treatment), 2(payment), 3(health care operations),6(notification and communication with family) and 16 (specialized government functions) of Section A this Notice of Privacy Practices or disclosures for purposes of research or public health which exclude direct patient identifiers, or which are incident to a use or disclose otherwise permitted or authorized by law, or the disclosures to a health oversight agency or law enforcement official to the extent this medical practice has received notice from that agency or official that providing this accounting would be reasonably likely to impede their activities.
- 6 Right to Paper Copy of this Notice. If you would like to have a more detailed explanation of these rights or if you would like to exercise one or more of these rights, contact our Privacy Officer in the Human Services Office, Haverford College.

### **Changes to this Notice of Privacy Practices**

We reserve the right to amend this Notice of Privacy practices at any time in the future until such amendment is made, we are required by law to comply with this Notice. After an amendment is made, the revised Notice of Privacy protections will apply to all protected health information that we maintain, regardless of when it was created or received. We will keep a copy of the current

notice posted in our reception area, and will offer you a copy at each appointment.

### **Complaints**

Complaints about this Notice of Privacy Practices or how this medical practice handles your health information should be directed to the college Privacy Officer.

If you are not satisfied with the manner in which this office handles a complaint, you may submit a formal complaint to the Department of Health and Human Services, Office for Civil Rights.

# HIPAA Disclosure Form

## Acknowledgement of Receipt of Notice of Privacy Practices

This acknowledgement of notice and consent authorizes Haverford College Health Services to use health information about you for treatment, payment, and health care purposes. You may review our current notice prior to signing this acknowledgment and consent at [haverford.edu/healthservices/noticeofprivacy](http://haverford.edu/healthservices/noticeofprivacy).

If you would like to receive a personal copy of the Privacy Notice, please print out from website or request one at the time of your appointment.

I hereby acknowledge that I received a copy of this medical practice's Notice of Privacy Practices. I further acknowledge that a copy of the current notice will be posted in the reception area, and that I will be offered a copy of any amended Notice of Privacy Practices at each appointment.

Signed: \_\_\_\_\_ Date: \_\_\_\_\_

Print Name: \_\_\_\_\_

If under 18 years of age (Parent Signature): \_\_\_\_\_ Date: \_\_\_\_\_

Note: Please print out **THIS PAGE ONLY**, sign it and submit the form to the Health Services via the on line health portal: <https://havr.studenthealthportal.com/>

*Revised 4/16*