

Student Health Services Notice of Privacy Practices

This notice describes how medical information about you may be used and disclosed and how you can get access to this information.

McMurry Student Health Services (SHS), including its professional staff, employees, and volunteers, follows the privacy practices described in this notice. SHS maintains Protected Health Information (PHI) in a confidential manner as required by law.

PHI includes medical and mental health information. SHS may use and disclose PHI as necessary for treatment, payment, and health care operations so that quality health care can be provided.

Your information may be used for

- Treatment and coordination of care.
- Payment and insurance-related processes.
- Health care operations, quality review, and training.
- Other purposes allowed or required by law.

You have the right to

- Request restrictions on certain uses or disclosures.
- Request confidential communications.
- Inspect and request a copy of your medical information.
- Request an accounting of disclosures or an amendment.

1. Purpose

McMurry Student Health Services (SHS) and its professional staff, employees, and volunteers follow the privacy practices described in this notice. SHS maintains PHI in a confidential manner as required by law. SHS must use and disclose PHI to the extent necessary to provide quality health care, including treatment, payment, and health care operations.

2. Treatment, payment, and health care operations

Treatment may include sharing information among health care providers and/or mental health clinicians involved in your care. For example, a physician may share information about your condition with a pharmacist to discuss appropriate medication or with a radiologist or other consultants to make a diagnosis.

SHS may use PHI as required by your insurer to obtain payment for your treatment. SHS may also use and disclose PHI to improve the quality of care, such as for review and training purposes.

3. Other ways SHS may use or disclose PHI

Unless you ask for restrictions on a specific use or disclosure, PHI may be used or disclosed for the following purposes.

- Appointment reminders and treatment calls, including information about treatment plans, medications, test results, benefits, and related services.
- Information about treatment alternatives, benefits, or services related to your health. You may have an opportunity to refuse this information.
- Business associates who perform services for SHS, such as technology or operational support. SHS requires business associates to safeguard your information.
- Public health purposes, including medication reaction reporting, infectious disease control, reporting child or elder abuse or neglect, and notifying authorities of suspected abuse, neglect, or domestic violence as allowed or required by law.
- FDA-related reporting for adverse events involving food, supplements, products, product defects, product recalls, repairs, replacement, or post-marketing surveillance.
- Informing a family member, relative, personal friend, or other individual involved in your care if we obtain your verbal agreement.
- Disclosure to funeral directors or coroners to allow them to carry out lawful duties.
- Organ or tissue donation purposes.
- Workers' compensation compliance.
- Physician board certification and professional certification processes as required.
- Health care oversight activities, such as audits, inspections, investigations, and licensure.

Additional permitted or required uses and disclosures

- To prevent a serious threat to health or safety.
- For law enforcement purposes, such as in response to a court order or other legal process; to identify or locate an individual being sought by authorities; about a crime victim under restricted circumstances; about a death that may be the result of criminal conduct; or circumstances relating to reporting information about a crime.
- To disaster relief agencies if you are injured in a disaster.
- For national security and intelligence activities, specialized government functions, protection of public officials, reporting to branches of the armed services, or special investigations.
- For protection of the President, other authorized persons, or foreign heads of state, or to conduct special investigations.
- As required by law.
- Other uses and disclosures only with your written authorization. You may revoke authorization except to the extent SHS has already acted in reliance on it.
- Certain research projects.
- Lawsuits and disputes. SHS will attempt to provide advance notice of a subpoena before disclosing information.

Special privacy protections for alcohol and drug abuse information

SHS will not disclose PHI relating to a client's substance abuse assessment and/or treatment unless one of the following applies:

- The client consents in writing.
- A court order signed by a judge requires disclosure.
- Medical personnel need the information to meet a medical emergency.
- Qualified personnel use the information for research, management audits, or program evaluation.
- Disclosure is necessary to report a crime, a threat to commit a crime, or abuse or neglect as required by law.

4. Your authorization is required for other disclosures

Except as described in this notice, SHS will not use or disclose your medical information unless you authorize SHS in writing to disclose your information. Written authorization is required for each request for the disclosure of medical information.

5. Your rights regarding your medical information

You have the following rights regarding your PHI, provided that you make a written request to invoke the right on the form provided by SHS.

Right to request restrictions

You may request limitations on the medical information SHS uses or discloses for treatment, payment, or operations. SHS is not required to agree to your request. If SHS agrees, it will comply unless the information is needed for emergency services.

Right to confidential communications

You may request communication in a certain way or at a certain location, but you must specify how or where you wish to be contacted.

Right to inspect and request a copy

You may inspect and request a copy of medical information regarding decisions about your care. Fees may apply for copying, mailing, and supplies. Under limited circumstances, a request may be denied; you may request review of the denial by another licensed health care professional chosen by SHS.

Right to an accounting of disclosures

You may request a list of certain disclosures of your medical information made to persons or entities other than for treatment, payment, or operations in the past seven (7) years.

Right to a copy of this notice

You may request a paper copy of this notice at any time, even if you previously received an electronic copy. The notice may also be available online at www.mcm.edu/health.

Right to request an amendment

If you believe the PHI SHS has about you is incorrect or incomplete, you may request an amendment on the form provided by SHS. SHS is not required to accept the amendment.

6. Requirements regarding this notice

SHS will be governed by this notice for as long as it is in effect. SHS may change this notice, and any changes will be effective for medical information already in its possession as well as any information received in the future. Each time you register at SHS for health care services, you may review a copy of the notice in effect at that time.

7. Complaints

If you believe your privacy rights have been violated, you may file a complaint with SHS or with the Secretary of the United States Department of Health and Human Services. You will not be penalized or retaliated against in any way for making a complaint to SHS or to the Department of Health and Human Services.

8. Contact

Call the Privacy Officer at 325-793-4857 if you:

- Have a complaint.
- Have questions about this notice.
- Wish to request restrictions on uses and disclosures for treatment, payment, or operations.
- Wish to obtain a form to exercise your individual rights described in section 5.

Obligations of Student Health Services

SHS is required to:

- Maintain the privacy of protected health information.
- Provide you with this notice of its legal duties and privacy practices with respect to your health information.
- Abide by the terms of this notice.
- Notify you if SHS is unable to agree to a requested restriction on how your information is disclosed.
- Accommodate reasonable requests you make to communicate health information by alternative means or at alternative locations.

SHS reserves the right to change its privacy practices and make new provisions effective for all protected health information it maintains. Revised notices will be made available to you upon request at your next visit to our practice.

Contact information

If you have questions or complaints, please contact:

Brenda Johnson - Privacy Officer

Student Health Services
1 McMurry University #716
Abilene, Texas 79697
Telephone: 325-793-4857

Effective May 27, 2021

This redesigned handout preserves the notice content from the original Student Health Services privacy policy while improving readability and organization.