

## **Western Illinois University Notice of Privacy Practices**

This notice describes how personal, particularly private health information about you may be used and disclosed by the University and how you can get access to this information. Please review it carefully to ensure that you understand your rights.

There are many laws that govern how the university treats personal and private health information that you submit to the institution. The Federal Rights and Privacy Act (FERPA) and the Health Information Portability and Accountability Act (HIPAA) are the two main laws that provide us with specific guidelines on how we maintain, utilize, protect, and disclose your information.

### **Federal Rights and Privacy Act (FERPA)**

FERPA is a federal law that applies to educational agencies and institutions who maintain "education records" as "those records, files, documents and other materials which contain information directly related to a student; and are maintained by an educational agency or institution or by a person acting for such agency or institution".

### **Health Insurance Portability and Accountability Act (HIPAA)**

The University will use and protect your medical information in compliance with applicable Federal and State law to maintain the privacy of your personal health information. We are also required to give you this notice about our privacy practices, our legal duties, and your rights concerning your medical information.

To obtain in depth information please link to Notice of Privacy Practices (requires Adobe Acrobat Reader). Written format of this information will be available through Beu Health Center, Student Assistance & Parent Service Center, Disability Support Services, Counseling Center, Athletics, Psychology Clinic, University Housing and Dining, and the Speech and Hearing Clinic.

Questions or concerns may be directed to the Privacy Officer, Mary Margaret Harris, Director, Beu Health Center, 309-298-1888.

This notice involves the entire University system, particularly focusing on offices that may need information related to private health information. This information will be used to better serve your needs related to housing, travel, counseling, athletics, testing, medical care, disabilities, training (student teaching, etc.), dining, and insurance. Each of these offices will handle your protected health information in accordance with the law to ensure your privacy.

### **Our Duties to you Regarding Protected Health Information**

Protected Health Information" (PHI) is individually identifiable health information. This information includes demographics like age, address, e-mail address, and relates to your past, present or future physical or mental health condition and related health care services. The university is required to do the following:

- Make sure that your protected health information is kept private.
- Give you this notice of our legal duties and privacy practices related to the use and disclosure of your protected health information.
- Follow the terms of the notice currently in effect.
- Change our privacy practices and the terms of this notice at any time, provided such changes are permitted by applicable law. We reserve the right to make the changes in our privacy practices and the new terms of our notice effective for all medical information that we maintain, including medical information we created or received before we made the change.

- Requests for a copy of our notice will be honored at any time. For more information about our privacy practices, or for additional copies of this notice, please contact us using the information listed at the end of this notice.
- Communicate any changes in the notice to you.

### **Understanding your Health Record Information**

Each time you visit your healthcare provider, a record of your visit is made. Typically, this record contains your symptoms, examination and test results, diagnoses, treatment, and a plan for future care or treatment. This information, often referred to as your health or medical record, serves as a:

- Basis for planning your care and treatment
- Means of communication among the many health professionals who contribute to your care
- Legal document describing the care you received
- Means by which you or a third-party payer can verify that services billed were actually provided
- Tool in educating health professionals
- Source of information for public health officials charged with improving the health of the nation
- Tool with which we can access and continually work to improve the care we render and the outcomes we achieve.

### **Understanding what is in your Record and how your Health Information may be Utilized**

It is important that you understand what is in your record and how your health information may be utilized so that you can:

- Ensure its accuracy
- Better understand who, what, when, where, and why others may access your health information
- Make more informed decisions when authorizing disclosure to others.

### **Your Health Information Right**

Although your health record is the physical property of the department it was submitted to, the information belongs to you. You have the right to:

- Request a restriction on certain uses and disclosures of your information
- Obtain a paper copy of the notice of information practices upon request
- Inspect and copy your health record
- Amend your health record
- Obtain an accounting of disclosures of your health information
- Request communications of your health information by alternative means or at alternative locations.
- Revoke your authorization to use or disclose health information except to the extent that action has already been taken.

Under federal law, however, you may not inspect or copy the following records: psychotherapy notes; information compiled in reasonable anticipation of, or use in, a civil, criminal, or administrative action or proceeding, and protected health information that is subject to law that prohibits access to protected health information. Depending on the circumstances, a decision to deny access may be reviewed. Please contact our Privacy Officer if you have questions about access to your medical record.

### **You Rights Regarding Your Health Information**

#### **ACCOUNTING:**

You have the right to receive an accounting of certain disclosures we have made, if any, of your protected health information. This right applies to disclosures for purposes other than treatment, payment or health care

operations as described in this Notice of Privacy Practices. It excludes disclosures we may have made to you, for a facility directory, to family members of friends involved in your care, or for notification purposes. You have the right to receive specific information regarding these disclosures that occurred after April 14, 2003. The right to receive this information is subject to certain exceptions, restrictions and limitations.

### **RESTRICTIONS:**

You have the right to request a restriction of your protected health information. This means you may ask us not to use or disclose any part of your protected health information for the purposes of treatment, payment or health care operations. Your request must state the specific restriction requested and to whom you want the restriction to apply. The University is not required to agree to a restriction that you may request. If the record keeping office believes it is in your best interest to permit use and disclosure of your protected health information, your protected health information will not be restricted. If they do agree to the requested restriction, they may not use or disclose your protected health information in violation of that restriction unless it is needed to provide emergency treatment. All requests for restrictions must be received in writing to the specific office that maintains the specific records.

### **AMENDMENTS:**

If you believe the information held in a specific office is incorrect or incomplete, you may request an amendment to your protected health information as long as that information is maintained by that office. This request must be in writing and explain why the information needs to be amended. The request may be denied and an explanation as to the reasons will be forwarded to you.

### **COPY OF NOTICE:**

You may obtain a paper copy of this notice from any designated office that maintains Privileged Health Information.

### **CONFIDENTIAL COMMUNICATIONS:**

You may request that offices communicate with you using alternative means or at an alternative location. We will not ask you the reason for your request. We will accommodate reasonable requests, when possible.

### **Examples of Disclosure for Treatment, Payment and Health Operations**

#### **Treatment**

We will use and disclose your protected health information to provide, coordinate, or manage your health care and any related services. This may include other offices on campus such as Athletics, Disability Support Services, etc. Only the necessary information will be released to accommodate your immediate needs.

- **For example:**

When receiving medical care at the Health Center, information obtained by a nurse, physician, or other member of your healthcare team will be recorded in your record and used to determine the course of treatment that should work best for you. Your physician will document in your record his/her expectations of the members of your healthcare team. Members of your healthcare team will then record the actions they took and their observations. In that way, the physician will know how you are responding to treatment.

#### **Payment**

Your protected health information will be used, as needed, to obtain payment for your health care services. This may include certain activities that your health insurance plan may undertake before it approves or pays for the health care services we recommend for you such as: making a determination of eligibility or coverage for insurance benefits, reviewing services provided to you for medical necessity, and undertaking utilization review activities. Your medical information may be disclosed to another provider or entity subject to the Federal Privacy Rules so they can obtain payment.

- **For example**

You will receive a bill at the conclusion of your visit to the Health Center. The information on or accompanying the bill may include information that identifies you, as well as your diagnosis, procedures, and supplies used.

### **Health Care Operations**

We may use or disclose, as-needed, your protected health information in order to support the business activities of the Health Center's practice. These activities include, but are not limited to: quality assessment activities, employee review activities, training of students, licensing and conducting or arranging for other business activities.

- **For example:**

we may disclose your protected health information to medical training students that see patients at our office. In addition, we may use a sign-in sheet at the registration desk where you will be asked to sign your name and indicate your needs. We may also call you by name in the waiting room when your provider is ready for you. We may use or disclose your protected health information, as necessary, to contact you to remind you of your appointment.

We will share your protected health information with third party "business associates" that perform various activities (e.g., billing, transcription services) for the practice. Whenever an arrangement between our office and a business associate involves the use or disclosure of your protected health information, we will have a written contract that contains terms that will protect the privacy of your protected health information. We may use or disclose your protected health information, when necessary, to provide you with information about treatment alternatives or other health-related benefits and services that may be of interest to you

- **For example:**

Members of the medical staff, the risk or quality improvement manager, or members of the quality improvement team may use information in your health record to assess the care and outcomes in your case and others like it. This information will then be used in an effort to continually improve the quality and effectiveness of the healthcare and service we provide.

### **Uses and Disclosures of Protected Health Information based upon your Written Authorization**

Other uses and disclosures of your protected health information will be made only with your written authorization, unless otherwise permitted or required by law as described below. You may revoke this authorization, at any time, in writing, except to the extent that your physician or the physician's practice has taken an action in reliance on the use or disclosure indicated in the authorization.

### **Other Permitted and Required Use and Disclosures That May Be Made With Your Consent, Authorization or Opportunity to Object:**

You have the opportunity to agree or object to the use or disclosure of all or part of your protected health information. If you are not present or able to agree or object to the use or disclosure of the protected health information, then your physician may, using professional judgment, determine whether the disclosure is in your

best interest. In this case, only the protected health information that is relevant to your health care will be disclosed.

**Business associates:**

There are some services provided in our organization through contracts with business associates. Examples include physician services in the emergency department and radiology. When these services are contracted, we may disclose your health information to our business associate so that they can perform the job we have asked them to do. To protect your health information, however, we require the business associate to appropriately safeguard your information.

**Others Involved in Your Care:**

Unless you object, we may disclose to a member of your family, a relative, a close friend or any other person, your protected health information that directly relates to that person's involvement in your health care. If you are unable to agree or object to such a disclosure, we may disclose such information as necessary if we determine that it is in your best interest based on our professional judgment. We may use or disclose protected health information to notify or assist in notifying a family member, personal representative or any other person that is responsible for your care. Finally, we may use or disclose your protected health information to an authorized public or private entity to assist in disaster relief efforts and to coordinate uses and disclosures to family or other individuals involved in your health care.

**Emergencies:**

We may use or disclose your protected health information in an emergency treatment situation. If this happens, the University shall try to obtain your consent as soon as reasonably practical after the delivery of treatment. If your physician or another physician in the practice is required by law to treat you and the physician has attempted to obtain your consent, but is unable to obtain your consent, he or she may still use or disclose your protected health information to treat you.

**Communication with family and friends:**

Health professionals, using their best judgment, may disclose to a family member, other relative, close personal friend or any other person you identify, health information relevant to that person's involvement in your care or payment related to your care.

**University faculty:**

Medical information is not released to faculty members without your written authorization. The Health Center may verify that you were seen in the center on a specific day and time without additional information being released.

**Continuation of treatment information**

which allows for the complete treatment of your care may be shared with the Counseling Center, Athletic Department or Disability Support Services without a signed release from you.

**Alcohol & drug abuse confidentiality**

of patients referred for, or under the treatment for, alcohol or drug abuse is maintained according to Federal and State statutes.

**Communication Barriers**

allows us to use and disclose your protected health information if your physician or another physician in the practice attempts to obtain consent from you but is unable to do so due to substantial communication barriers and the physician determines, using professional judgment, that you intend to consent to use or disclosure under the circumstances.

## **Workers Compensation**

allows us to disclose health information to the extent authorized by and necessary to comply with laws relating to workers compensation or other similar programs established by law.

## **Permitted and Required Uses and Disclosures of Protected Health Information**

The University may use or disclose your protected health information in the following situations without your consent or authorization as mandated by federal and state laws. These situations include but may not be limited to:

### **Public Health**

We may disclose your protected health information for public health activities and purposes to a public health authority that is permitted by law to collect or receive the information. The disclosure will be made for the purpose of controlling disease, injury or disability. We may also disclose your protected health information, if directed by the public health authority, to a foreign government agency that is collaborating with the public health authority.

### **Communicable Disease**

We may disclose your protected health information, if authorized by law, to a person who may have been exposed to a communicable disease or may otherwise be at risk of contracting or spreading the disease or condition.

### **Health Oversight**

We may disclose protected health information to a health oversight agency for activities authorized by law, such as audits, investigations, and inspections. Oversight agencies seeking this information include government agencies that oversee the health care system, government benefit programs, and other government regulatory programs or civil rights laws.

### **Abuse or Neglect**

We may disclose your protected health information to a public health authority that is authorized by law to receive reports of abuse or neglect. In addition, we may disclose your protected health information if we believe that you have been a victim of abuse, neglect or domestic violence to the governmental entity or agency authorized to receive such information. In this case, the disclosure will be made consistent with the requirements of applicable federal and state laws.

### **Food and Drug Administration**

We may disclose your protected health information to a person or company required by the Food and Drug Administration to report adverse events, product defects or problems, biologic product deviations, to track products; to enable product recalls; to make repairs or replacements, or to conduct post marketing surveillance, as required.

### **Legal Proceedings**

We may disclose protected health information in the course of any judicial or administrative proceeding, in response to an order of a court or administrative tribunal (to the extent such disclosure is expressly authorized), in certain conditions in response to a subpoena, discovery request or other lawful process.

### **Law Enforcement**

We may also disclose protected health information, so long as applicable legal requirements are met, for law enforcement purposes. These law enforcement purposes include: (1) legal processes and other processes required by law, (2) limited information requests for identification and location purposes, (3) pertaining to victims of a crime, (4) suspicion that death has occurred as a result of criminal conduct, (5) in the event that a

crime occurs on the premises of the practice, and (6) medical emergency (not on the Practice's premise) and it is likely that a crime has occurred.

### **Coroners, Funeral Directors, and Organ Donation**

We may disclose protected health information to a coroner or medical examiner for identification purposes, determining cause of death or for the coroner or medical examiner to perform other duties authorized by law. We may also disclose protected health information to a funeral director, as authorized by law, in order to permit the funeral director to carry out their duties. We may disclose such information in reasonable anticipation of death. Protected health information may be used and disclosed for cadaver organ, eye or tissue donation purposes.

### **Criminal Activity**

Consistent with applicable federal and state laws, we may disclose your protected health information, if we believe that the use or disclosure is necessary to prevent or lessen a serious and imminent threat to the health or safety of a person or the public. We may also disclose protected health information if it is necessary for law enforcement authorities to identify or apprehend an individual.

### **Military Activity and National Security**

When the appropriate conditions apply, we may use or disclose protected health information of individuals who are Armed Forces personnel (1) for activities deemed necessary by appropriate military command authorities; (2) for the purpose of a determination by the Department of Veterans Affairs of your eligibility for benefits; or (3) to foreign military authority if you are a member of that foreign military services. We may also disclose your protected health information to authorized federal officials for conducting national security and intelligence activities, including for the provision of protective services to the President or others legally authorized.

### **Required Uses and Disclosures**

Under the law, we must make disclosures to you and when required by the Secretary of the Department of Health and Human Services to investigate or determine our compliance with the requirements of Section 164.500 et. seq.

### **Complaints**

You may submit a complaint to the Privacy Officer of the University or the Secretary of Health and Human Services if you believe your privacy rights have been violated. You may file a complaint by contacting Privacy Officer, Mary Margaret Harris, Director, Beu Health Center (309-298-1888) or [mm-harris@wiu.edu](mailto:mm-harris@wiu.edu). We will not retaliate against you for filing a complaint. This notice becomes effective on April 14, 2003.

Effective date: 4/14 misc/BHC practices

**RECEIPT OF NOTICE OF PRIVACY PRACTICES**

I acknowledge receipt of the University’s Notice of Privacy Practices. The Notice of Privacy Practice provides detailed information about how the Health Center may use and disclose my confidential information.

I understand that Beu Health Center and the University as a whole has reserved a right to change the privacy practices that are described in the Notice. I also understand that a copy of any Revised Notice will be provided to me or made available when indicated.

I understand that this consent is valid until it is revoked by me. I understand that I may revoke this consent at any time by giving written notice of my desire to do so to the health care providers. I also understand that I will not be able to revoke this consent in cases where the Health Center has already relied on it to use or disclose my health information. Written revocation of consent must be signed at/or sent to Beu Health Center.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

\_\_\_\_\_  
Signature of Patient Representative

\_\_\_\_\_  
Date

\_\_\_\_\_  
Relationship to Patient

. . . . .

**INDIVIDUAL REFUSED TO SIGN ACKNOWLEDGEMENT FORM**

\_\_\_\_\_  
Witness #1

\_\_\_\_\_  
Witness #2