Privacy Notice

How Your Medical Information May Be Used and Disclosed

We Are Committed to Your Privacy

The privacy of health information is a deeply held value at Calvin College Health Services (hereafter, Health Services). This booklet provides information about your privacy rights as well as our ongoing commitment to protect those rights. Please review it carefully.

Questions or concerns?
Please contact Health Services using the information above.

Our Pledge Regarding Your Medical Information

We treat your medical information as personal information; we are committed to protect it. When you receive medical care at Health Services, we create a record about it. We need this record to provide you with quality care and to comply with certain legal requirements. This privacy notice applies to all of the records maintained by Health Services about the health care given to you – paper and electronic. It describes your rights regarding your medical information as a recipient of care and services. This privacy notice also addresses the obligations we have and the ways in which we may use and disclose your medical information.

Health Services is required by law to:

- Maintain the privacy of medical information that particularly identifies you.
- Give you this notice, i.e. our legal duties and privacy practices concerning your protected health information.
- Follow the terms of the privacy notice that is currently in effect.

How We May Use and Disclose Your Medical Information

There are a number of situations where we need to share your medical information in order to provide good care to you. In some of these, your consent must be written. In others, our professional judgment and commitment to act in your best interests will guide our sharing of necessary information to another person who needs to know, for example, in an emergency. Your written permission is not required in these instances. However, uses and disclosures of your medical information that are not described below will only be made with your permission.

The following categories describe different ways that we use and disclose medical information. Not every use or disclosure
in a category will be listed, but all of the ways we are permitted to use and disclose personal information will fall within one of the categories.

**For Treatment:** We may use your medical information to provide treatment or services to you. We may disclose medical information about you to other health care providers who are involved in your treatment, such as nurses, laboratory and diagnostic providers, pharmacists, nurse practitioners, physicians, physical therapists, etc.

**For Payment:** We may use and disclose your medical information so that the services you receive at Health Services can be billed to an insurance company, a third party, or you. For example, we may need to give your insurance plan information about the treatment you received for proper reimbursement. At times, we will be required to tell your health plan about a treatment we are recommending obtaining prior approval or determining insurance coverage. We may also may contact you in writing or via telephone to verify or gather more information about your insurance coverage.

**For Health Care Operations:** We may use and disclose the minimum medical information about you necessary for the operations of Health Services and others who have provided care to you. These uses and disclosures are important so that we can evaluate our services, our staff, and make sure that our patients receive quality care. For example, a report reflecting the total number of patients seen for ear infections in one year may be produced to help us monitor the effectiveness of treatments, our supplies, and the performance of our staff. In this, and other reports like it, we may combine non-personal medical information about many patients to decide what additional services we should offer or whether new protocols are effective. In these situations, information that specifically identifies you is purposefully excluded. We may also use certain medical information to contact you and ask your opinion about the quality of services you received at Health Services.

**Incidental Uses and Disclosures:** We may use or disclose your medical information when it is connected with another use or disclosure that is permitted or required by law. For example, in the course of their work, Health Services staff may discuss information about you such as a medication that has been ordered or a referral that needs to be made. We take these communications seriously. Therefore, we speak in private or avoid these conversations if people other than those uninvolved in your care are nearby.

**Appointment Reminders:** We are permitted to use and disclose medical information to remind you of an appointment you scheduled for care at Health Services.

**Treatment Alternatives:** We may use and disclose medical information to tell you about or recommend possible treatment options and alternatives.
Health-Related Benefits and Services: We may use and disclose medical information to tell you about health-related services or benefits that may interest you.

Individuals Involved in Your Care or the Payment of Your Care: We may disclose information to your insurance company when it is billed for our services. This information may include treatments, tests, and diagnoses that relate to your care. Someone who is involved with payment of your insurance may have access to this information in the form of an insurance statement. We may disclose medical information about you to an entity assisting in a disaster relief effort so that your family can be notified about your condition, status, and location.

Research: All research projects are subject to Calvin College’s Institutional Review Board, in compliance with Title 45 Code of Federal Regulations and as regulated by the United States Department of Health and Human Services. Before medical information is used or disclosed for research, the project will have been approved through this formal approval process. We may disclose medical information about you to individuals preparing to conduct a research project, for example, to help them look for patients with specific medical needs. Under certain circumstances, we may use and disclose non-identifying medical information about you for research purposes. Look at Spectrum’s policy here.

As Required by Law: We will disclose medical information about you when required by federal, state or local law or regulation. For instance, we are required to report certain injuries and illnesses for public health purposes.

To Avert a Serious Threat to Health or Safety: We may use and disclose your medical information when necessary to prevent a serious threat to your health and safety, or the health and safety of another person or the public. We may disclose your information to someone who can help prevent the threat. For example, if bacterial meningitis is reported in a particular residence hall, the Resident Director and support staff may be notified of the threat to protect others. If you are the person who has bacterial meningitis, we may disclose this information to those who need to know for health and safety reasons.

Communication Regarding Programs or Products: We may use and disclose your health information to inform you of a health-related service of Health Services, or something that pertains to your treatment. We may also use or disclose your health information to tell you about services or products related to your care, coordination of care, therapies, providers or settings of care. We may occasionally tell you about another company’s products or services, but will use or disclose your health information for such communication only if they occur in person.

Health Services records and transmits health information electronically for the purposes outlined in this privacy notice. This

Updated 8.1.13 GK
includes prescription information, referrals, laboratory data, and the like. Local, state and national health information exchanges protect such electronically transmitted records. Health Services participates in the Michigan Health Connect (MHC) information exchange. MHC has rules regarding how information can be accessed through the exchange; it limits the use and disclosure of such information. You may contact Health Services for more information about MHC and your rights associated with the transmission of your information through health information exchanges.

**Special Situations**

**Organ and Tissue Donation**: If you are an organ donor, we may disclose medical information as necessary to organizations that handle organ donations or organ, eye and tissue transplantation.

**Military and Veterans**: If you are a member of the armed forces, we may disclose medical information about you as required by military command authorities. We may also disclose medical information about foreign military personnel to the appropriate foreign military authority. If a family member is in the military, in certain circumstances, we may disclose information about you to the military or an approved social services agency such as the Red Cross to advise your family of your condition.

**Worker’s Compensation**: We may disclose medical information about you for workers’ compensation or similar programs. These programs provide benefits for work-related injuries and illnesses.

**Public Health Risks**: We may disclose medical information about you for public health activities to:
- Prevent or control disease, injury or disability
- Report births and deaths and participate in disease registries
- Report child abuse or neglect
- Report reactions to medications or problems with products
- Notify you of recalls for products you may be using
- Notify a person who may have been exposed to a disease or may be at risk for contracting or spreading a disease
- Notify the appropriate government authority if we believe you have been the victim of abuse, neglect or domestic violence. We will make this disclosure only if you agree, or when required or authorized by law.

**Health Oversight Activities**: We may disclose medical information to a health oversight agency for activities authorized by law, for example audits, investigations, inspections and licensure. These activities are necessary for the government to monitor the health care system, government programs, and compliance with civil rights laws.

**Lawsuits and Disputes**: If you are involved in a lawsuit or a dispute, we may disclose medical information about you in response to a court or administrative order. We also may
disclose medical information about you in response to a subpoena, discovery request, or other lawful process by someone involved in the dispute if you have agreed to such a release. However, your consent will not be required if the disclosure has been ordered by a court of law.

**Law Enforcement:** We may disclose medical information if asked to do so by a law enforcement official in the following situations:

- In response to a court order, subpoena, warrant, summons or similar process
- To identify or locate a suspect, fugitive, material witness or missing person
- If the information is about a victim of a crime and if, under certain limited circumstances, we are unable to obtain the person’s agreement to the disclosure.
- About a death we believe may be the result of a criminal conduct
- About criminal conduct at Calvin College Health Services (or is it Calvin College as a whole?)
- In emergency circumstances to report a crime, the location of the crime or victims, or a description or location of the person who committed the crime

**Coroners, Medical Examiners and Funeral Directors:** We may disclose medical information to a coroner or medical examiner. This may be necessary, for example, to identify a deceased person or determine the cause of death.

**National Security and Intelligence Activities:** We may disclose your medical information to authorized federal officials for intelligence, counterintelligence and other national security activities authorized by law.

**Protective Services for the President and Others:** We may disclose medical information about you to authorized federal officials so they can protect the president, authorized people or foreign heads of state, or conduct special investigations.

**Third Parties:** We may disclose your medical information to certain third parties with whom we contract to perform services on behalf of Health Services. If so, we will have written assurances from the third party that your information will be safeguarded. For example, if a home nebulizer is ordered to be delivered to you, the company supplying that product will need your information to deliver the correct treatment.

**Highly Confidential Information:** Certain medical information receives special privacy protection, such as psychotherapy notes, services for mental health and developmental disabilities, alcohol and drug abuse treatment and prevention services, and certain diseases. We will use or share your highly confidential medical information only with your permission or as permitted or required by law.

**Your Rights Regarding Your Medical Information**

**Right to Inspect and Copy:** You have the right to inspect and obtain a copy of the medical information that may be used to make decisions about your care. During an inspection of your
information, a health professional may be in attendance to assist you. The information available to you includes medical and billing records; it excludes psychotherapy notes.

To inspect or obtain a copy of your medical information, please submit the request in writing. To do this, you may access and copy the “INSPECT PROTECTED HEALTH INFORMATION REQUEST” from our website, or call us to obtain a copy. Additional instructions are found on the form.

If you request a copy of the information, we are allowed to charge a fee for copying, mailing and other supplies, and any other charges incurred or associated with your request. Copies of electronic records may be provided in an electronic format that can be readily produced or in a format agreed upon by you and Health Services. We will also transmit such electronic information directly to an entity or person clearly and specifically designated by you.

We may deny access to psychotherapy records or as otherwise permitted by law.

Right to Amend: If you feel that the medical information Health Services has about you is incorrect or incomplete, you may ask us to amend the information. You have the right to request an amendment for as long as the information is kept by or for Health Services. Amendment requests must be made in writing. To do this, please access and copy the “AMEND MEDICAL RECORD REQUEST” from our website, or call us to obtain a copy. Additional instructions are found on the form.

We may deny your request for an amendment if it is not in writing or does not include a reason to support the request. We also may deny your request if you ask us to amend information that:
- Was not created by us, unless the person or entity that created the information is no longer available to make the amendment
- Is not part of the medical information kept by Health Services
- Is not part of the information that you would be permitted to inspect and copy
- Is accurate and complete

Right to an Accounting of Disclosures: You have the right to request an “accounting of disclosures”. This is a list of the disclosures we made regarding your medical information. An accounting of disclosures must be made in writing. To do this, please access and copy the “ACCOUNTING OF DISCLOSURES REQUEST” from our website, or call us to obtain a copy. Additional instructions are found on the form.

The first accounting of disclosures in a 12 month period will be free. We may charge a fee for providing additional lists. We will notify you of the cost and you can choose to withdraw or modify your request at that time before any fees are incurred.

Updated 8.1.13 GK
**Right to Request Restrictions:** You have the right to request a restriction on the medical information we use or disclose about you for treatment, payment or health care operations. We recognize that you may wish to exercise your rights differently at various office visits, or with regard to collaboration-of-care with those not directly related to your medical care. You also have the right to request that we limit the medical information we disclose about you to someone who is involved in your care or the payment of your care, such as a family member or friend.

Requests for restrictions must be made in writing. To do this, please access and copy the “RESTRICT THE USE AND DISCLOSURE OF PROTECTED HEALTH INFORMATION REQUEST” from our website, or call us to obtain a copy. Additional instructions are found on the form.

We are not required to agree to your request to restrict the use or disclosure of your health information. If we do agree, we will comply with your request unless the information is needed to provide emergency treatment. If we agree to a restriction, the restriction will not apply to certain disclosures, such as those required to transfer your health care to another facility, those required by law, and those required by a third-party payment contract. We will honor a request to not share treatment related information with your insurance company if you have paid for the care out of pocket in full.

**Right to Request Confidential Communications:** You have the right to request that we communicate with you about medical matters in a certain way or at a certain location. The request for specific confidential communication must be done in writing. To do this, please access and copy the “ALTERNATE MEANS OF COMMUNICATING CONFIDENTIAL INFORMATION REQUEST” from our website, or call us to obtain a copy. Additional instructions are found on the form. We will not ask you the reason for your request. We will accommodate all reasonable requests.

**Right to a Paper Copy of This Notice:** You may ask for a copy of this notice at any time. Even if you agreed to receive this notice electronically, you are still entitled to a paper copy. You may access and copy the notice from our website, http://www.calvin.edu/admin/health/, or call us for a postal copy.

**Changes to This Notice**
We reserve the right to change this notice. We also reserve the right to make the revised notice effective for medical information we already have about you and information we receive in the future. We will post a copy of the current notice in the facilities covered by this notice. The notice will contain the effective date. In addition, each time you register at Health Services, a copy of the most current notice will be made available to you.

**Complaints**
If you believe your privacy rights have been violated, you may file a complaint with Health Services or with the secretary of the Department of Health and Human Services.

Complaints to Health Services must be submitted in writing. To do this, please access and copy the “HIPAA PRIVACY COMPLAINT” form from our website, or call us to obtain a copy. Additional instructions are found on the form. To file a complaint with the Department of Health and Human Services, Office of Civil Rights, please access its website at http://www.hhs.gov/ocr/privacy/hipaa/understanding/index.html.

You will not be penalized for filing a complaint.

**Other Uses of Your Medical Information**

Other uses and disclosures of medical information not covered by this notice or the laws that apply to Health Services will be made only with your written permission. If you provide us with permission to use or disclose your medical information, you may revoke that permission in writing at any time. If you revoke your permission, we will not use or disclose medical information about you for the reasons covered by your written authorization. We are unable to reverse any disclosures we already made with your permission, and we are required to retain our records of the care that we provided to you.