

**INDIANA UNIVERSITY NORTHWEST  
CAMPUS HEALTH AND WELLNESS CENTER**

3400 Broadway  
Gary, Indiana 46408-1197  
(219) 980-7250

**NOTICE OF PRIVACY PRACTICES**

**Effective Date: SEPTEMBER 2008**

**THIS NOTICE DESCRIBES HOW MEDICAL INFORMATION ABOUT YOU MAY BE USED AND DISCLOSED AND HOW YOU CAN GET ACCESS TO THIS INFORMATION. PLEASE READ IT CAREFULLY.**

**OUR PLEDGE REGARDING MEDICAL INFORMATION:**

Indiana University Northwest Campus Health and Wellness Center (IUN-CHWC) is required by law to maintain the privacy of your protected health information and to provide you with notice of its legal duties and privacy practices with respect to your protected health information.

This Notice of Privacy Practice will serve as a joint notice to provide you with information of how we might use your medical information to care for you as a patient in one or more of the following clinics operating within IUN-CHWC: Medical Clinic (Primary Care), Clinical Laboratory, Immunizations, Health & Wellness Education, as well as those departments supporting the provision of health care services.

**HOW WE MAY USE AND DISCLOSE MEDICAL INFORMATION ABOUT YOU:**

The following categories describe different ways that we use and disclose medical information. On a separate form, **you will be required to sign to indicate your consent before we may use or disclose protected health information for the following categories.** For each category of uses or disclosures, we will explain what we mean and try to give some examples. This list of examples is not 100% inclusive. Therefore, not every use or disclosure in a category will be listed. However, all of the ways we are permitted to use and disclose information will fall within one of the categories.

**For Treatment:**

- We may use your medical information to provide you with treatment or services.
- We may disclose your medical information to doctors, nurses, pharmacists, technicians, professional students, or other IUN-CHWC health care providers and support personnel who are involved in taking care of you.
- **For example**, a doctor treating you for a broken leg may need to know if you have diabetes because diabetes may slow the healing process. Different departments may share medical information about you in order to coordinate the different things you need. We also may disclose medical information about you to people outside IUN-CHWC who may be involved in your medical care after you leave.

### **For Payment:**

- We may use and disclose your medical information to bill and/or collect payment for treatment and services provided to you.
- For example, we may give your health information to your third party payer about a treatment you received so they will pay us or reimburse you.

### **For Health Care Operations:**

- We may use and disclose medical information about you for our business operations. These uses and disclosures are necessary to run IUN-CHWC and make sure that all of our patients receive quality care.
- For example, we may use medical information to review our treatment and services and to evaluate our performance for quality improvement purposes.
- We may combine medical information about many patients to decide what additional services we should offer, what services are not needed, and whether certain new treatments are effective.
- We may disclose information to doctors, nurses, pharmacists, counselors, technicians, professional students, and other IUN-CHWC health care providers and support personnel for review and learning purposes.
- We may combine the medical information we have with medical information from other college health centers to compare how we are doing and see where we can make improvements in the care and services we offer.
- We may remove information that identifies you from this set of medical information so others may use it to study health care and health care delivery without learning who the specific patients are.

**Treatment Alternatives.** We may use and disclose medical information to tell you about or recommend possible treatment options or alternatives that you may be of interest to you. For example, this may include specific brand name or over the counter pharmaceuticals.

**Health-Related Benefits and Services.** We may use and disclose medical information to tell you about health-related benefits or services. For example, this may inform you of a new wellness or health education program that we offer that might be of benefit to you.

**Individuals Involved in Your Care or Payment for Your Care.** Upon receiving your authorization, we may release medical information about you to a family member or friend who is involved in your medical care or payment of your medical care. Even though your parents may be paying for your medical care, IUN-CHWC will not release any of your confidential medical information to them without your written authorization.

**Research.** Under certain circumstances, we may use and disclose medical information about you for research purposes.

- **For example,** a research project may involve investigating whether or not certain blood tests are effective in detecting specific diseases. All research projects, however, are subject to a special approval process. Before we use or disclose medical information for research, the project will have been approved through this research approval process, but we may, however, disclose medical information about you to people preparing to conduct a research project, for example, to help them look for patients with specific medical needs.

**THE FOLLOWING USES AND DISCLOSURES ARE REQUIRED BY LAW and MAY NOT REQUIRE WRITTEN CONSENT or AUTHORIZATION:**

**To Avert a Serious Threat to Health or Safety.** We may use and disclose medical information about you when necessary to prevent a serious threat to your health and safety or the health and safety of the public or another person. Any disclosure, however, would only be to someone able to help prevent the threat.

**Workers' Compensation.** We may release medical information about you for workers' compensation or similar programs. These programs provide benefits for work-related injuries or illness.

**Public Health Risks.** We may disclose medical information about you for public health activities. These activities generally include the following:

- to prevent or control communicable disease, injury or disability;
- to report reactions to medications or problems with products;
- to notify people of recalls of products they may be using;
  - to notify a person who may have been exposed to a communicable disease or may be at risk for contracting or spreading a disease or condition;
  - to notify the appropriate government authority if we believe a patient has been the victim of abuse, neglect or domestic violence. We will only make this disclosure when required or authorized by law.

**Health Oversight Activities.** We may disclose medical information to a health oversight agency for activities authorized by law. These oversight activities include, for example, audits, investigations, inspections, accreditation and/or licensure.

**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 may also disclose medical information about you in response to a subpoena, discovery request, or other lawful process by someone else involved in the dispute.

**Law Enforcement.** We will release medical information, if one of the following requirements is satisfied:

- 1) A valid authorization from the patient is provided; or
- 2) A court orders such a release.

Under the laws of the State of Indiana, release of certain information, although otherwise privileged, is required by law. In other words, the following disclosures do not require your consent:

- Gunshot and other wounds to local law enforcement officials;
- Dog bite reporting to Indiana State Department of Health;
- Burn Injury reporting to State Fire Marshall;
- Reporting of child abuse or adult neglect/abuse to local law enforcement and child/adult protective service officials;
- Disclosures of chemical test results to law enforcement officials;
- Coroners' case; and
- Report of blindness or visual impairment.

Other potential disclosures:

- To provide identification and location information, IUN-CHWC may disclose the following information:
  - Name and address;
  - Date and place of birth;
  - Social Security Number;
  - ABO Blood type and Rh factor;
  - Type of injury;
  - Date and time of treatment;
  - A description of any distinguishing characteristics.
- About the victim of a crime if, under certain limited circumstances, we are unable to obtain the person's agreement;
- About a death we believe may be the result of criminal conduct;
- About criminal conduct at the Health Center; and
- In emergency circumstances to report a crime; the location of the crime or victims; or the identity, description or location of the person who committed the crime.

### **YOUR RIGHTS REGARDING YOUR MEDICAL INFORMATION:**

- **Right to Inspect and Copy.** You have the right to inspect and copy medical information that may be used to make decisions about your care. This includes medical and billing records, but does not include psychotherapy notes. It is the Health Center's policy that you call and make an appointment with your IUN-CHWC provider, if you wish to inspect your medical record. This will provide you with the opportunity to discuss any questions you may have regarding the record's content. There will be no charge for this visit with your provider.

To inspect and copy medical information that may be used to make decisions about you, you must submit your request in writing to IUN-CHWC's Medical Records Department. If

you request a copy of the information, we may charge a fee for the costs of copying, mailing or other supplies associated with your request.

We may deny your request to inspect and copy in some limited circumstances. If you are denied access to medical information, you may request that the denial be reviewed. Another licensed health care professional chosen by IUN-CHWC will review your request and the denial. The person conducting the review will not be the person who denied your request. We will comply with the outcome of the review.

- **Right to Amend.** If you feel that medical information we have about you is incorrect you have the right to request an amendment. To request an amendment, your request must be made in writing and submitted to IUN-CHWC's Medical Records Department. In addition, you must provide a reason that supports your request.

We may deny your request for an amendment if it is not in writing or does not include a reason to support the request. In addition, we 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 IUN-CHWC;
- Is not part of the information which you would be permitted to inspect and copy;
- or
- 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 people who you authorized to see your medical records.

To request this list or accounting of disclosures, you must submit your request in writing to IUN-CHWC's Medical Records Department. Your request must state a time period that may not be longer than six years. The first list you request within a 12-month period will be free. For additional lists, we may charge you for the costs of providing the list. We will notify you of the cost involved and you may choose to withdraw or modify your request at that time before any costs are incurred.

- **Right to Request Restrictions.** You have the right to request a restriction or limitation on the ways medical information is used. You also have the right to request a limit on the medical information we disclose about you to someone who is involved in your care or the payment for your care, like a family member. For example, you could ask that we not use or disclose information from previous visits to IUN-CHWC.

We are not required to agree to your request. If we do agree, we will comply with your request unless the information is needed to provide you emergency treatment. To request restrictions, you must make your request in writing to IUN-CHWC's Medical Records Department. In your request, you must tell us (1) what information you want to limit; (2) whether you want to limit our use, disclosure or both; and (3) to whom you want the limits to apply, for example, disclosures to your spouse.

- **Right to Request Confidential Communications.** You have the right to make reasonable requests that we communicate with you about medical matters in a certain way or at a certain location. For example, you can ask that we only contact you at work or by mail.

To request confidential communications, you must make your request in writing to IUN-CHWC's Medical Records Department. We will not ask you the reason for your request. We will accommodate all reasonable requests. Your request must specify how or where you wish to be contacted.

- **Right to a Paper Copy of This Notice.** You have the right to a paper copy of this notice. You may ask us to give you a copy of this notice at any time. Even if you have agreed to receive this notice electronically, you are still entitled to a paper copy of this notice.

### **CHANGES TO THIS NOTICE:**

We reserve the right to change this notice. We reserve the right to make the revised or changed notice effective for medical information we already have about you as well as any information we receive in the future. We will post a copy of the current notice in prominent areas located throughout the Health Center. The notice will contain the effective date. Additional copies of this notice are available to you at future visits to IUN-CHWC, if you so desire.

### **COMPLAINTS:**

If you believe your privacy rights have been violated, you may file a complaint with the IUN-CHWC Administration, Indiana University Northwest or with the Secretary of the Department of Health and Human Services. **To file a complaint contact Gail Zacok, IUN-CHWC Privacy Officer/ Director, Room 1027, (219) 980-7250, or gzacok@iun.edu.** All complaints must be submitted in writing. You will not be penalized for filing a complaint.

### **OTHER USES OF MEDICAL INFORMATION:**

Other uses and disclosures of medical information not covered by this notice or law will be made only with your written permission. If you provide us permission to use or disclose medical information, you may revoke that permission, in writing, at any time. If you revoke your permission, we will no longer use or disclose medical information about you for the reasons covered by your written authorization. IUN-CHWC is unable to take back any disclosures we have already made with your permission, and that we are required to retain our records of the care that we provided to you.

**IF YOU DO NOT UNDERSTAND ANY PORTION OF OUR  
NOTICE OF PRIVACY PRACTICES, PLEASE CALL IUN-CHWC ADMINISTRATION  
AT (219) 980-7250 OR VISIT ROOM 1027 IN THE HEALTH CENTER**