



## NOTICE OF PRIVACY PRACTICES

Effective Date: April 14, 2003

**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.**

We are required by law to protect the privacy of medical information about you and that identifies you. This medical information may be information about health care we provide to you or payment for health care provided to you. It may also be information about your past, present, or future medical condition.

We are also required by law to provide you with this Notice of Privacy Practices explaining our legal duties and privacy practices with respect to medical information. We are legally required to follow the terms of this Notice. In other words, we are only allowed to use and disclose medical information in the manner that we have described in this Notice.

We may change the terms of this Notice in the future. We reserve the right to make changes and to make the new Notice effective for all medical information that we maintain. If we make changes to the Notice, we will:

- Post the new Notice in our waiting area
- Have copies of the new Notice available upon request (you may always contact our Privacy Officer at 818-677-3660 to obtain a copy of the current Notice)

The rest of this Notice will:

- Discuss how we may use and disclose medical information about you

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- Explain your rights with respect to medical information about you
- Describe how and where you may file a privacy-related complaint

If, at any time, you have questions about information in this Notice or about our privacy policies, procedures, or practices, you can contact our Privacy Officer at (818) 677-3660.

## **WE MAY USE AND DISCLOSE PROTECTED HEALTH INFORMATION ABOUT YOU IN SEVERAL CIRCUMSTANCES.**

We use and disclose medical information about patients every day. This section of our Notice explains in some detail how we may use and disclose medical information about you in order to provide health care, obtain payment for that health care, and operate our business efficiently. This section then briefly mentions several other circumstances in which we may use or disclose medical information about you. For more information about any of these uses or disclosures, or about any of our privacy policies, procedures or practices, contact our Privacy Officer at (818) 677-3660.

### **1. TREATMENT**

We may use and disclose medical information about you to provide health care treatment to you. In other words, we may use and disclose medical information about you to provide, coordinate or manage your health care and related services. This *may* include communicating with other health care providers regarding your treatment and coordinating and managing your health care with others.

**Example:** Jane is a patient at the health center. The receptionist or triage nurse may use medical information about Jane when setting up an appointment. The nurse practitioner will likely use medical information about Jane when reviewing Jane's condition and ordering a blood test. The laboratory technician will likely use medical information about Jane when processing or reviewing her blood test results. If, after reviewing the results of the blood test, the nurse practitioner concludes that Jane should be referred to a staff physician, the nurse may disclose medical information about Jane to the physician to assist her/him in providing appropriate care to Jane.

### **2. PAYMENT**

We may use and disclose medical information about you to obtain payment for health care services that you received. While the Klotz Student Health Center does

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not bill private health insurance companies, we do bill for some services and we do collect payment for referral laboratory charges. This means that, within the Klotz Student Health Center, we may use medical information about you to arrange for payment (such as reviewing invoices from the referral laboratory). In some instances, we may disclose medical information about you to an insurance plan when assisting you in seeing a specialist within the community; for example, we may want to know whether the insurance plan will pay for a particular service.

**Example:** Jane is a patient at the Klotz Student Health Center and she has a Medi-Cal card. A Klotz Student Health Center physician orders a special blood test done only by our referral laboratory. As the referral laboratory will bill Medi-Cal directly, Klotz Student Health Center staff may furnish the referral lab the medical information needed for such billing, saving Jane the out-of-pocket cost for the lab test.

### **3. HEALTH CARE OPERATIONS**

We may use and disclose medical information about you in performing a variety of business activities that we call “health care operations.” These “health care operations” activities allow us to, for example, improve the quality of care we provide and reduce health care costs. For example, we may use or disclose medical information about you in performing the following activities:

- Reviewing and evaluating the skills, qualifications, and performance of health care providers taking care of you.
- Providing training programs for students, trainees, health care providers or non-health care professionals to help them practice or improve their skills.
- Cooperating with outside organizations that evaluate, certify or license health care providers, staff or facilities in a particular field or specialty.
- Reviewing and improving the quality, efficiency and cost of care that we provide to you and our other patients.

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- Improving health care and lowering costs for groups of people who have similar health problems and helping manage and coordinate the care for these groups of people.
- Cooperating with outside organizations that assess the quality of the care others and we provide, including government agencies and private organizations.
- Planning for our organization's future operations.
- Resolving grievances within our organization.
- Reviewing our activities and using or disclosing medical information in the event that control of our organization significantly changes.
- Working with others (such as lawyers, accountants and other providers) who assist us to comply with this Notice and other applicable laws.

**Example:** Jane was diagnosed with diabetes. Klotz Student Health Center physicians and other staff providers decide to study how we treat patients with diabetes in order to determine the quality of care they receive and whether changes might be necessary to improve it. The Klotz Student Health Center used Jane's medical information – as well as medical information from all of the other Klotz Student Health Center patients diagnosed with diabetes – to develop a statistical evaluation of the care given diabetes patients. That study is provided to the national accrediting body as an example of the Klotz Student Health Center quality assurance process. When the accreditation body conducts an on-site evaluation of the Klotz Student Health Center, the accreditation team reviews Jane's medical information in order to validate the Klotz Student Health Center study. The accrediting body's final report does not identify any specific patients.

#### **4. PERSONS INVOLVED IN YOUR CARE**

As a general rule, we do not disclose your visits to the health center, or the reasons for your visits, to others, including spouses, parents, friends, or officials of the University. However, we may disclose medical information about you to a

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relative, close personal friend or any other person you identify *if that person is involved in your care and the information is relevant to your care*. If the patient is a minor, we may disclose medical information about the minor to a parent, guardian, or other person responsible for the minor except in limited circumstances when such information is protected by law.

We may also use or disclose medical information about you to a relative, another person involved in your care or possibly a disaster relief organization (such as the Red Cross) if we need to notify someone about your location or condition.

You may ask us at any time not to disclose medical information about you to persons involved in your care. We will agree to your request and not disclose the information except in certain limited circumstances (such as emergencies) or if the patient is a minor. If the patient is a minor, we may or may not be able to agree to your request.

**Example:** Jane's husband regularly comes to the Klotz Student Health Center with Jane for her appointments, and he helps her with her medication. When the physician is discussing a new medication with Jane, Jane invites her husband to come into the private room. The nurse practitioner discusses the new medication with Jane and Jane's husband.

## **5. REQUIRED BY LAW**

We will use and disclose medical information about you whenever we are required by law to do so. There are many state and federal laws that require us to use and disclose medical information. For example, state law requires us to report gunshot wounds and other injuries to the police and to report known or suspected child abuse or neglect to the Department of Social Services. We will comply with those state laws and with all other applicable laws.

## **6. NATIONAL PRIORITY USES AND DISCLOSURES**

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When permitted by law, we may use or disclose medical information about you without your permission for various activities that are recognized as “national priorities.” In other words, the government has determined that under certain circumstances (described below), it is so important to disclose medical information that it is acceptable to disclose medical information without the individual’s permission. We will only disclose medical information about you in the following circumstances when we are permitted to do so by law. Below are brief descriptions of the “national priority” activities recognized by law. For more information on these types of disclosures, contact our Privacy Officer at (818) 677-3660.

- **Threat to health or safety:** We may use or disclose medical information about you if we believe it is necessary to prevent or lessen a serious threat to health or safety.
- **Public health activities:** We may use or disclose medical information about you for public health activities. Public health activities require the use of medical information for various activities, including, but not limited to, activities related to investigating diseases, reporting child abuse and neglect, monitoring drugs or devices regulated by the Food and Drug Administration, and monitoring work-related illnesses or injuries. For example, if you have been exposed to a communicable disease (such as a sexually transmitted disease), we may report it to the State and take other actions to prevent the spread of the disease.
- **Abuse, neglect or domestic violence:** We are required to disclose information about you to a government authority (such as the Department of Child Protective Services) if you are less than 18 years old and we reasonably believe that you may be a victim of abuse, neglect, or sexual or domestic violence. If you are 18 or over, we will encourage you to speak with our Campus Care Advocate and/or the CSUN Department of Police Services.
- **Health oversight activities:** We may disclose medical information about you to a health oversight agency — which is basically an agency responsible for overseeing the health care system or certain government programs. For

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example, a government agency may request information from us while they are investigating possible insurance fraud.

- **Court proceedings:** We may disclose medical information about you to a court or an officer of the court (such as an attorney). For example, we would disclose medical information about you to a court if a judge orders us to do so, or to an attorney in response to a legally valid subpoena that complies with the law, including federal privacy regulations (to the extent, if any, that they may be more protective of your privacy).
- **Law enforcement:** We may disclose medical information about you to a law enforcement official for specific law enforcement purposes. For example, we may disclose limited medical information about you to a police officer *if* the officer needs the information to help find or identify a missing person.
- **Coroners and others:** We may disclose medical information about you to a coroner, medical examiner, or funeral director or to organizations that help with organ, eye and tissue transplants.
- **Workers' compensation:** We may disclose medical information about you in order to comply with workers' compensation laws.
- **Research organizations:** We may use or disclose medical information about you to research organizations if the organization has satisfied certain conditions about protecting the privacy of medical information.
- **Certain government functions:** We may use or disclose medical information about you for certain government functions, including but not limited to military and veterans activities and national security and intelligence activities. We may also use or disclose medical information about you to a correctional institution in some circumstances.

## 7. AUTHORIZATION

Other than the uses and disclosures described above (#1-6), we will not use or disclose medical information about you without the "authorization" -- or signed permission -- of you or your personal representative. In some instances, we may wish to use or disclose medical information about you and we may contact you to ask you to sign an authorization form. In other instances, you may contact us to

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ask us to disclose medical information and we will ask you to sign an authorization form.

If you sign a written authorization allowing us to disclose medical information about you, you may later revoke (or cancel) your authorization in writing (except in very limited circumstances related to obtaining insurance coverage). If you would like to revoke your authorization, you may write us a letter revoking your authorization or fill out an Authorization Revocation Form. Authorization Revocation Forms are available from our Privacy Officer. If you revoke your authorization, we will follow your instructions except to the extent that we have already relied upon your authorization and taken some action.

<p><b>YOU HAVE RIGHTS WITH RESPECT TO MEDICAL INFORMATION ABOUT YOU</b></p>
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You have several rights with respect to medical information about you. This section of the Notice will briefly mention each of these rights. If you would like to know more about your rights, please contact our Privacy Officer, Lynne Landeta, DNP, MN, FNP at (818) 677-3660.

### **1. Right to a copy of this Notice**

You have a right to have a paper copy of our Notice of Privacy Practices at any time. In addition, a copy of this Notice will always be posted in our waiting area. If you would like to have a copy of our Notice, ask the receptionist for a copy or contact our Privacy Officer.

### **2. Right of access to inspect and copy**

You have the right to inspect (which means see or review) and receive a copy of medical information about you that we maintain in certain groups of records (your medical record). If you would like to inspect or receive a copy of medical information about you, you must provide us with a request in writing. You may



write us a letter requesting access or fill out an Access Request Form. Access Request Forms are available from our Privacy Officer.

We may deny your request in certain circumstances. If we deny your request, we will explain our reason for doing so in writing. We will also inform you in writing if you have the right to have our decision reviewed by another person.

If you would like to keep a copy of the information, we can provide you with a personal copy for the administrative cost of \$0.10 per page. For copies of greater than ten pages that are to be mailed, there is an additional \$1.00 postage fee.

We may be able to provide you with a summary or explanation of the information. Contact our Privacy Officer for more information on these services and any possible additional fees.

### **3. Right to have medical information amended**

You have the right to have us amend (which means correct or supplement) medical information about you that we maintain in certain groups of records. If you believe that we have information that is either inaccurate or incomplete, we may amend the information to indicate the problem and notify others who have copies of the inaccurate or incomplete information. If you would like us to amend information, you must provide us with a request in writing and explain why you would like us to amend the information. You may either write us a letter requesting an amendment or fill out an Amendment Request Form. Amendment Request Forms are available from our Privacy Officer.

We may deny your request in certain circumstances. If we deny your request, we will explain our reason for doing so in writing. You will have the opportunity to send us a statement explaining why you disagree with our decision to deny your amendment request and we will share your statement whenever we disclose the information in the future.

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#### **4. Right to an accounting of disclosures we have made**

You have the right to receive an accounting (which means a detailed listing) of disclosures that we have made for the previous six (6) years. If you would like to receive an accounting, you may send us a letter requesting an accounting, fill out an Accounting Request Form, or contact our Privacy Officer. Accounting Request Forms are available from our Privacy Officer.

The accounting will not include several types of disclosures, including disclosures for treatment, payment or health care operations.

If you request an accounting more than once every twelve (12) months, we may charge you a fee to cover the costs of preparing the accounting.

#### **5. Right to request restrictions on uses and disclosures**

You have the right to request that we limit the use and disclosure of medical information about you for treatment, payment and health care operations.

We are not required to agree to your request.

If we do agree to your request, we must follow your restrictions (except if the information is necessary for emergency treatment). You may cancel the restrictions at any time. In addition, we may cancel a restriction at any time as long as we notify you of the cancellation and continue to apply the restriction to information collected before the cancellation.

#### **6. Right to request an alternative method of contact**

You have the right to request to be contacted at a different location or by a different method. For example, you may prefer to have all written information mailed to your work address rather than to your home address.

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We will agree to any reasonable request for alternative methods of contact. If you would like to request an alternative method of contact, you must provide us with a request in writing. You may write us a letter or fill out an Alternative Contact Request Form. Alternative Contact Request Forms are available from our Privacy Officer.

#### HIPAA Omnibus Rule 2013 Announcements:

- The following three uses of PHI will require a separate written patient authorization:
  - Psychotherapy notes
  - Marketing activities
  - Sale of PHI
- The SHC will not use your PHI for marketing activities or fundraising activities nor will the SHC sell your PHI. The SHC will not contact you with fundraising communications.
- The SHC will grant your request not to disclose information to your health insurance plan regarding care paid for by you or someone other than the requesting insurer.
- The SHC will notify you if there is a breach of your protected PHI discovered.

<p><b>YOU MAY FILE A COMPLAINT ABOUT OUR PRIVACY PRACTICES</b></p>
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If you believe that your privacy rights have been violated or if you are dissatisfied with our privacy policies or procedures, you may file a complaint either with us or with the federal government. We will not take any action against you or change our treatment of you in any way if you file a complaint.

To file a written complaint with the Klotz Student Health Center, you may bring your complaint to the Klotz Student Health Center or you may mail it to the following address:

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Lynne Landeta, DNP, MN, FNP Privacy Officer  
Klotz Student Health Center  
California State University, Northridge  
18111 Nordhoff Street  
Northridge, CA 91330-8270

To file a complaint with the federal government, you may send your complaint to the following address:

Region IX, Office for Civil Rights  
U.S. Department of Health and Human Services  
50 United Nations Plaza, Room 322  
San Francisco, CA 94102  
Telephone: (415) 437-8310  
Fax: (415) 437-8329  
TDD: (415) 437-8311  
e-mail: [OCRComplaint@hhs.gov](mailto:OCRComplaint@hhs.gov).

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HIPAA Policy 2--Notice of Privacy Practices

6/3/03 LRC from JW Revised by LRC 1/07, 8/12, 10/13, 9/15, 9/18, VD 10/18; LL 07/21