Notice of Privacy
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.

Explanation of Forms. Connecticut College Student Health Services handles medical information about you, and law regulates how that information is handled. To comply with the law, Connecticut College Student Health Services asks you to receive this notice and, in some circumstances, to sign an authorization form.

Connecticut College Student Health Services is allowed by law to use and disclose information about you for the purposes essential to providing care (treatment, payment collection, and operating Connecticut College Student Health Services).

An authorization allows Connecticut College Student Health Services to use and disclose information about you for any other reason that is indicated by you in the authorization. Connecticut College Student Health Services may not refuse to treat you for refusing to sign the authorization. Other rules about your rights regarding medical information are described in this notice.

Types of Uses and Disclosures. Medical information about you may be used or disclosed by Connecticut College Student Health Services for treatment, payment, and health care operations. Treatment includes consultation, diagnosis, provision of care, and referrals. Payment includes all those things necessary for billing and collection, such as claims processing. Health care operations include things Connecticut College Student Health Services does to assess quality of care, train staff, and manage Connecticut College Student Health Services business. Some examples of disclosures and use are as follows:

• Example of Treatment Disclosure. Connecticut College Student Health Services may disclose medical information about you to your treating physician, a hospital or other providers to help them diagnose and treat an injury or illness.
• **Example of Health Care Operations Use.** Connecticut College Student Health Services may use medical information about you when it hires new staff whose training requires information about the medical needs of our patients.

Connecticut College Student Health Services may also contact you to provide appointment reminders or cancellations or to notify you of follow up tests or procedures that may be required. We may leave this limited information on an answering machine, voicemail, or email at the numbers provided by you unless you request a restriction regarding this method of communicating your protected health information.

**Special Notice-** If you are covered by private insurance, your treatment may be disclosed through an EOB to the guarantor.

**Other Uses and Disclosures.** We may use or disclose your protected health information in the following situations without your authorization. These situations include:

• **As Required By Law.** We may use or disclose your protected health information to the extent that the use or disclosure is required by law. The use or disclosure will be made in compliance with the law and will be limited to the relevant requirements of the law.

• **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 to another government agency that is collaborating with the public health authority.

• **Communicable Diseases.** 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, other government regulatory programs and 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 child 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.

- **Food and Drug Administration.** Connecticut College Student Health Services may disclose a patient’s health information to a person subject to the jurisdiction of the Food and Drug Administration if that person has responsibility to report adverse events, product defects or problems, or biologic product deviations; to track products; to enable product recalls, repairs or replacements; or, to conduct post marketing surveillance.

- **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 otherwise 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 Connecticut College Student Health Services, and (6) medical emergency (not on Connecticut College Student Health Services premises) 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 his duties. We may disclose such information in reasonable anticipation of
death. Protected health information may be used and disclosed for cadaveric organ,
eye or tissue donation purposes.

• **Research.** We may disclose your protected health information to researchers when
the research has been approved by an institutional review board that has reviewed the
research proposal and established protocols to ensure the privacy of your protected
health information.

• **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.

• **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 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.

• **Workers’ Compensation.** Your protected health information may be disclosed by
us as authorized to comply with workers’ compensation laws and other similar legally
established programs.

• **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 law.
Others Involved in Your Healthcare. Unless you object, we may disclose to a member of your family, a relative, a close friend or any other person you identify, 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 of your location, general condition or death. 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.

Authorized Uses and Disclosures. Additional uses and disclosure may be made if you have given written authorization, which may be revoked at any time in writing delivered to the Director, except to the extent Connecticut College Student Health Services acted in reliance on the authorization.

Restrictions. You have the right to request restrictions on the use and disclosure of medical information about you; however, Connecticut College Student Health Services will only be bound by the restrictions if Connecticut College Student Health Services notifies you that it agrees with them.

Confidentiality. You have the right to have Connecticut College Student Health Services use only confidential means of communicating with you about medical information. This means you may have information delivered to you at a certain time or place, or in a manner that keeps your information confidential.

Access. You have the right to see and receive a copy of information about you kept by Connecticut College Student Health Services under most circumstances.

Amendment. You have the right to have Connecticut College Student Health Services amend its records of information about you. Connecticut College Health Services may refuse to amend information that is accurate, that was created by someone else, or is not disclosable to you.
**Accounting.** You have the right to see a list of certain disclosures of medical information about you by Connecticut College Student Health Services, which includes the purposes and recipients of the information.

**Copy.** You have the right to receive a paper copy of this notice.

**Privacy Notice.** Connecticut College Student Health Services is required by law to keep medical information about you private and to give you this notice. Connecticut College Student Health Services must abide by this notice; however, Connecticut College Student Health Services reserves the right to amend this notice and make such change applicable to all medical information maintained by Connecticut College Student Health Services. Connecticut College Health Services will provide a revised notice to patients by posting the new notice in the waiting room of Student Health Services.

**Complaints.** You may complain to Connecticut College Student Health Services if you believe your privacy rights have been violated by giving a written complaint to the Director at Student Health Services, Connecticut College, New London, CT Tel: (860) 439-2275 Fax (860) 439-5430. You may also complain to the Secretary of the U.S. Department of Health and Human Services. Connecticut College Student Health Services will not retaliate against you for making a complaint.

**Effective Date.** This notice is effective 06/01/2014 and may be amended from time to time.