



## **BETHEL UNIVERSITY'S HEALTH SERVICES NOTICE OF PRIVACY PRACTICES**

**This notice describes how medical and/or mental health information about you may be used and disclosed and how you can access this information. Please review it carefully.**

### **Understanding Your Health Information**

Each time you visit Health Services, a record of your visit is made. This record contains information about your symptoms, examination, test results, medications, your allergies, and the plan for your care. This information we refer to as your health or medical record and it is an essential part of the health care we provide for you. Your health record contains personal health information and there are state and federal laws to protect the privacy of your health information.

This Notice describes your rights and our obligations for using your health information and informs you about laws that provide special protections for your health information. It also explains how your personal health information is used and how it may be disclosed to those who need to access it. It tells you how any changes in this Notice will be made available to you.

### **Uses and Disclosures of Health Information**

The law allows or requires us to use or disclose your health information without your authorization for a number of purposes as listed below:

#### **Treatment:**

Health Services staff involved in your care will enter information about your visit into your medical record. If you were referred to us by another provider, Health Services may send copies of your medical record to the provider who referred you so your provider will have updated treatment information about your care.

Health Services will provide another healthcare provider, who is treating you, with copies of various reports from your medical record that should assist them in treating you.

Health Services may also use health information about you to correspond with you, to schedule appointments, to follow up with diagnostic test results, or to provide you with information about other treatment and care that could benefit your health.

#### **Training/Education:**

Health Services may also disclose information to doctors, nurses, technicians, or nursing/professional students for review and learning purposes. We may remove information that identifies you from this medical information so others may use it to study health care and health care delivery without learning the identity of the specific patient.

#### **Payment:**

Health Services may use and disclose medical information about you so that the treatment and services you receive may be billed to and payment may be collected from you, an insurance company, or a third party. The information may identify you as well as your diagnosis, procedures, health care providers, and supplies used.

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

Health Services staff may look at your health information to complete a quality review to assess the care and results in your case and others like yours.

Health Services may use and disclose medical information to business associates we have contracted with to perform the agreed upon service and billing.

#### Communication with Others:

Health professionals, using their judgment, may disclose to a family member, or 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. We only do this with your authorization (unless it is an emergency situation) and this authorization may be revoked by you at any time.

#### Research:

Under certain circumstances, we may use and disclose medical information about you for research purposes. All research projects, however, are subject to a special approval process.

#### Law Enforcement/Legal Proceedings:

Health Services may disclose health information for law enforcement purposes as required by law or in response to a court order or search warrant. For example, Health Services may be required to report abuse, neglect, domestic violence or certain physical injuries.

#### Public health activities:

We may disclose your health information to public health authorities to help prevent or control disease, injury or disability.

#### Health oversight activities:

We may disclose your health information to health agencies during the course of audits, investigations, inspections, licensure and other proceedings related to oversight of the health care system.

#### Coroners, medical examiners and funeral directors:

We may disclose your health information so the referenced professionals may carry out their duties related to your death.

#### Organ and tissue donation:

We may disclose your health information to organizations involved in procuring, banking or transplanting organs and tissue.

#### Public safety:

We may disclose your health information to appropriate persons in order to prevent or lessen a serious and imminent threat to your own or the public's health or safety.

#### National security:

We may disclose your health information for military, national security, prisoner and government benefits purposes.

#### Workers' compensation:

We may disclose your health information as necessary to comply with worker's compensation or other similar programs.

#### Directory information:

Unless you object, we may confirm that you were seen in Health Services and your general health condition (e.g., "stable," or "unstable") to people who ask for it by name. We will give you enough information so you can decide whether or not to object to release of this information. You may agree or disagree orally regarding this use of your health information.

### **Patient Rights**

#### You Have The Right To:

- Request a restriction on certain uses and disclosures. You have the right to ask for restrictions on how your health information is used or to whom your information is disclosed. However, we are not required to agree to your requested restriction unless it is for disclosures of health information for which you have paid the out of pocket costs in full or for which a written authorization from you is required.
- Obtain a paper copy of the notice of information practices upon request.
- With a few exceptions, you have the right to inspect and obtain a copy of your health information. We may charge you a reasonable fee if you request a copy of your health information.

- Request an amendment to your health records. This request must be in writing and you must provide a reason for your request.
- Obtain an accounting of disclosures of your health information. We are not required to, and will not, account for disclosures made for purposes of treatment, payment functions, health care operations, or made to you. We will provide one accounting free or charge; we may charge for additional lists.
- Request communication of your health information in a certain way or at a certain location. For example, you can ask that we use an alternative address for billing purposes.
- Revoke your authorization to use or disclose health information except to the extent that action has already been taken.
- Exercise any of your rights by obtaining the required forms from the Privacy Officer and submitting your request in writing.

### **Bethel's Health Services Duties**

#### Our Duties Are To:

- Maintain the privacy of your health information.
- Provide you with a notice as to our legal duties and privacy practices with respect to information we collect about you through this notice.
- Abide by the terms of this notice.
- Notify you if we are unable to agree to a requested restriction.
- Accommodate reasonable requests you have to communicate health information by alternative means or at alternative locations.
- Notify you of a breach of your unsecured health information in accordance with HIPAA rules and regulations.

#### Changes To This Notice:

- Bethel University reserves the right to change its privacy practices.
- If the notice changes, current and future information about you will be revised to the new standards.
- A notice or posting will be available to you each time you receive health care.

### **Questions and Complaints**

If you have questions or concerns regarding this Notice or if you wish to file a complaint, you may contact any of the individuals below. You will not be penalized for filing a complaint.

Privacy Officer:  
 Cara Wald  
 Bethel University  
 3900 Bethel Drive  
 St. Paul, MN 55112  
 (651) 635-8657

Bethel Health Services Director:  
 Liz Miller, R.N.  
 Bethel University  
 3900 Bethel Drive  
 St. Paul, MN 55112  
 (651) 638-6215

If you believe your privacy rights have been violated, you may file a complaint with:

U.S. Department of Health and Human Services  
 200 Independence Avenue SW  
 Washington, DC 20201  
 202-619-0257  
 Toll free: 1-877-696-6775  
<http://www.hhs.gov/ocr>

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