NOTICE OF PRIVACY PRACTICES
Student Health Services
UNIVERSITY OF CALIFORNIA, RIVERSIDE

This notice describes how medical information about you may be used and disclosed and how you can get access to this information.

The UCR’s Student Health Services is one of the health care components of the University of California. The University of California health care components are the UC medical centers, the UC medical groups, clinics and physician offices, the UC schools of medicine and other UC health professions schools, the student health service centers, and other health care components of the University of California.

This notice applies to information and records regarding your health care maintained at UHS.

OUR PLEDGE REGARDING YOUR MEDICAL INFORMATION

UCR is committed to protecting medical information about you. We create a record of the care and services you receive at UHS for use in your care and for other purposes described in this notice. This Notice tells you about the ways in which we may use and disclose medical information about you. It also describes your rights and your responsibilities concerning medical information and how you can get access to this information.

HOW WE MAY USE AND DISCLOSE MEDICAL INFORMATION ABOUT YOU

The following sections describe different ways that we may use and disclose your medical information. For each category of users or disclosures that we may make, we have given you an example. Some information such as certain drug and alcohol information, HIV information, and mental health information is subject to special restrictions that restrict its use. UHS abides by all applicable state and federal laws related to the protection of this information. Below we have included a table with use or disclosure of medical information. All of the ways in which we are permitted to use and disclose information, however, will fall within one of the following categories:

For Treatment: We may use medical information about you to provide you with medical treatment or services. We may disclose medical information about you to doctors, nurses, technicians, or other health system personnel who are involved in taking care of you in the health system.

For example, a doctor treating you for a broken leg may need to know if you have diabetes so that we can arrange for appropriate medication. We may also share medical information about you with other UHS personnel or non-UHS providers, agencies, or other health system personnel in order to coordinate the different things you need, such as prescriptions, lab work and x-rays.

We may also disclose medical information about you to people outside UHS who may be involved in your continuing medical care after you leave UHS such as other health care providers, transport companies, community agencies and family members.

For Payment: We may use and disclose medical information about you so that the treatment and services you receive at UHS or from other entities, such as an ambulance company, may be billed to and payment may be collected from you, an insurance company or a third party. For example, we may need to give information to your health plan about services you received at UHS so your health plan will pay us or reimburse you for the services. We may also tell your health plan about a proposed treatment to determine whether your plan will cover the treatment.

For Health Care Operations: We may use and disclose medical information about you for UHS operations. These uses and disclosures are necessary to run an effective health care system. This includes quality improvement activities and to operate the health system. For example, we may review medical information to find ways to improve the care and services and the quality of the health care we provide. We may also disclose information to doctors, nurses, technicians, medical and other staff, and other such health system personnel for performance improvement and educational purposes.

Appointment Reminders: We may contact you to remind you that you have an appointment at UHS.

Treatment Alternatives: We may tell you about reasonably available treatment options or alternatives that may be of interest to you.

Health-Related Benefits and Services: We may contact you about benefits or services that we provide.

News Gathering Activities: A member of your health care team may contact you or one of your family members to discuss whether or not you want to participate in a media or news story.

Individuals Involved in Your Care or Payment for Your Care: We may release medical information to anyone involved in your medical care or payment for your care, such as your family, your employer, or other person paying for your care.

Patients Undergoing Therapy: If you are undergoing therapy, we may contact you to ask if you would be willing to be interviewed for such a study.

Disaster Relief Efforts: 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.

As Required By Law: We may disclose medical information about you when required to do so by federal or state law.

To Avert a Serious Threat to Health or Safety: We may use and disclose medical information to a person who may be able to help prevent the threat or lessen a serious and imminent threat to your health or safety or the health and safety of the public or another person.

Military and Veterans: If you are a member of the armed forces, we may release medical information about you to military command authorities as authorized or required by law.

Workers’ Compensation: We may release medical information about you for Workers’ Compensation or similar programs as required by law.

Military, Veterans, and Workers’ Compensation: We may disclose medical information to the United States military, the Department of Veterans Affairs or to a worker’s compensation or similar programs as required by law.

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

- Preventing or controlling disease (such as cancer and tuberculosis), injury or disability
- Reporting infected persons, health care workers, or other persons who may be at risk
- Notifying the appropriate public authority if we believe a patient has been the victim of abuse, neglect or domestic violence
- For research purposes, if UHS has obtained the permission of the patient

Health Oversight Activities: We may disclose medical information to governmental, licensing, auditing, and accrediting agencies as required or authorized by law.

For Law Enforcement: If asked to do so by law enforcement, and as authorized by law, we may release medical information:

- To identify or locate a suspect, fugitive, material witness, or missing person
- About a deceased victim of a crime if, under certain limited circumstances, we are unable to obtain the person’s agreement
- About a death suspected to be the result of criminal conduct
- About criminal conduct at UHS, and in the case of a medical emergency, to report a crime; the location of the victim or victims; or the identity, description, or location of the person who committed the crime.

For Protective Services: We may disclose medical information to other agencies as required or authorized by law.

Your Rights Regarding Medical Information About You

Your medical information is the property of UHS. You have the following rights, however, regarding medical information we maintain about you:

- The right to inspect and receive a copy of your medical information
- The right to request an amendment to your medical information
- The right to request an accounting of disclosures we have made of your medical information.

If you have any questions about this Notice, or if you feel your privacy rights have been violated contact the Campus Health Center.

Other Uses and Disclosures of Medical Information

If you have any questions about this Notice, or if you feel your privacy rights have been violated contact the Campus Health Center.

Other Uses and Disclosures of Medical Information not covered by this Notice will be made only with your written authorization. If you provide us permission to use or disclose medical information about you, you may revoke this 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 permission. However, we may use or disclose medical information that was created or collected before we received your written permission.

More information about your rights is available in the Notice of Privacy Practices and this Notice.
Patients’ Rights and Responsibilities

You have the right to be treated with respect, consideration and dignity. You have the right to nondiscriminatory care from your doctors, other health care providers, and the Student Health Services staff regardless of your race, ethnicity, national origin, gender, sexual orientation, disability, genetic information or source of payment.

You have the right to privacy. Examinations, consultations and treatment will be conducted in private.

You have the right to communicate with health care providers in confidence and to have any individually identifiable health care information about you protected. You must authorize any release of personal health information, except when required by law. You also have the right to review and to obtain a copy of your own medical record and to request amendments to your record.

- With very few exceptions, individually identifiable health care information can be used or released without written consent only for health purposes, including the provision of health care, payment for services, health promotion, disease management, and quality assurance.
- In addition, examples of legally permitted disclosures without written consent include: medical or health care research for which an institutional review board has determined anonymous records will not suffice, investigation of health care fraud, and public health reporting.
- When disclosure occurs, no greater amount of information will be disclosed than is necessary to achieve the specific purpose of the disclosure.

You have the right to receive accurate, easily understood information to make informed decisions about your health care, health plan, health care professionals and facilities. This information will include:

- Health care: To the degree known, complete information concerning the diagnosis, evaluation, treatment and prognosis.
- Health plan: Covered benefits, cost-sharing, procedures for resolving complaints, and provider network composition.
- Health professionals: Education, board certification, recertification, and years of practice.
- Health care facilities: Services provided; patient satisfaction; procedures for resolving complaints; and campus benefits provided.

You have the right and responsibility to fully participate in all decisions related to your health care, except when contraindicated for health reasons. If you are unable to fully participate in treatment decisions, you have the right to be represented by parents, guardians, family members, or other conservators.

- Consistent with the informed consent process, you have the right to easily understand information and the opportunity to decide among treatment options, including the option of no treatment at all.
- You have the right to discuss all risks, benefits and consequences of treatment or no treatment.
- You have the right to a discussion of the use of advance directives, living wills and durable powers of attorney for health care — with your health care provider and your designated family members.


- You can expect that your health care provider will abide by the decisions made by you and/or your designated representatives consistent with the informed consent process.

You have the right to ready access to easily understood information concerning your rights and responsibilities, the services available to you, after-hours and emergency care, fees, payment policies, and the credentials of the health care professionals. The following are sources of this information:

- The Student Health Services website http://www.studenthealth.ucr.edu
- Student Health Insurance Plan brochures.
- The Student Health Services brochures.
- The Confidentiality Statement.
- Patient Rights and Responsibilities.
- Student Health Services personnel.

You have the right to choose your health care providers.

- You have the right to request the same practitioner for continuity of care.
- You have the right to change health care practitioners.
- You have the right to a second medical opinion before making a decision.

You have the right to accurate and clearly presented marketing and advertising information about your health plan, health care professionals and health care services.

You have the right to communicate your thoughts about your health care to the Student Health Services. You have the right to a fair, fast, and objective review of any complaint you may have against the health plan, doctors, other healthcare personnel or the facility.

- Write the concern on a piece of paper and leave it in the Comment Box in the lobby.
- Write an email to the Patient Advocate via the website: www.studenthealth.ucr.edu.
- Make an appointment with the Patient Advocate by calling (951) 827-3031.
- Discuss your concern with the Patient Advocate by phone at (951) 827-3031.

Patient Responsibilities

With patient rights come patient responsibilities. Active participation in your health care will assure the best outcome.

- Maximize healthy habits—exercise, don’t smoke or use illegal drugs, eat a healthy diet and don’t abuse alcohol.
- Become involved in care decisions.
- Work collaboratively with providers in developing and carrying out agreed-upon treatment plans.
- Provide accurate and complete information to your provider about your health, any medications, including over-the-counter products, dietary supplements and any allergies or sensitivities. Clearly communicate your worries and needs. If you are uncomfortable with disclosure, let your provider know that.
- Become knowledgeable about your health plan coverage and options, including limitations, exclusions, rules regarding referrals and use of network providers, and processes to secure additional information. This information is in the plan brochure and can be found on the Student Health Services website http://www.studenthealth.ucr.edu
- Provide a responsible adult to transport you home and stay with you if need be, if required by your provider.
- Inform your provider about any living will, medical power of attorney, or other directive that could affect your care.
- Show respect for other patients and the health care workers.
- Accept personal responsibility to meet your financial obligations for your healthcare.
- It is the patient’s responsibility to upload their completed and executed Advance Directive in to their electronic chart through their UCR health portal so it is available for their provider.

NOTICE TO CONSUMERS

Medical doctors are licensed and regulated by the Medical Board of California. (800) 633-2322 www.mbc.ca.gov

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