

# 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 consist of 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 areas, employee health units, and the administrative and operational units that are part of the health care components of the University of California.

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

### OUR PLEDGE REGARDING YOUR MEDICAL INFORMATION

SHS is committed to protecting medical information about you. We create a record of the care and services you receive at SHS for use in your care and treatment.

This Notice tells you about the ways in which we may use and disclose medical information about you. It also describes your rights and certain obligations we have regarding the use and disclosure of your medical information.

We are required by law to:

- make sure that your medical information is protected
- give you this Notice describing our legal duties and privacy practices with respect to medical information about you
- and follow the terms of the Notice that is currently in effect

### 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 uses or disclosures we will describe them and give some examples. Some information such as certain drug and alcohol information, HIV information and mental health information is entitled to special restrictions related to its use and disclosure. SHS abides by all applicable state and federal laws related to the protection of this information. Not every use or disclosure will be listed. All of the ways 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 because diabetes may slow the healing process. In addition, the doctor may need to tell the hospital's food service if you have diabetes so that we can arrange for appropriate meals. We may also share medical information about you with other SHS personnel or non-SHS providers, agencies or facilities in order to provide or coordinate the different things you need, such as prescriptions, lab work and x-rays.

We also may disclose medical information about you to people outside SHS who may be involved in your continuing medical care after you leave SHS 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 SHS 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 surgery you received at SHS so your health plan will pay you or reimburse you for the surgery. 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 SHS operations. These uses and disclosures are made for quality of care and medical staff activities, SHS health sciences education, and other teaching programs. Your medical information may also be used or disclosed to comply with law and regulation, for contractual obligations, patients' claims, grievances or lawsuits, health care contracting, legal services, business planning and development, business management and administration, the sale of all or part of SHS to another entity, underwriting and other insurance activities and to operate the health system. For example, we may review medical information to find ways to improve treatment and services to our patients. We may also disclose information to doctors, nurses, technicians, medical and other students, and other health system personnel for performance improvement and educational purposes.

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

**Treatment Alternatives:** We may tell you about or recommend possible 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. News reporters often seek interviews with patients injured in accidents or experiencing particular medical conditions or procedures. For example, a reporter working on a story about a new cancer therapy may ask whether any of the patients undergoing that therapy might be willing to be interviewed.

**Individuals Involved in Your Care or Payment for Your Care:** We may release medical information to anyone involved in your medical care, e.g., a friend, family member, personal representative, or any individual you identify. We may also give information to someone who helps pay for your care. We may also tell your family or friends about your general condition and that you are in the hospital.

**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 will 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 about you when necessary to prevent or lessen a serious and imminent threat to your health and safety or the health and safety of the public or another person. Any disclosure would be to someone able to help stop or reduce the threat.

**Organ and Tissue Donation:** If you are an organ donor, we may release medical information to organizations that handle organ procurement or organ, eye or tissue transplantation or to an organ donation bank, as necessary to facilitate organ or tissue donation and transplantation.

**Military and Veterans:** If you are or were a member of the armed forces, we may release medical information about you to military command authorities as authorized or required by law. We may also release medical information about foreign military personnel to the appropriate military authority as authorized or required by law.

**Workers' Compensation:** We may use or disclose medical information about you for Workers' Compensation or similar programs as authorized or required by law. These programs provide benefits for work-related injuries or illness.

**Public Health Disclosures:** 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 vital events such as births and deaths
- reporting child abuse or neglect
- reporting adverse events or surveillance related to food, medications or defects or problems with products
- notifying persons of recalls, repairs or replacements of products they may be using
- notifying a person who may have been exposed to a disease or may be at risk of contracting or spreading a disease or condition
- notifying the appropriate government authority if we believe a patient has been the victim of abuse, neglect or domestic violence and make this disclosure as authorized or required by law.

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

**Legal Proceedings:** We may disclose medical information to courts, attorneys and court employees in the course of conservatorship and certain other judicial or administrative proceedings.

**Lawsuits and Other Legal Actions:** In connection with lawsuits or other legal proceedings, we may disclose medical information about you in response to a court or administrative order, or in response to a subpoena, discovery request, warrant, summons or other lawful process.

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

- To identify or locate a suspect, fugitive, material witness, or missing person
- About a suspected 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 SHS, and
- In case of a medical emergency, to report a crime; the location of the crime or victims; or the identity, description or location of the person who committed the crime.

**Coroners, Medical Examiners and Funeral Directors:** In most circumstances, we may disclose medical information to a coroner or medical examiner. This may be necessary, for example, to identify a deceased person or determine cause of death. We may also disclose medical information about patients of SHS to funeral directors as necessary to carry out their duties.

**National Security and Intelligence Activities:** As authorized or required by law, we may disclose medical information about you to authorized federal officials for intelligence, counterintelligence, and other national security activities.

**Protective Services for the President and Others:** As authorized or required by law, we may disclose medical information about you to authorized federal officials so they may conduct special investigations or provide protection to the President, other authorized persons or foreign heads of state.

**Inmates:** If you are an inmate of a correctional institution or under the custody of law enforcement officials, we may release medical information about you to the correctional institution as authorized or required by law.

### YOUR RIGHTS REGARDING MEDICAL INFORMATION ABOUT YOU

Your medical information is the property of SHS. 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 or addendum to your medical information.
- The right to an accounting of disclosures we have made of your medical information.
- The right to request restrictions on the medical information we use or disclose about you for treatment, payment or health care operations or to someone who is involved in your care or the payment for your care, such as a family member or friend.
- The right to request that we communicate with you about medical matters in a certain way or at a certain location.
- The right to a paper copy of this notice.

For further information about any of these rights see the SHS website, inquire at SHS' front desk or call (951) 827-3031.

### CHANGES TO SHS' PRIVACY PRACTICES AND THIS NOTICE

We reserve the right to change SHS' privacy practices and this Notice.

### QUESTIONS OR COMPLAINTS

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 OF MEDICAL INFORMATION

Other uses and disclosures of medical information not covered by this Notice will be made only with your written permission. If you provide us permission to use or disclose medical information about you, 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 permission. You understand that we are unable to take back any disclosures we have already made with your permission, and that we will retain our records of the care provided to you as required by law.



## Patients' Rights And Responsibilities

**You have the right** to be treated with respect, consideration and dignity. You have a 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 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, 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 understood 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. Advance Health Care Directive information and Form is available at : <https://oag.ca.gov/sites/all/files/agweb/pdfs/consumers/ProbateCodeAdvancedHealthCareDirectiveForm-fillable.pdf>
- 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](http://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 wants 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](http://www.mbc.ca.gov)