

# PURDUE

U N I V E R S I T Y

## NOTICE OF PRIVACY PRACTICES FOR THE NORTH CENTRAL NURSING CLINICS

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. If you have any questions about this Notice, please contact:

Privacy Officer  
Purdue University  
West Lafayette, IN  
Telephone: (765) 496-6846  
e-mail: [hipaa-privacy@purdue.edu](mailto:hipaa-privacy@purdue.edu)

### WHO MUST COMPLY WITH THIS NOTICE

This Notice applies to the following departments that provide health care services to patients and others including but not limited to: Purdue University together with North Central Nursing Clinics, Inc. and Family Health Clinic of Carroll County, Family Health Clinic of Monon and Family Health Clinic of Burlington. It also applies to the following portions of the University that provide business support to the listed health providers: Internal Audit, Central Files, IT Security and Policy, Public Records Office, Risk Management, Purdue Healthcare Advisors, Treasury Operations, Payment Processing, University Counsel and designees and certain other members of University administration for risk management and legal purposes. This Notice does not apply to the remainder of Purdue's departments and schools.

The clinics are legally required to protect the privacy of your health information and to provide you with a notice of privacy practices. This Notice describes how the clinics may use and disclose your protected health and medical information. It also describes some rights you have regarding your health information. Health information is information about you that is received, used, or disclosed by the clinics concerning your physical or mental health, health care services provided to you, or your health insurance benefits and payments. Protected health information may contain information that identifies you including your name, address and other identifying information.

### HOW WE MAY USE AND DISCLOSE YOUR PROTECTED HEALTH INFORMATION

Mental health information, including psychological or psychiatric treatment records and psychotherapy notes, and information relating to communicable diseases, including HIV records, are subject to special protections under Indiana law. We will generally only release such records or information with your written authorization or with an appropriate court order. Alcohol and drug abuse treatment information is also subject to special protections under federal law. We will usually need to get your written authorization or an appropriate court order before we release this information. Except where there are special protections under Indiana law or other federal laws, we may use and disclose your health information without your authorization for the following purposes:

#### **For treatment.**

The clinics may use and disclose your health information to provide or assist with your treatment. For example, we may provide your health information to a laboratory in order to obtain a test result important for diagnosing or treating a condition you may have.

**To obtain payment for health care services.**

We may use and disclose your health information in order to bill and collect payment for the treatment and services provided to you. For example, we may provide limited portions of your health information to your health plan to get paid for the health care services we provide to you, unless you have paid for the health care service in full and specifically request us not to disclose information related to that service. We may also provide your health information to our business associates who assist us with billing, such as billing companies, claims processing companies, and others that process our health care claims. We will only disclose the minimum amount of information needed to obtain payment.

**For health care operations.**

Your health information may also be used or disclosed to improve and conduct health care operations. For example, we may use your health information in order to evaluate the quality of healthcare services that you received or to evaluate the performance of the Health Care professionals who provided health care services to you. We may also provide your health information to our auditors, attorneys, consultants, and others in order to make sure we are complying with the laws that affect us. We may also use a sign-in sheet at registration or other appropriate areas, and we may call you by name in waiting and service areas.

**When disclosure is required by federal, state, or local law, judicial or administrative proceedings, or law enforcement.**

For example, we make disclosures when a law requires that we report information to government agencies and law enforcement personnel about victims of abuse, neglect, or domestic violence; when dealing with gunshot and other wounds; or when ordered in a judicial or administrative proceeding.

**Response to organ and tissue donation requests and work with a medical examiner or funeral director**

We may share health information about you with organ procurement organizations. We can also share information with a coroner, medical examiner, or funeral director when an individual dies

**Public health activities.**

For example, we report required information about various diseases to government officials in charge of collecting that information.

**Health oversight activities.**

For example, we will provide information to assist the government when it conducts an investigation or inspection of a health care provider or organization.

**Research purposes.**

In certain limited circumstances, we may provide health information in order to conduct medical research. Use of this information for research is subject to either a special approval process or removal of information which may directly identify you. In most instances, we will require your written authorization prior to using or disclosing health information for research purposes.

**Avoiding a serious threat of harm.**

In order to avoid a serious threat to the health or safety of a person or the public, we may provide health information to law enforcement personnel or persons able to prevent or lessen such harm.

**Certain government functions.**

We may disclose health information of military personnel and veterans in certain situations, as well as for national security purposes or when required to assist with governmental intelligence operations.

**Workers' compensation.**

We disclose health information to comply with workers' compensation laws.

**Appointment reminders and health-related benefits or services.**

We may use health information to provide appointment reminders, or give you information about treatment alternatives, other healthcare services or benefits we offer.

**Business Associates.**

We will share your health information with business associates that assist our clinics. Business associates include people or companies outside of Purdue who provide services to our clinics. For example, health information may be disclosed by the clinics to a bill processing company to obtain payment for services rendered. Purdue's business associates and their subcontractors must comply with the HIPAA laws, and we have agreements with our business associates to protect the privacy and security of your health information.

**Disclosures to family, friends, or others.**

In very limited cases, we may provide health information to family members, or close friends who are directly involved in your care or the payment for your health care, unless you tell us not to. For example, we may allow a friend or family member to pick up a prescription for you and, if you don't object, we may share discharge instructions with a family member or friend who accompanied you to your visit. We may also contact a family member if you have a serious injury or in other emergency circumstances. We may discuss medical information in the presence of a family member or friend if you are also present and indicate that it is okay to do so.

**Communication for Marketing Purposes and Sale of Protected Health Information**

In the case where we may wish to market health-related products or services to you or receive financial assistance in making the communication or in the case where costs are reimbursed to the clinic in exchange for sharing your health information, we will ask for your written authorization before using or disclosing any of your health information for these purposes.

**All other uses and disclosures require your prior written authorization.**

In any other situation not described above, we will ask for your written authorization before using or disclosing any of your health information. If you do sign an authorization to disclose your health information, you can later revoke that authorization in writing. This will stop any future uses and disclosures to the extent that we have not taken any action relying on the authorization.

**RIGHTS YOU HAVE REGARDING YOUR HEALTH INFORMATION****The Right to Request Limits on Uses and Disclosures of Your Health Information.**

You have the right to ask that the clinics limit the use and disclosure of your health information. If you or another family member or person on your behalf have paid your health care provider in full for a particular health care service or item and specifically request that we not disclose information about this health care item or service to your health plan for payment or healthcare operations purposes, we will agree to this request. We generally cannot restrict disclosure of information needed for health care treatment purposes. For other restrictions, we will consider your request but we do not have to accept it. If we do, we will put any limits in writing and abide by them except in emergency situations where the information is needed. You may not limit the uses and disclosures that we are legally required to make.

**The Right to Choose How We Send Health Information to You.**

You have the right to ask that we send your health information to you at an alternate address (for example, sending information to your work address rather than your home address) or by alternate means (for example, by fax instead of regular mail). We must agree to your request if we can easily provide it in the format you requested.

### **The Right to See and Get Copies of Your Health Information.**

In most cases, you have the right to look at or get copies of your health information that we have, but you must make the request in writing. If we maintain an electronic copy of your medical, mental health or billing records, and you request an electronic copy of your record, we will provide you with access to the electronic information in the electronic format requested by you, if it is readily producible, or, if not, in a readable electronic format as agreed to by the clinics and you. If requested, we will transmit an electronic copy to an entity or person designated by you. If we do not have your health information but we know who does, we will tell you how to get it. We will respond to you within 30 days after receiving your written request. In certain situations, we may deny your request. If we do, we will tell you, in writing, our reasons for the denial and explain your right to have the denial reviewed. If you request copies of your health information, we may charge you a reasonable fee as permitted by Indiana law. Instead of providing the health information you requested, we may provide you with a summary or explanation of the health information. We will only do this if you agree to receive information in that form and if you agree to pay the cost in advance.

### **The Right to Get a List of Certain Disclosures We Have Made.**

You have the right to request a list of instances in which we have disclosed your health information. The list will not include uses or disclosures made for treatment, payment, and health care operation, or information given to your family or friends with your permission or in your presence without objection. It will also not include disclosures made directly to you or when you have given us a written authorization for the release of health information. The list will also not include information released for national security purposes or given to correctional institutions. To obtain this list, you must make a request in writing to the Privacy Officer listed at the top of this notice. The list we will give you will include disclosures made in the last six years unless you request a shorter time. We will provide the list to you upon request once each year at no charge.

### **The Right to Amend or Update Your Health Information.**

If you believe that there is a mistake in your health information or that a piece of important information is missing, you have the right to request that we amend the existing information. You must provide the request and your reason for the request in writing to the Privacy Officer listed at the top of this notice. We may deny your request in writing if the health information is: 1) correct and complete; 2) not created by us; 3) not allowed to be disclosed, or 4) not part of our records. Our written denial will state the reasons for the denial and explain your right to file a written statement of disagreement with the denial. If you do not file a statement of disagreement, you have the right to ask that your request and our denial be attached to all future disclosures of your health information. If we approve your request, we will make the change to your health information, tell you that we have done it, and tell others that need to know about the change to your health information.

### **The Right to Receive Breach Notification.**

If any of Purdue's Health Care Providers or any of its Business Associates or the Business Associate's subcontractors experiences a breach of your health information (as defined by HIPAA laws) that comprises the security or privacy of your health information, you will be notified of the breach and about any steps you should take to protect yourself from potential harm resulting from the breach.

### **The Right to Get This Notice by E-Mail.**

You have the right to get a copy of this Notice by e-mail. Even if you have agreed to receive this Notice via e-mail, you also have the right to request a paper copy of this Notice.

## **CHANGES TO THIS NOTICE**

The clinics, listed under "Who Must Comply With This Notice", are required to abide by the terms of this Notice of Privacy Practices. However, we may change our notice at any time. The new notice will be effective for all protected health information maintained by the clinics listed in this notice. A revised Notice of Privacy Practices will be posted at the main entrances to our

clinics, may be requested from the Privacy Officer listed at the top of this notice, and may be found at Purdue's website at [www.purdue.edu/hipaa](http://www.purdue.edu/hipaa).

#### **WHAT TO DO IF YOU BELIEVE YOUR PRIVACY RIGHTS HAVE BEEN VIOLATED**

If you think that we may have violated your privacy rights, or you disagree with a decision we made about your health information, you may file a complaint with our Privacy Officer at the telephone number or e-mail address listed at the top of this notice. You also may send a written complaint to the Secretary of the Department of Health and Human Services. Further information about how to file a complaint is available from the Privacy Officer. We will not punish you or retaliate against you if you file a complaint about our privacy practices.

#### **EFFECTIVE DATE OF THIS NOTICE**

This notice applies to uses and disclosures of your protected health information beginning on October 17, 2016.