NOTICE OF PRIVACY PRACTICES

Date: February 14, 2023

Student Health Services
California State University, Long Beach

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 our **HIPAA Privacy Officer at (562) 985-2208 or** by mail at California State University, Long Beach, Student Health Services, 1250 Bellflower Blvd., Long Beach, CA 90840.

Student Health Services is committed to protecting medical information about you. The Health Insurance Portability and Accountability Act of 1996 (HIPAA) created new rules for the use and protection of information and records we have about your health, health status, and the health care and services you receive at this office.

We are required by law to maintain the privacy of your protected health information. One new rule requires us to provide you with this Notice of Privacy Practices. This Notice describes the legal duties and information privacy practices that are followed by our employees, staff, and business associates.

Student Health Services reserves the right to change the privacy practices and this Notice. A revised or changed Notice is effective for medical information we already have about you as well and any information we receive in the future. A changed Notice will be posted in the Lobby and on our website. Student Health Services abides by the terms of the Notice currently in effect which is indicated at the top right of this page. A current copy of this Notice is posted in the facility and at any time you may request a paper copy of the Notice currently in effect at our Front Desk.

HOW WE MAY USE AND DISCLOSE HEALTH INFORMATION ABOUT YOU

In general, except for the purposes related to health care treatment, payment activities, and health care operations, Student Health Services will not use or disclose your personal health information without your permission. There are some additional categories of uses or disclosures described below which do not require your written authorization.
The amount of health information used, disclosed, or requested is limited and when needed, it is restricted to the minimum necessary to accomplish the intended purposes as defined under the HIPAA rules.

For Treatment

We may use health information about you to provide you with medical treatment or services. We may disclose health information about you to doctors, nurses, technicians, office staff, or other personnel who are involved in taking care of you and your health.

For example, your doctor may be treating you for a broken leg and may need to know if you have other health problems that could complicate your treatment such as diabetes. The doctor may tell other doctors, nurses, and technicians about your condition so that the most appropriate care for you can be determined. Information about you may be shared for

prescriptions, scheduling lab work, and ordering x-rays. Other health care providers outside of this office may require information about you that we have, such as a rehabilitation center following orthopedic surgery.

For Payment
We may use and disclose health information about you so that the treatment and services you receive at this office may be billed to and payment may be collected from you, or a third party. For example, we may need to give your health plan (such as Family PACT) information about a service you received here. The protected health information may include dates of service, symptoms, diagnosis, and treatment.

For informational purposes only, a link to the federal Centers for Medicare and Medicaid Services (CMS) Open Payments web page is provided here. The federal Physician Payments Sunshine Act requires that detailed information about payment and other payments of value worth over ten dollars ($10) from manufacturers of drugs, medical devices, and biologics to physicians and teaching hospitals be made available to the public.
The Open Payments database is a federal tool used to search payments made by drug and device companies to physicians and teaching hospitals. It can be found at https://openpaymentsdata.cms.gov.

For Health Care Operations
We may use and disclose health information about you in order to run the office and make sure that you and our other patients receive quality care. For example, we may use your health information to evaluate the performance of our staff in caring for you. We may also use health information to help us decide what additional services we should offer, how we can become more efficient, or whether certain new treatments are effective.

Appointment Reminders
We may contact you as a reminder that you have an appointment for treatment or follow-up care at Student Health Services.

Treatment Alternatives
We may tell you about or recommend possible treatment options or alternatives that may be of interest to you.

ADDITIONAL USES AND DISCLOSURES

To Avert a Serious Threat to Health or Safety
We may use and disclose health information when necessary to prevent a serious threat to your health and safety or the health and safety of the public or another person.

Required By Law
We may disclose health information about you when required to do so by federal, state, or local law. This may be in response to a court order, subpoena, warrant, summons, or other law enforcement process, subject to all applicable legal requirements.

National Security and Intelligence Activities
Student Health Services may disclose medical information to authorized federal officials for intelligence, counterintelligence, or other national security activities as authorized or required by law.

Family and Friends
We may disclose your health information to family members or friends if we obtain your verbal agreement or written authorization to do so. If family members or friends are present while care is being provided, we may request your verbal agreement that they remain present for any discussions involving your health information.

In situations where you are not capable of giving consent (due to your incapacity or medical emergency, etc.), we may determine that a disclosure to your family member or friend is in your best interest. In that situation, we will disclose only health information relevant to the person's involvement in your care, for example, to fill prescriptions, or pick up medical supplies.

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

Public Health Risks
We may disclose your health information for public health reasons in order to prevent or control disease, injury, or disability; suspected abuse or neglect (including child abuse and neglect), non-accidental physical injuries, reactions to medications, or problems with products. This may include the release of information to the appropriate government authority if we believe a patient has been the victim of abuse, neglect or domestic violence. We may also notify your family about your location or general condition or disclose such information to an entity assisting in a disaster relief effort.

Business Associates
We may disclose Health Information to our business associates that perform function on our behalf or provide us with services if the information is necessary for such functions or services (example: a cardiologist contracted to review EKG's performed at Student Health Services). All of our business associates are obligated to protect the privacy of your information and are not allowed to use or disclose and information other than as specified in our contract.

Disaster Relief
We may disclose your Protected Health Information to disaster relief organizations that seek your Protected Health Information to coordinate your care, or notify family and friends of your location or condition in a disaster. We will provide you with an opportunity to agree or object to such a disclosure whenever we practically can do so.

Data Breach Notification Purposes
We may use or disclose your Protected Health Information to provide legally required notices of unauthorized access to or disclosure of your health information

Lawsuits and Disputes
If you are involved in a lawsuit or dispute, we may disclose health information in response to a court or administrative order. We also may disclose Health Information in response to a subpoena, discovery request, or other lawful process by someone else involved in the

dispute, but only if efforts have been made to tell you about the request or to obtain an order protecting the information requested.

Law Enforcement
We may release health information if asked by a law enforcement official if the information is: 1)in response to a court order, subpoena, warrant, summons or similar process; 2)limited information to identify or locate a suspect, fugitive, material witness, or missing person; 3) about the victim of a crime even if, under certain very limited circumstances, we are unable to obtain the person's agreement; 4) about a death we believe may be the result of criminal conduct; 5) about criminal conduct on our premises; and 6) in an 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.

USES AND DISCLOSURES PURSUANT TO AN AUTHORIZATION

For most other purposes, Student Health Services will not access, use, or disclose protected health information without your specific written Authorization. If you give us Authorization to use or disclose health information about you, you may revoke that Authorization, in writing, at any time.

Other types of protected health information have additional protection under federal or state laws (for example, HIV or substance abuse information). To the extent applicable, Student Health Services would not release that information without a signed authorization from you. These situations include:

1. Release of psychotherapy noted (including drug and alcohol counseling)
2. Uses and disclosures of protected health information for marketing purposes
3. Disclosures that constitute a sale of your protected health information.

YOUR RIGHTS REGARDING YOUR HEALTH INFORMATION

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

Right to Request Confidential Communications
You have the right to request that we communicate with you about medical matters in a certain way or at a certain location. For example, you can ask that we only contact you at work or by mail. To request confidential communications, you may submit a written request to our Medical Records department specifying how and/or where you wish to be contacted. You can choose to have your medical information discussed with a designated immediate family member, close friend, or relative. We will not ask you the reason for your request and we will accommodate all reasonable requests.

Right to Request Restrictions
You may request a restriction or limitation on the protected health information we use or disclose about you for treatment, payment, or health care operations. You also have the right to request a limit on the information we disclose to someone who is involved in your care or the payment for it, such as a family member or friend.

The request must be in writing and submitted to Student Health Services' Medical Records department. If we agree to your request, we will honor the restriction unless the information is needed for emergency treatment or to comply with the law. We are not legally required to agree to your request and we may end the restriction if we tell you. If we end the restriction, it will only affect health information that was created or received after we notify you.

Right to Inspect and Copy
You have the right to inspect and copy your health information, such as medical and billing records, that we use to make decisions about your care. You must submit a written request and if you request a copy of the information, we may charge a reasonable fee for the costs of copying and/or mailing.

We may deny access under certain limited circumstances such as if we believe it may endanger you or someone else. You may ask that the denial be reviewed by a licensed health care professional. The person conducting the review will not be the person who denied your request, and we will comply with the outcome of the review.

Right to an Electronic Copy of Electronic Medical Records
If your Protected Health Information is maintained in an electronic format (known as an electronic medical record and an electronic health record), you have the right to request that an electronic copy of your record be given to you or transmitted to another individual or entity. We will make every effort to provide access to your Protected Health Information in the form or format you request, if it is readily producible in such form or format. If the Protected Health Information is not readily producible in the form or format you request your record will be provided in either our standard electronic format or if you do not want this form or format, a readable hard copy form. We may charge you a reasonable, cost-based fee for the labor associated with transmitting the electronic medical record.

Right to Get Notice of a Breach
You have the right to be notified upon a breach of any of your unsecured Protected Health Information.

Right to Amend
If you believe health information we have about you is incorrect or incomplete, you may ask us to amend the information.

To request an amendment, complete and submit a "Request For Amendment of My Protected Health Information" from our Medical Records department. We may deny your request for an amendment if it is not in writing or does not include a reason to support the request. In addition, we may deny your request if you ask us to amend information that:

a) we did not create, (unless the person or entity that created the information is no longer available to make the amendment).
b) is not part of the health information that we keep.
c) you would not be permitted to inspect and copy, such as psychotherapy notes or information compiled for civil, criminal, or administrative proceedings
d) is determined by us to be accurate and complete.

If we deny your request, we will provide you a written explanation of why we didn't make the amendment and explain your rights.

Right to an Accounting of Disclosures

You may request a list of the disclosures made of medical information about you. Your written request may be submitted to Student Health Services' Medical Records department. It must state a time period, which may not be longer than three years. We may charge you for the costs of providing the list. We will notify you of the cost involved and you may choose to withdraw or modify your request at that time before any costs are incurred.

Out-of-Pocket Payments
If you paid out-of-pocket (or in other words, you have requested that we not bill your health plan) in full for a specific item or service, you have the right to ask that your Protected Health Information with respect to that item or service not be disclosed to a health plan for purposes of payment or health care operations, and we will honor that request.

COMPLAINTS

If you believe your privacy rights have been violated, you may file a written complaint with our HIPAA Privacy Officer. You will not be penalized for filing a complaint. You may also file a complaint with the Secretary of the U.S. Department of Health and Human Services or the California Office of Health Information Integrity at:

Health and Human Services
Office of Civil Rights
200 Independence Avenue, S.W.
Washington, D.C. 20201
866 627-7748
OCRComplaint@hhs.gov

CALOHI
(888) 549-8674
enforce@ohi.ca.gove

This notice is effective February 14, 2023 and replaces earlier versions.