

# Notice of Privacy Practices

## California State University East Bay Student Health and Counseling Services

**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.**

Effective Date: April 14, 2003

Amended 2015

Amended Jan 16, 2018

The California State University East Bay Student Health and Counseling Services (SHCS) is committed to preserving the privacy and confidentiality of personal health information (PHI). California and Federal laws and regulations require the SHCS safeguard the privacy of your personal health information (PHI). PHI is any information in the electronic health record (EHR) that can be used to identify an individual and that was created, used, or disclosed in the course of providing a medical and/or mental health service.

We are also required by law to provide you with this Notice of Privacy Practices. This Notice provides you with information regarding our privacy practices and applies to all of your medical and mental health information created and/or maintained at the SHCS, including any information that we receive from other medical and mental health care providers or facilities. This Notice describes the ways in which we may use or disclose your medical and mental health care information and also describes your rights and our obligations concerning such uses or disclosures.

We are required to abide by the terms of this Notice, including any future revisions that the SHCS may make as required or authorized by law. We reserve the right to change this Notice and to make the revised or changed Notice effective for medical and mental health information we already have about you as well as any information we receive in the future. The SHCS posts a copy of the most current Notice on the SHCS website <http://www.csueastbay.edu/shcs>. The SHCS also has hard copies of the current Notice of Privacy Practices available upon request.

### **A. How We May Use or Disclose Medical Information About You**

**Medical and Mental Health Treatment:** Information obtained by a counselor, nurse, clinician (a physician, nurse practitioner) or other member of your health care team will be documented in your medical record and used to determine the course of treatment that should work best for you. Information is shared between services at SHCS on a strict "need to know" basis. SHCS staff works as an integrated treatment team to provide quality care. Healthcare providers, including but not limited to SHCS physicians, athletic team physicians, nurse practitioners, nurses, pharmacists, counselors, physical therapists, and health educators may consult with other healthcare providers regarding treatment considerations on an as-needed basis. Medical and mental health information is documented in a shared electronic medical record to facilitate integrated and coordinated care. SHCS contracts with other healthcare entities in order to provide certain ancillary services and support staffing needs. All contracted entities are required to uphold the same strict security and confidentiality policies and procedures. In an emergency situation, SHCS staff may refer you to another clinician or hospital; vital information may be shared with these health care providers.

**Billing/Payment:** SHCS may use and disclose health information about you so that the treatment and services you receive may be billed to and payment may be collected from you or a payor. For example, we may need to give your health plan information about a service you received here so that your health plan will reimburse you for the service. SHCS will send financial obligation charges to the Cashiers Office to be processed. The charge on the student's financial account will show the following health information: name, student identification number, item code, item type and date of service. No information relating to medical diagnoses, treatment/procedure, counseling session, or medications will be on this document.

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**Communication:** SHCS may contact you by phone, patient portal, voicemail, or letter as needed at the listed telephone number and/or address, to follow up on care, provide a reminder of an appointment or to relay other relevant information. Lab results WILL NOT be left on a voicemail unless prior permission has been received. SHCS does not use e-mail to initiate therapeutic conversations, as e-mail is not considered confidential. Your e-mail address will be used for scheduling purposes and client feedback surveys only. Unless the patient withdraws consent in writing, PHI will be made available to the patient via a secure patient portal established for each student.

**Quality Improvement and Oversight Activities:** Members of the clinical staff and quality improvement team may use information in your health record to assess the care and outcomes in your case and others like it. This information will then be used in an effort to continually improve the quality and effectiveness of the health care and services we provide. Oversight may include internal and external audits, chart reviews, investigations, licensures, and inspections required for compliance with government, college, accreditation programs and laws. Only the minimal necessary information will be released. On occasion, these reviews will involve sighting of individual information by the auditor, accreditation surveyors, etc. All individuals performing these reviews, audits, etc., will be required to agree with and sign the nondisclosure confidentiality standards of SHCS before being allowed access. Aggregate data, that does not identify an individual, may also be gathered and used for research.

**Public Health and Safety:** Health information may be disclosed as required by law to the proper authorities to report deaths, certain infectious diseases, occupational injuries and diseases, child abuse/neglect, domestic violence, problems with medications and other products as required by law to prevent/control disease, injury or disability to the patient or to others. In life threatening/extreme emergency situations, we may use or disclose health information to notify, or assist in notifying a family member, personal representative, or another person responsible for your care, your location, and general condition. Information may be disclosed if it is determined that there is imminent danger to self or others, or unable to care for themselves. In rare cases where there is a risk to the student or community, SHCS reserves the right to notify the Office of the Vice President for Student Affairs or Campus Police

**As Required by Law:** We will disclose health information about you when required to do so by federal, state, or local law. It may also be disclosed when legally requested by national security, intelligence, and other federal officials.

**Research and Training Participation:** SHCS participates in the research and teaching mission of the university. Therefore, students from medical schools, nursing, physical therapy, athletic training, pharmacy, mental health, counseling, and peer educators may participate in your care under the close supervision of a licensed professional. You have the right to decline if you do not wish for a student to be involved in your care. Aggregate data, that does not identify an individual, may also be gathered and used for research.

### **B. When This Medical Practice May Not Use or Disclose Your Health Information**

Except as described in this Notice of Privacy Practices, the SHCS will not use or disclose health information which identifies you without information you want access to and whether you want to inspect it or get a copy of it. We will charge a reasonable fee, as allowed by California and Federal law. We may deny your request under limited circumstances including legal restrictions and/or California and Federal law. If you are denied access to your health information, you may request that the denial be reviewed.

### **C. Your Health Information Rights**

**Right to Amend or Supplement:** You have the right to request an amendment of your health information that you believe is incorrect or incomplete. You must make a request to amend in writing, and include the reasons you believe the information is incorrect or incomplete. We are not required to change your health information, and will provide you with information about this practice's denial and how you can disagree with the denial. We may deny your request if we do not have the information, if we did not create the information (unless the person or entity that created the information is no longer available to make the amendment), if you would not be permitted to inspect or copy the information at issue, or the information is accurate and complete as is. You also have the right to request that we add to your record a statement of up to 250 words concerning any statement or item you believe to be incomplete or incorrect.

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**Right to an Accounting of Disclosures:** You have a right to receive an accounting of disclosures of your health information made by this medical practice. This accounting will not include disclosures of medical and mental health information that we made for the purposes of treatment, payment or health care operations or pursuant to a written authorization that you have signed. This accounting will also not include notification and communication with family and friends, specialized government functions or disclosures for purposes of research or public health which exclude direct patient identifiers, or which are incident to a use or disclosure otherwise permitted or authorized by law, or the disclosures to a health oversight agency or law enforcement official to the extent this medical practice has received notice from that agency or official that providing this accounting would be reasonably likely to impede their activities.

**Right to a Paper Copy of this Notice:** You have a right to a paper copy of this Notice of Privacy Practices, even if you have previously requested its receipt by e-mail.

### D. Changes to this Notice

The California State University East Bay Student Health & Counseling Services reserves the right to change its privacy practices. Copies of this Notice are available upon request. It is also available on our website <http://www.csueastbay.edu/shcs>

### E. Questions or Complaints

If you have any questions regarding this Notice of Privacy Practices or wish to receive additional information about the Student Health & Counseling Services privacy practices, please contact our Privacy Officer:

Andrea Wilson, AVP Student Support Services  
California State University East Bay  
Student Health and Counseling Services  
25800 Carlos Bee Boulevard  
Hayward, CA 94542-3060  
(510) 885-3639  
[andrea.wilson@csueastbay.edu](mailto:andrea.wilson@csueastbay.edu)

If you believe your privacy rights have been violated, you may file a formal complaint with our Privacy Officer or with the Secretary of the Department of Health and Human Services:

Department of Health and Human Services  
Office of Civil Rights  
Hubert H. Humphrey Bldg.  
200 Independence Avenue, S.W.  
Room 509F HHH Building  
Washington, DC 20201

You will not be penalized or retaliated against for filing a complaint.