



WOFFORD COLLEGE NOTICE OF PRIVACY PRACTICES

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.

Under the HIPAA privacy regulations, we are required by federal law to maintain the privacy of your protected health information (“PHI”). PHI is information about you that may identify you. It relates to your physical or mental health or condition and related healthcare services. These could be in the past, present or the future. Federal law also requires that we provide you with notice of our legal duties and privacy practices with respect to PHI. We are required to abide by the terms of the notice currently in effect. We reserve the right to change our notice of privacy policies and this change will affect all PHI that we maintain. Before we make a change in our policies, we will notify you via your secure patient portal and post the new notice in our waiting area and on our website. Your PHI may be used and disclosed by our health services staff and others outside of our office that are involved in your care and treatment for the purpose of providing healthcare services to you. The following is a list of examples of the types of use that our office is permitted to make. These examples are not meant to be exhaustive, but to describe the types of uses and disclosures that may be made by

Treatment: We may use your PHI in rendering treatment to you. For example, we are permitted to use your PHI in providing you medical care when you visit our office. This includes the coordination or management of your health care—for instance, we can disclose your PHI to third parties for treatment (such as a specialist we refer you to).

Payment: We may disclose your PHI for payment purposes. For example, PHI may be disclosed to your insurance provider if necessary for reimbursement of services by college physicians. Or, we may need to disclose your PHI to your health plan when obtaining approval for a hospital stay or diagnostic tests.

Healthcare Operations: We may disclose or use your PHI to support the business activities of this office. These activities include, but are not limited to, quality assessment activities, employee review activities, licensing, and conducting or arranging other reporting activities

In addition, Medical Services may use or disclose your PHI in accordance with the specific requirements of the HIPAA regulations without us needing to obtain an authorization or giving you an opportunity to agree or object if any of the following instances occur:

- Required by law. For example, we must provide your PHI to the Secretary of the Department of Health and Human Services if the Secretary so requests.
- Required for public health purposes. For example, we may disclose PHI for the maintenance of vital records such as the number of births and deaths.
- Required disclosures about victims of abuse, neglect, or domestic violence. For example, we may disclose PHI for the reporting of spousal or child abuse.
- Required by a health oversight agency for the oversight activities authorized by law. For example, we may disclose PHI to government health oversight agencies for such purposes as investigations, inspections, audits, surveys, and licensure.
- Required in the course of any judicial or administrative proceeding. For example, we may disclose your PHI in response to a court or administrative order if you or your PHI is involved in a lawsuit or similar proceeding.
- Required for law enforcement purposes. For example, we may disclose PHI for the purpose of identifying a fugitive from justice.
- Required by a coroner or medical examiner. For example, we may disclose PHI to a medical examiner to identify a deceased individual or to identify the cause of death.
- Required for organ or tissue donation purposes. For example, we may disclose PHI to an organ donation bank to facilitate the donation if you are an organ donor.
- Required for research purposes. For example, we may disclose PHI to a medical university to aid their research activities.
- Required to prevent or lessen a serious and imminent threat to the health or safety of the person or the public. For example, we may disclose PHI to prevent the spread of a communicable disease.
- Required for military purposes. For example, we may disclose PHI of individuals who are in the armed forces for activities deemed necessary by appropriate military command authorities to ensure the proper execution of the military mission.
- Required for national security purposes. For example, we may disclose PHI to the appropriate government agencies for counter-intelligence purposes.
- Required for penal purposes. For example, we may disclose a patient's PHI to a correctional facility if the patient is an inmate in the facility.
- Required for workers' compensation programs. For example, we may disclose a patient's PHI for worker's compensation and other similar programs.

Please note that our primary contact method is by way of the secure patient portal. We may also contact you using any of the following methods: cell phone, campus phone, home phone, campus mail, and/or e-mail.

You have the following rights regarding your PHI:

Confidential Communications: You have the right to request that you receive communications of PHI by alternative means or at alternative locations. For example, you may request that your health information be communicated to you in a confidential manner such as sending mail to an address other than your home. Please note that the messaging option on your patient portal is a means of sending a secure message to your provider. You do not need to give a reason for your request, and we will accommodate reasonable requests.

Requesting Restrictions: You have the right to request a restriction in our use or disclosure of your PHI for treatment, payment, or health care operations. In addition, you have the right to request that we restrict disclosure of your PHI to certain individuals involved in your case or payment of your care, such as family members or friends. We are not required to agree to your request; however, if we do agree, we are bound by our agreement except when otherwise required by law, in emergencies, or when the information is necessary to treat you. We may terminate the restriction by informing you of the termination, except that such termination is only effective with respect to PHI created or received after we have informed you of the restriction termination.

Inspection and Copies: You have the right to inspect and obtain a copy of the PHI that may be used to make decisions about you, except the psychotherapy notes, information compiled in anticipation of litigation, or that we are otherwise forbidden by law to disclose. You must submit your request in writing to the office designated at the bottom of this notice. We may charge a fee for the costs of copying, mailing, labor, and supplies associated with the request. We may deny your request in certain cases; however, you may request a review of our denial. Another licensed healthcare professional chosen by us will conduct reviews.

Amendment: If you believe the information we have about you is incorrect or incomplete, you may ask that we modify or add to the information. To do so, please submit your request in writing to the office designated at the bottom of this notice. We will deny your request if it is not in writing or does not include a reason to support the request. We will also deny a request for amendment in the following cases: (1) the current information is accurate and complete; (2) it is not part of the medical information we keep; (3) it is not part of what you would be allowed to view and copy; and (4) it was not created by us. If we deny the request, you have the right to file a statement of disagreement. We may then prepare a rebuttal and we will give you a copy of the rebuttal.

Accounting of Disclosures: You have the right to receive an accounting of disclosures of PHI made by us in the six years prior to the date on which the accounting is requested. We are not required to include in the list we provide you the following types of disclosures: (1) to carry out treatment, payment, and healthcare operations; (2) to you; (3) for national security or intelligence purposes; (4) to correction institutions or law enforcement officials. Your request must be in writing and be sent to the office designated at the bottom of this notice. The first accounting you can request within a 12-month period will be free. Additional accountings may involve a charge, and you may cancel or adjust your request before fees are incurred.

Right to Provide an Authorization: We will obtain your written authorization for uses and disclosures that are not identified in this notice or permitted by applicable law. Any authorization you provide to us regarding the use and disclosure of PHI may be revoked at any time in writing. After you revoke your authorization, we will no longer use or disclose your PHI for the purposes described in the authorization.

Paper Copy of Notice: You are entitled to receive a paper copy of our notice of private practices. You may ask us to give you a copy of this notice at any time. To obtain a copy, simply inform the office designated on the bottom of this notice. You may also visit our website at <http://wofford.edu/wellnesscenter/> or visit your patient portal to print a copy for your records.

Filing Complaints: If you believe your privacy rights have been violated, you may file a complaint with us or with the Secretary of the Department of Health and Human Services. To file a complaint with us, contact the office designated at the bottom of this notice. All complaints must be in writing, and we will not penalize you for filing a complaint.

The Effective Date for this notice is April 14, 2003.

Reviewed March 12, 2009.

Reviewed January 5, 2012.

Reviewed.

Contact information regarding this notice or privacy policies described above:

Wofford Wellness Center
429 North Church Street
Spartanburg, SC 29303