



STEPHEN F. AUSTIN STATE UNIVERSITY

Health and Wellness Hub

Notice of Privacy Practices

Original Implementation: July 14, 2008

Last Revision: January 1, 2022

DISCLOSURE:

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.**

This Notice describes the practices of the Stephen F. Austin State University Health Services with respect to your protected health information created while you are a patient at this facility.

YOUR RIGHTS:

When it comes to your health information, you have certain rights. This section explains your rights and some of our responsibilities to help you.

1. Get an electronic or paper copy of your medical record.
 - a) You can ask to see or get an electronic or paper copy of your medical record and other health information we have about you. Ask us how to do this.
 - b) We will provide a copy or a summary of your health information, usually within 30 days of your request. We may charge a reasonable, cost-based fee.
2. Ask us to correct your medical record.
 - a) You can ask us to correct health information that you think is incorrect or incomplete.
 - b) We may say "no" to your request, but we will provide you with the reason/s for our refusal in writing within 60 days.
3. Request confidential communications.
 - a) You can ask us to contact you in a specific way (for example, home or office phone) or to send mail to a different address.
 - b) We will say "yes" to all reasonable requests.
4. Ask us to limit what we use or share.
 - a) You can ask us not to use or share certain health information related to treatment, payment, or our operations. We are not required to agree to your request, and we may say "no" if it would affect your care.
 - b) If you pay for a service or health care item out-of-pocket in full, you can ask us not to share that information related to the purpose of payment or our operations with your health insurer. We will say "yes" unless a law requires us to share that information.
5. Get a list of those with whom we have shared information.
 - a) You can ask for a list (accounting) of the times we have shared your health information for six years prior to the date you ask, with whom we shared it, and why.

- b) We will include all the disclosures except for those about treatment, payment, and health care operations as well as certain other disclosures (such as any you asked us to make). We will provide one accounting a year for free but will charge a reasonable, costbased fee if you ask for another one within 12 months.
- 6. Get a copy of this privacy notice.
 - a) You can ask for a paper copy of this notice at any time, even if you have agreed to receive the notice electronically. We will provide you with a paper copy promptly.
- 7. Choose someone to act for you.
 - a) If you have given someone medical power of attorney or if someone is your legal guardian, that person can exercise your rights and make choices about your health information.
 - b) We will make sure the person has this authority and can act for you before we take any action.
- 8. File a complaint if you feel your rights are violated.
 - a) If you are concerned that your privacy rights have been violated, you can contact the Privacy Officer listed on the last page of this document to make a complaint.
 - b) Complaints also can be made with the U.S. Department of Health and Human Services Office by writing to 200 Independence Avenue, S.W., Washington, D.C. 20201, calling 1877-696-6775, or visiting www.hhs.gov/ocr/privacy/hipaa/complaints.
 - c) SFASU Health Services will not retaliate against you for filing a complaint.

YOUR CHOICES:

For certain health information, you can tell us your choices about what we share if you are over 18 years of age and have a clear preference for how we share your information in the situations described below, talk to us. Tell us what you want us to do, and we will follow your instructions.

- 1. In these cases, you have both the right and choice to tell us to:
 - a) Share information with your family, close friends, or others involved in your care,
 - b) Share information in a disaster relief situation, and
 - c) Include your information in a hospital directory.

If you are not able to tell us your preference, for example if you are unconscious, we shall go ahead and share your information if we believe it is in your best interest. We also shall share your information when needed to lessen a serious and imminent threat to health or safety.

OUR USES AND DISCLOSURES:

We typically use or share your health information in the following three ways:

- 1. **Treatment.** We can use your health information and share it with other professionals who are treating you. *Example: A doctor treating you for an injury asks another doctor about your overall health condition.*

2. **Operate as a health clinic.** We can use and share your health information to coordinate and improve your care, run the clinic, and contact you when necessary. *Example: We use health information about you to manage your treatment and services.*
3. **Collect for your services.** We can use and share your health information to bill and get payment from health plans or other entities. *Example: We give information about you to your health insurance plan, so it will pay for your services.*

How else can we use or share your health information? We are allowed or required to share your information in other ways that contribute to the public good. Many conditions in the law must be met before we can share your information for these purposes. See the link on the last page for more details.

4. **Help with public health and safety issues.** We can share health information about you for certain situations such as:
 - a) Preventing disease,
 - b) Helping with product recalls,
 - c) Reporting adverse reactions to medications,
 - d) Reporting suspected abuse, neglect, or domestic violence, and
 - e) Preventing or reducing a serious threat to anyone's health or safety.
5. **Conduct research.** We can use or share your information for health research.
6. **Comply with the law.** We shall share information about you if state or federal laws require it; for example, we shall share information with the Department of Health and Human Services, if it wants to determine that we are complying with federal privacy law.
7. **Respond to organ and tissue donation requests.** We can share health information about you with organ procurement organizations.
8. **Work with a medical examiner or funeral director.** We can share health information with a coroner, medical examiner, or funeral director when an individual dies.
9. **Address workers' compensation, law enforcement, and other government requests.** We can use or share health information about you:
 - a) For workers' compensation claims,
 - b) For law enforcement purposes or with a law enforcement official,
 - c) With health oversight agencies for activities authorized by law, and
 - d) For special government functions such as military, national security, and presidential protective services.

10. **Respond to lawsuits and legal actions.** We can share health information about you in response to a court or administrative order, or in response to a subpoena.

OUR RESPONSIBILITIES

1. We are required by law to maintain the privacy and security of your protected health information.
2. We will let you know promptly if a breach occurs that may have compromised the privacy or security of your information.
3. We must follow the duties and privacy practices described in this notice and give you a copy of it to review.
4. We will not use or share your information other than as described by this Notice or permitted by law unless you tell us we can in writing. If you tell us we can, you can change your mind at any time. Let us know in writing if you change your mind.
5. We will never market or sell personal or medical information.

For more information see: <https://www.hhs.gov/hipaa/for-individuals/guidance-materials-forconsumers/index.html>

OTHER LAWS THAT WE FOLLOW TO PROTECT YOUR PRIVACY:

The Family Educational Rights and Privacy Act of 1974 (FERPA) is a federal law that protects the privacy of student education records. The law applies to all schools that receive funds under an applicable program of the U.S. Department of Education.

CHANGES TO THE TERMS OF THIS NOTICE

We can change the terms of this notice, and the changes will apply to all information we have about you. The new notice will be available at our front office.

Questions and Complaints

For questions regarding this Notice, please contact the SFASU Health Services Privacy Officer:

Privacy Officer: Marcie Shoemaker

Stephen F. Austin State University

Health Services

P.O. Box 13058, SFA Station

Nacogdoches, TX 75962

Phone: 936-468-4008; Fax: 936-468-1316

Email: healthservices@sfasu.edu

Cross Reference: Public and Student Health (13.16)



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HIPPA: I acknowledge the receipt of the Notice of Privacy Practices. I have had the opportunity to review Health Services' desk copy. I understand a copy is available at my request.

CONSENT FOR TREATMENT: I hereby authorize the physicians, midlevel providers, nurses, medical assistants, and other Practice staff to conduct such examinations, and to administer treatment and medications as they deem necessary and advisable.

Print

Date

Signature

Date