

NOTICE OF PRIVACY PRACTICES Effective April 14, 2003

THIS NOTICE DESCRIBES HOW MEDICAL INFORMATION ABOUT YOU MAY BE USED AND DISCLOSED AND HOW YOU CAN OBTAIN ACCESS TO THIS INFORMATION. PLEASE REVIEW IT CAREFULLY.

1. **Uses and Disclosures:** Health Services uses health information about you for treatment, to obtain payment for treatment, for administrative purposes, and to evaluate the quality of care that you receive. Continuity of care is part of treatment and your records may be shared with other providers to whom you were referred. Information may be shared by paper mail, electronic mail, fax, or other methods. We will only use or disclose identifiable health information without your authorization as required or permitted by law, otherwise we will ask for your written authorization before using or disclosing any identifiable health information about you. : The following are examples of the types of uses and disclosures of your protected health care information that Health Services is permitted to make. These examples are not meant to be exhaustive, but to describe the types of uses and disclosures.
 - **Treatment:** We will use and disclose your protected health information to provide, coordinate, or manage your health care and any related services. For example, your relevant protected health information may be provided to a doctor to whom you have been referred to ensure that the doctor has the necessary information to diagnose or treat you.
 - **Payment:** Your protected health information will be used, as needed, in activities related to obtaining payment for your health care services. For example: your protected health information may be provided to the college health insurance company to obtain approval for payment of your claims.
 - **Business Associates:** We will share your protected health information with third party 'business associates' that perform various activities, For example: Medical Injury/Accident Reports. Whenever an arrangement between a business associate and us involves the use or disclosure of your protected health information, we will have a written contract that contains terms that will protect the privacy of your protected health information.
 - **Healthcare Operations:** We may use or disclose, as needed, your protected health information in order to support our business activities. For example: when we perform peer and chart review, we may need to look at what an employee has documented in your medical record.

2. **Your Rights:** In most cases, you have the right to inspect or obtain a copy of your health information. If you request copies, we will charge you only the normal photocopy fees. You also have the right to receive a list of certain types of disclosures of your information that we made. If you believe that the health information in your record is incorrect, you have the right to request that we correct it.

You have the right to:

 - Inspect and copy your protected health information for a civil or criminal proceeding.
 - Request a restriction of your protected health information: You may ask us not to use or disclose certain parts of your protected information for treatment, payment or healthcare operations. You may also request that information not be disclosed to family members or friends who may be involved in your care. Your request must state the specific restriction to apply. We are not required to agree to a restriction that you may request, but if we do agree, then we must behave accordingly.
 - Request to receive confidential communication from us by alternative means or at an alternative location: We will accommodate reasonable requests. We may also condition this accommodation by asking you for information as to how payment will be handled or specification of an alternative address or other method of contact. We will not request an explanation from you as to the basis for the request.
 - Ask your provider to amend your protected health information: You may request an amendment of protected health information about you. If we deny your request for amendment, you have the right to file a statement of disagreement with us, and your medical record will note the disputed information.
 - Receive an accounting of certain disclosures we may have made: This right applies to disclosures for purposes other than treatment, payment, or healthcare operations. It excludes disclosures we may have made to you, for a facility directory, to family members or friends involved in your care, or for notification purposes. You have the right to receive specific information regarding these disclosures. The right to receive this information is subject to certain exceptions, restrictions and limitations.
 - Obtain a paper copy of this notice from us: Upon request, even if you have agreed to accept this notice electronically.

3. **Provider Responsibilities:** Health Services is required by law to protect the privacy of your health information, provide this notice about our information practices, follow the information practices that are described in this notice, and seek your acknowledgement of receipt of this notice.

4. **Notice Revisions:** Before significant changes are made in our privacy policies, we will make the revised notice available within sixty (60) days. You can also request a copy of our notice at any time.
5. **Complaints:** If you believe that your privacy rights have been violated, you may submit a complaint to the U.S. Department of Health and Human Services using the HIPAA Complaint Submission Form at cms.hhs.gov/hipaa/hipaa2/default.asp

OR by mail to: HIPAA Complaint
7500 Security Blvd,
C5-24-04,
Baltimore, MD 21244
Palomar College Health Services
1140 W. Mission Road
San Marcos, Ca. 92069
(760) 744 – 1150 ext 2380

You may also submit a complaint to:

Further Details:

Written Authorization: Other uses and disclosures of your protected information will be made only with your written authorization, unless otherwise permitted or required by law as described below. You may revoke this authorization, at any time, in writing.

Opportunity to object: We may use and disclose your protected health information in the following instances. You have the opportunity to object. If you are not present or able to object, then your provider may, using professional judgment, determine whether the disclosure is in your best interest.

- **Others Involved in Your Healthcare:** Unless you object, we may disclose to a member of your family, a close friend or any other person you identify, your protected health information that directly relates to that person's involvement in your health care.
- **Emergencies:** In an emergency treatment situation, your provider shall try to provide you a Notice of Privacy Practices as soon as reasonably practical after the delivery of treatment.
- **Communication Barriers:** We may use and disclose your protected health information if your provider attempts to obtain acknowledgement from you of the Notice of Privacy Practices but is unable to do so due to substantial communication barriers and the provider determines, using professional judgment, that you would agree.

Without Opportunity to Object: We may use or disclose your protected health information in the following situations without your authorization or opportunity to object:

- **Public Health:** For public health purposes to a public health authority or to a person who is at risk of contracting or spreading disease.
- **Health Oversight:** To a health oversight agency for activities authorized by law, such as audits, investigations, and inspections.
- **Abuse or Neglect:** To an appropriate authority to report child abuse or neglect, if we believe that you have been a victim of abuse, neglect, or domestic violence.
- **Food and Drug Administration:** As required by the Food and Drug Administration to track products.
- **Legal Proceedings:** In the course of legal proceedings.
- **Law Enforcement:** For law enforcement purposes, such as pertaining to victims of a crime or to prevent a crime.
- **Coroners, Funeral Directors, and Organ Donation:** For the coroner, medical examiner, or funeral director to perform duties authorized by law and for organ donation purposes.
- **Research:** To researchers when their research has been approved by an Institutional Review Board.
- **Soldiers, Inmates, and national Security:** To military supervisors of Armed Forces personnel or to custodians of inmates, as necessary. Preserving national security may also necessitate sharing protected health information.
- **Workers' Compensation:** To comply with workers' compensation laws.
- **Compliance:** To the department of Health and Human Services to investigate our compliance. In general, we may use or disclose your protected health information as required by law and limited to the reluctant requirements of the law.