



### **Notice of Privacy Practices**

The Health Insurance Portability & Accountability Act of 1996 (HIPPA) is a federal program that requires that all medical records and other individually identifiable health information used or disclosed by us in any form, whether electronically, on paper, or orally, are kept properly confidential.

You have the following rights with respect to your protected health information (PHI), that you can exercise by presenting a written request to the Privacy Official:

- The right to request restrictions on certain uses and disclosures of protected health information, including those related to disclosures to family members, other relatives, close personal friends, or any other person identified by you. We are, however, not required to agree to a requested restriction. If we do agree to a restriction, we must abide by it unless you agree in writing to remove it.
- The right to reasonable request to receive confidential communications of PHI from us by alternative means or at an alternative location.
- The right to inspect and copy your PHI.
- The right to amend your PHI.
- The right to receive an accounting of disclosures of PHI
- The right to obtain a paper copy of this notice from us upon request

We may use and disclose your medical records only for each of the following purposes:

- Initial health records clearance at a clinical affiliate or affiliates each semester you are enrolled in clinical courses in compliance with Center for Disease Control regulations.
- Submission to a medical treatment facility's request for compliance to an audit under the direction of the Joint Commission on Accreditation of Healthcare Organizations' policy.

We may contact you to provide courtesy reminders when mandatory immunizations and health record requirements are due for your continued participation in the clinical portion of your courses.

Any other uses and disclosures will be made only with your written authorization. You may revoke such authorization in writing, and we are required to honor and abide by that written request, except to the extent that we have already taken actions relying on your authorization.

We are required by law to maintain the privacy of your PHI and to provide you with a notice of our legal duties and privacy practices with respect to PHI.

The notice is effective \_\_\_\_\_, and we are required to abide by the terms of the Notice of Privacy Practices in effect. We reserve the right to change the terms of our Notice of Privacy Practices to make the new notice provisions effective for all PHI that we maintain. We will post and you may request a written copy of a revised Notice of Privacy Practices from this office.

You have recourse if you feel that your privacy protections have been violated. You have the right to file a written complaint with our office, or with the Department of Health and Human Services, Office of Civil Rights, about violations of the provisions of this notice or the policies and procedures of our office. We will not retaliate against you for filing a complaint. (Please contact the Privacy Official for the School of Nursing, Heather Germain at 460-6142 with any questions or concerns regarding this statement.

Signature \_\_\_\_\_

Date \_\_\_\_\_