Privacy

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THIS NOTICE DESCRIBES HOW MEDICAL I NFORMATION ABOUT YO U MAY BE
USED AND DISCLOSED AND HOW YOU CAN GET ACCESSTO THIS
INFORMATION.
PLEASE REVIEW

xTreatment: We can use and disclose your health information to provide medical treatment services. For example, we may disclose your health information to your primary care provider, consulting providers and to other health care personnel who have a need for such information for your care and treatment.

xPayment We can use and discloseur health information for the purposes of determining coverage, billing and payment. For example, a bill sent to your insurance company may include information that identifies you, your diagnoses, procedures and supplies used in your treatment.

xHealth Care Operations We can use and disclose your health information for our health care operations. These include but are not limited to: quality assurance, auditing, licensing, credentialing and for educational purposes. For example, we can use yournfeealthation to internally assess our quality of care provided to patients.

xAs Required By Law: We may use and disclose your health information when required to do so by law, including, but not limited to: reporting abuse, neglect and domestic violence; response to judicial and administrative proceedings; in responding to a law enforcement request for information; or in order to alert law enforcement to criminal conduct on our premises or of a death that may be the resultoniminal conduct.

x Public Health Activities: We may disclose your health information for public health reporting, including, but not limited to: child abuse and neglect; reporting communicable diseases and vital statistics; product recalls and adverse events; or notifyings person have been exposed to a disease or are at risk of contracting or spreading a disease or condition.

x Abuse and NeglectWe may disclose your health information to a local, state or federal government authority, if we have a reasonable beliabase, neglect or domestic violence.

xHealth Oversight Activities: We may disclose your health information to a health oversight agency for activities authorized by law. These oversight activities include, for example, audits, investigations, inspections, and licensure. These activities are necessary for the government to monitor the health care system, government programs, and compliance with civil rights laws.

xJudicial and Administrative Proceedings We may disclose your health information in judicial and administrative proceedings, as well as in response to an order of a court, administrative tribunal, or in response to a subpoena, summons, warrant, discovery request, or similar legal request. Law Enforcement Purposes: We may disclose your htealthattion to

relevant to that person involvement in your care or treatment. Except in emergency situations, you will be notified in advance and have the opportunity to verbally agree or object to this use and disclosure of your health information.

xUses and Disclosures,
information for purposes other than the categories listed above with your written authorization.
For example,in orderto disclose youhealthinformation a companyfor marketing purposes, we must obtain your authorization. Under the Privacy Rules, you enable your authorization at any time. The revocation of your authorization will be effective immediately, except to the extent that: we have relied upon it previously for the use and disclosure of your health information; the au 0 Th (ealth)Te effective w w wealth7Aev aucation w u (rovide w)Tj40.2w1re8 TfoTw

Right to a copy of this Notice You may request a copy of this Notice at any tienven if you have been provided with electronic copy.

Requirements Regarding This Notice:

The StudenHealth Center's medical providers are required by law to peroxid with this Notice. We will be governed by this Notice for as long as it is in effect. We may change this Notice and these changes will be effective for medical information we have about you as well as any information we receive in the future. Exidene you register for health care services, you may receive a copy of the Notice in effect at the time.

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