University of Wisconsin Oshkosh
Student Health Center

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

The Student Health Center 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. Your health information is contained in a medical record that is the physical property of the University of Wisconsin Oshkosh Student Health Center.

We reserve the right to change the privacy practices described in this notice, in accordance with the law.

How the Student Health Center May Use or Disclose Your Health Information:

***For Treatment*:** The Student Health Center may use your health information to provide you with medical treatment or services. For example, information obtained by a health care provider, such as a physician, nurse, or other person providing health services to you, will be recorded in your record. This information is necessary for health care providers to determine what treatment options are best for your health care needs. Health care providers will also record actions taken by them in the course of your treatment and note how you respond to the actions. This information may be shared between health care providers and student interns at the Student Health Center for treatment purposes. This information may also be shared with other medical providers and student interns for referral purposes.

For Payment: The Student Health Center may use and disclose your health information to others for purposes of receiving payment for treatment and services that you receive. For example, a bill may be sent to you or a third-party payor, such as an insurance company or health plan. The information on the bill may contain information that identifies you, your diagnosis, and treatment or supplies used in the course of treatment.

For Health Care Operations: The Student Health Center may use and disclose health information about you for operational purposes. For example, your health information may be disclosed to members of the medical staff, students in health care professions, risk or quality improvement personnel, and others to:

- Evaluate the performance of our staff;
- Assess the quality of care and outcomes in your case and similar cases;
- Learn how to improve our facilities and services;
- Determine how to continually improve the quality and effectiveness of the health care we provide;
- To provide quality learning experiences for undergraduate and graduate students in health care professions

Appointments: The Student Health Center may use your information to provide appointment reminders via university email or information about treatment alternatives or other health-related benefits and services that may be of interest to the individual.

Legal reasons: Health information may be disclosed for the following purposes:

- For judicial and administrative proceedings pursuant to legal authority;
- To report information related to victims of abuse, neglect or domestic violence;
- To assist law enforcement officials in their law enforcement duties.

Public Health: Health information may be used or disclosed for public health activities such as assisting public health authorities or other legal authorities to prevent or control disease, injury or disability, or for other health oversight activities.

Health Oversight Activities: We may disclose your health information to authorities for audits, investigations, inspections, licensure or other purposes related to oversight of the Student Health Center.

Decedents: Health information may be disclosed to funeral directors or coroners to enable them to carry out their lawful duties.

Research: The Student Health Center may use your health information for research purposes when an institutional review board that has reviewed the research proposal and established protocols to ensure the privacy of your health information has approved the research.

Health and Safety: Your health information may be disclosed to avert a serious threat to the health or safety of you or any other person pursuant to applicable law.

For military, national security, or incarceration/law enforcement custody: If you are involved with the military, national security or intelligence activities, or you are in the custody of law enforcement officials or an inmate in a correctional institution, we may disclose your health information to the proper authorities so they may carry out their duties under the law.

Worker's Compensation: Your health information may be used or disclosed in order to comply with laws and regulations related to Worker's Compensation.

Marketing: We may contact you to give you information about health-related benefits and services that may be of interest to you.

Academics: Physicals, immunization records and the results of TB skin tests may be released to academic departments, affiliated clinical sites and work sites that require these records for academic programs or for employment.

NOTE: Except for the situations listed above, we must obtain your specific written authorization for any other release of your health information.

Your Health Information Rights:

You have several rights with regard to your health information. If you wish to exercise any of the following rights, please contact the Student Health Center Director.

Specifically you have the right to:

Inspect and receive a copy your health information. This right does not apply to psychotherapy notes or information gathered for judicial proceedings. In addition, we may charge you a reasonable fee if you want a copy of your health information.

Request to correct your health information. If you believe your health information is incorrect, you may ask us to correct the information. You may be asked to make such requests in writing and to give a reason as to why your health information should be changed. However, if we disagree with you and believe your health information is correct, we may deny your request.

Request restrictions on certain uses and disclosures. You have the right to ask for restrictions on how your health information is used or to whom your information is disclosed, even if the restriction affects your treatment or our payment or health care operation activities. However we are not required to agree to a requested restriction.

Receive confidential communication of health information. You have the right to ask that we communicate your health information to you in different ways or places. For example, you may wish to receive information about your health status in a special, private room or through a written letter sent to a private address. We will accommodate reasonable requests.

Receive a record of disclosures of your health information.

Receive a paper copy of this Notice of Privacy Practices upon request. You may also obtain a copy of this notice at our website: www.uwosh.edu/health_center/

Complaints
You may complain to the UW Oshkosh HIPAA Privacy Officer and the Department of Health and Human Services if you believe your privacy rights have been violated. You will not be retaliated against for filing a complaint.

Contact Information
If you have any questions or complaints, please contact the UW Oshkosh HIPAA Privacy Officer:

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