

Rockhurst University Health Services

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. Any questions may be directed to the Director of Rockhurst University Health Services (RUHS) at (816) 501-4158. The effective date for this policy is April 14, 2003.

Privacy Policy

Rockhurst University Health Services (RUHS) is required by law to maintain the privacy of protected health information (PHI) and to provide individuals with notice of its legal duties and privacy practices with respect to protected health information. While this policy is in effect, we are required by law to abide by its terms.

Patients who have questions or require additional information should be referred to the Associate VP Student Development, who serves as the Privacy Officer. Patients who believe their rights have been violated can submit complaints in writing. Our Privacy Officer, a representative from the Research College of Nursing, and the Medical Director, will review these. Patients whose complaints have not been resolved to their satisfaction can address complaints to the Secretary of the United States Department of Health and Human Services on forms available at RUHS or online. I also understand that filing a complaint will not influence the services received through RUHS.

A copy of this privacy notice is available to all new patients, and we request that they sign a summary acknowledgement form. Patients may obtain additional copies at the Health Services reception desk. The policy is also posted in Health Services. The full

privacy policy and all related forms are also posted on the Health Services web page at www.rockhurst.edu.

Terms:

Any medical information that could in any way identify an individual patient is considered *Protected Health Information* (PHI.)

Treatment, Payment, and Health Care Operators (TPO) are activities related to the provision of medical care, and activities related to collecting payment from the patient or a third party, and health care operations.

Health Care Operations encompasses functions such as quality improvement, peer review, accreditation, licensing, contracting with insurers, business planning, auditing and general administration. This does not allow access to PHI by RU Administration or faculty.

The *Minimum Necessary* information is the least amount of PHI that is required to achieve the desired purpose.

Access and Disclosure:

PHI may be used and disclosed for purposes of TPO. PHI may be disclosed in certain situations, as described below, relating to public health and safety. Health Services may also use PHI to contact patients who have missed appointments, to follow up on test results or to advise them of available treatment alternatives. With some rare exceptions, any other disclosure of PHI requires the written authorization of the patient. If desired, authorization to limited access of select and non-sensitive PHI to others such as parents or a spouse may be requested. This could include information as to whether a patient was seen in RUHS, general condition, general nature of the problem, needed follow-up

treatment or charges. Even if a release is signed, specific diagnosis and treatment of “sensitive” issues will not be revealed to the spouse or parent. “Sensitive” issues include but are not limited to: emotional complaints (anxiety/depression et al), complaints regarding sexually transmitted diseases, contraception, pregnancy, concerns with substance abuse (drugs, alcohol etc.) and any other issues which the student/patient requests we not reveal to select individuals. This request must be updated yearly for those who wish to make this exemption to share non-sensitive PHI with select individuals. It is often very helpful to sign such a form to facilitate RUHS communication with individuals who may have questions about your care. For example, without your approval HIPAA restricts us from answering parents concerns such as “Is it a serious condition?” RUHS urges you to sign this authorization.

Who Has Access to PHI:

As defined by law the following people or entities will have access to PHI:

- The patient upon request. (We require that a member of our staff be present when the patient has the original medical record).
- Any person to whom the patient has provided written authorization for the release of information
- A family member, representative of the patient, or other person responsible for the care of the patient may be notified of the patient’s location and general condition, if the patient has given verbal or written permission. The patient may also give verbal permission to allow another person to pick up prescriptions, supplies, copies of x-rays, or other similar materials.

- For parents or legal guardians of a minor, with some exceptions: PHI regarding contraception, pregnancy, sexually transmitted disease, assault, and drug and alcohol use will not be released to parents or guardians without signed authorization by the patient. For a minor, other medical information may be released to parents.
- Rockhurst Health Services and some RU staff will have access for purposes of TPO as indicated below. At the time of their employment all RUHS staff are informed of this policy, and sign a statement of acknowledgement that they understand it.
 - Nurses, nurse practitioners and physicians need access to the entire medical record.
 - Medical assistants need to know the current complaint, and may need to know about past or chronic conditions, in order to assist in treatment of healthcare. You may refuse to give these individuals such information if you feel it is too private.
 - External laboratory technologists and radiographers may need access to the medical record to enable them to focus their test accurately, or to provide consultation on what tests might be most helpful.
 - Outside pharmacists may need a record of all medications taken, all drug allergies, and may need additional information to allow them to provide consultation on treatment options.

- RU counselors may request access to the entire medical record to determine whether there are any special considerations that will affect treatment plans.
- Note: The substance abuse counselor's notes are maintained separately from the medical record. Any disclosure or use of these notes by any one other than the counselor requires a specific signed authorization by the patient.
- Filing and reception staffs need access to the entire medical record in order to file all components of the chart. When student employees answer a patient phone call regarding a health concern, they ask only for a name and/or student identification number and a phone number for a staff member to return the call.
- Administrative assistants who assist students with insurance problems may need access to the entire record in order to determine dates of service, whether a condition is pre-existing, and other such questions.
- Custodial employees do not have access to PHI.
- Student nurses, medical and pre-med students, and medical residents who are receiving clinical training or working in RUHS may, with the patient's verbal consent, participate in patient care and have access to needed PHI.

PHI May Also Be Needed By:

- Medical or other clinical consultants, for treatment or diagnostic purposes (e.g. reference laboratories, radiologists to interpret radiographs, and cardiologists to interpret electrocardiograms).

- The patient's health insurer, or other third party payers, for payment purposes.
- The companies that support our medical software. (These companies are contractually obligated to maintain the confidentiality of all PHI.)
- Public health services, regulatory officials, and law enforcement agencies, when required by law. Example include reporting child abuse or domestic violence, reports regarding descendents, disclosure to avert a serious threat to health or safety, and reports for workers' compensation.
- Courts, when there is a court order.
- Courts and/or attorneys, when there is a subpoena, discovery request or other lawful process, and certain other conditions are satisfied. When we receive a request of this type, we consult University General Counsel to assure that all legal conditions are satisfied. We also attempt to inform the patient prior to responding.

Minimum Necessary:

In general, use or disclosure of PHI for purposes other than treatment or a disclosure requested by the patient is limited to the minimum necessary information. Use of PHI for continuous quality improvement purposes will be limited to Health Services staff, and may include the entire medical record. The Privacy Officer, Matt Quick, will review and approve a statement from each Business Associate as to the minimum necessary information it requires.

Authorizations:

Before we use or disclose PHI for purposes not related to TPO, and not required by law, we must obtain written patient authorization, signed and dated. (A form is available in

the Health Services office.) The authorization must contain a description of the information to be used or disclosed, the name of the recipient of the PHI, an expiration date, and a description of the purpose of the use or disclosure. (“Request of individual” is sufficient if the patient initiates the request.) If we request the authorization for our own purposes we must provide the patient with a copy of the signed authorization. The patient can revoke the authorization at any time.

Patient Rights:

- Patients have a right to view and copy their PHI. We require that a member of our staff be present when the patient inspects the original medical record. We require a written request for a copy of their medical record. A form is available. We charge \$0.15 per page for records longer than five pages. We do not charge for copies of immunization records or tuberculosis skin test results. We charge an additional \$5.00 if the patient requests that we mail the records.
- On rare occasions, if it is felt that disclosure of the medical record to the patient would be harmful, we may deny a request. We must provide a reason for the denial in writing within thirty days, and include notification that the patient can appeal this denial to a designated reviewing official. Our designated official is Liz Brent.
- Patients have a right to **request** limitations to the routine use of PHI even for TPO. The request must be in writing. If we agree to any limitation, we must abide by that agreement except in case of emergency.
- Patients have a right to **request** changes in their PHI. We require that such requests be in writing. If we deny the request, we must provide an explanation and

we must also allow the patient to provide a statement of disagreement that will be added to the medical record.

- Patients have a right to request that they receive information from us by alternative means or at alternative locations. (A form is available.) We must accommodate any reasonable request.
- Patients have the right to see a list of all people to whom PHI has been disclosed with the exception of: disclosures related to TPO, disclosures to the patient, disclosures pursuant to an authorization and disclosures to health oversight agencies and law enforcement official if the agency or disclosure is legally exempt.

In order to meet this requirement, RUHS will keep a disclosure log. The log must record all disclosures. For example, notification of the Health Department about reportable diseases would be logged whether it was by phone or in writing.

Security:

Privacy measures are designed to protect the confidentiality of PHI.

- All staff will be required to be familiar with the HIPPA Privacy rules as defined by the HIPAA Law.
- Staff will exert due diligence to avoid being overhead when discussing PHI.
- All records will be kept secured. When RUHS is open, exposed patient records are not left unattended in unlocked offices. Custodians relock each office when they are finished cleaning. RUHS clinic is locked during non-business. Individual charts are either locked in files or desks, or are in a file area

specifically for medical records that cannot be accessed by unauthorized people and is under direct observation by RUHS personnel.

- Access to computerized PHI will require a secure personal code, which will periodically be changed.

Administration of Privacy Policy:

- The RUHS/Student Development Office Manager serves as the Privacy Contact. (Nina Marsh)
- The Rockhurst Health Services Medical Director serves as the Privacy Officer. (Matt Quick)
- A designee of the University ITS department serves as the Security Officer. (Liz Brent)

All RUHS staff is required to comply with all the policies of RUHS, including the Privacy Policy. Violations of this requirement will be treated as disciplinary matters according to the procedures delineated in the Administrative and Classified Staff Handbooks.

Effective Date: April 14, 2003

Approved by:

Ava M. Ferreira MSN, CS, FNP
Director of Health Services

Matthew D. Quick, Ph.D.
Privacy Officer

Larry A. Rues M.D.
Medical Director

Elizabeth M. Brent, Ph.D.
VP for Student Development