Dickey Health and Wellness Center Notice of Privacy Practices

THIS NOTICE DESCRIBES HOW HEALTH INFORMATION ABOUT YOU MAY BE USED AND DISCLOSED AND HOW YOU CAN GET ACCESS TO THIS INFORMATION.

Dear Patient,

We understand that information about you and your health is personal. We are committed to protecting your health information. We are required by applicable federal and state law to maintain the privacy of your health information. We are also required to make this Notice available to you. Law prohibits or limits our uses and disclosures of your health information as set forth below, we will restrict our uses or disclosures of your health information in accordance with the more stringent standard. We must follow the privacy practices described in this Notice while it is in effect.

We may change our privacy practices and the terms of this Notice at any time, if such changes are permitted or required by law. If we change the terms of this Notice, those changes will apply to all health information that we already hold, as well as to new information we create or receive after the changes. Changes to this Notice will be posted in our office. You may request a copy of our current Notice at any time.

USE AND DISCLOSE OF YOUR HEALTH INFORMATION

We have described below the different ways we use and disclose health information:

Treatment. We may use and disclose your health information to provide, coordinate, or manage your health care and any related services. For example, we may disclose your health information to a pharmacy to fill a prescription or to a laboratory or diagnostic facility to order testing. We may also disclose your health information to other physicians or nurse practitioners who may be treating your or who have consulted us about your medical care.

Payment. Your health information will be used, as needed including insurance payers, to obtain payment for the treatment and services we provide to you.

Health Care Operations. We may use or disclose your health information for our own health care operations to run our practice and to help us provide the best quality of care to our patients.

Business Associates. We are permitted by law to use other business associates to carry out treatment, payment, or health care operations that may involve the use and disclosure of your health information. This may include billing services, accounting services, or legal counsel for example.

Appointment Reminders, Treatment information, and Health-Related Benefits. We may contact you to provide appointment reminders or information about treatment or other health related benefits and services.

Individuals Involved In Your Care. We may disclose your location, condition, or death to designated emergency contacts for care.

Student Counseling Services. I understand that my medical provider may need to refer me to or consult with student counseling services for counseling services related to my healthcare needs. I will be verbally notified before any such information is released. My medical provider will only release information pertinent to the referral. I can withdraw this consent at any time.

Athletes. I understand that if I am an athlete on an intercollegiate sport team at The University of Tampa, my medical records at the health center are shared with the athletic training department in order to coordinate my care between the health center and the athletic trainers and to ensure my safety while participating in my sport. The UT athletic training department DOES NOT have access to counseling records.

The University of Tampa. I understand that if there is a health and/or safety risk to The University of Tampa community that requires my medical or psychological condition to be shared with the Dean of Students staff, this will be done so without additional consent on my part. If I am diagnosed with a communicable disease, I understand that my professors will be notified of my condition and informed that I will remain out of classes and dining venues on campus for a designated time frame until I am no longer contagious.

OTHER USES AND DISCLOSURES

Federal privacy rules allow us to use or disclose your health information without your permission or authorization for a number of other reasons, including following:

When Legally Required. We will disclose your health information when we are required to do so by law.

For Public Health Activities. We may disclose your health information for public activities and purposes as permitted and required by law such as:

- To prevent, control, or report disease, injury, or disability
- To report vital events such as birth or death
- To conduct public health surveillance, investigations, and interventions
- To collect or report adverse events and product defects, track FDA regulated products, enable product recalls, replacements, or repairs, and to conduct post marketing surveillance
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- To notify a person who has been exposed to a communicable disease or who may be at risk of contracting or spreading a disease

To Report Suspected Abuse, Neglect, or Domestic Violence. We may notify government authorities if we suspect that a patient is the victim of abuse, neglect, or domestic violence.

To Conduct Health Oversight Activities. We may disclose your health information to health oversight agency for activities including audits; civil, administrative, or criminal investigations, proceedings, or actions; inspections; licensure or disciplinary actions; or other activities necessary for appropriate oversight as authorized by law.

In Connection with Judicial and Administrative Proceedings. We may disclose your health information in the course of any judicial or administrative proceedings in response to a subpoena to the extent authorized by law if we receive satisfactory assurance that you have been notified of the request or that an effort was made to secure a protective order.

For Law Enforcement Purposes. We may disclose your health information to a law enforcement official for law enforcement purposes

In the Event of a Serious Threat to Health or Safety. We may, consistent with applicable law and ethical standards of conduct, use or disclose your health information if we believe, in good faith, that such use or disclosure is necessary to prevent or lessen a serious and imminent threat to your health or safety or to the health and safety of the public.

Other Purposes Permitted by Law. We may disclose your health information for organ donation, to coroners and funeral directors, for research purposes, and for specialized government functions.

USE AND DISCLOSURE WHICH YOU AUTHORIZE

In other situations not covered by this Notice, we will not disclose your health information other than with your written authorization. If you choose to authorize a use or disclosure, you may later revoke your authorization in writing at any time except to the extent that we have taken action in reliance upon the authorization.

PATIENT RIGHTS TO HEALTH INFORMATION

We have described below the rights you have with respect to your health information. In most cases, we require that you exercise those rights by making your request on our medical release form.

The right to inspect and copy your health information. In most cases, you may look at or get a copy of your health information. To look at or get a copy of your health information, you must submit a written request. If you request a copy of your information, we may charge you a fee for the costs of copying, mailing, or other costs incurred by us in complying with your request. If we deny your request to look at or copy your health information, we will explain why we denied your request.

The right to request a restriction on uses and disclosures of your health information. You may ask us not to use or disclose certain parts of your health information for the purposes of treatment, payment, or health care operations. You may also request that we not disclose your health information to particular persons. Your request must be made in writing and state the specific restriction requested and to whom you want the restriction to apply. We are not required to agree to the restriction that you may request. We will notify you if we deny your request for restriction. If we agree to the request4ed restriction, we may not use or disclose your health information in violation of that restriction unless it is needed to provide emergency treatment. Under certain circumstances, we may terminate our agreement to a restriction.

The right to request amendments to your health information. You have the right to request that we make the following changes to your health information that you believe to be inaccurate or incomplete. If you request an amendment, we will follow the procedure set forth in this Notice for processing the request.

The right to receive an accounting. You have the right to request and accounting of certain disclosures of your health information for purposes other than treatment, payment, or health care operations, or certain other disclosures we are permitted to make without your authorization as described in this Notice. We are also not required to account for any disclosures that you requested or signed for in writing. The request for an accounting must be made in writing. Accounting requests may be subject to a reasonable cost-based fee.

The right to obtain a paper copy of this Notice. Upon request, we will provide a separate paper copy of this Notice.

The right to questions or complaints. Please contact Blaine Kerr, Privacy Officer, at 1-865-293-5655.