

**Susquehanna University  
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.**

Susquehanna University's Health Center is dedicated to the protection of confidential patient health information. The Health Center staff makes your privacy a high priority. Each time you visit the Health Center, we make a record of the care and services provided. This record is necessary so we can provide quality health care to you as well as meet our obligations to certain state and federal laws. This notice will explain some, but not all, ways we may use and/or share health information. We are required by law to keep your health information private. This protection includes oral, written, and electronic private health information. We are required by law to give you this Notice and to follow its present terms.

We reserve the right to change our privacy practices and the terms of this Notice provided these changes are permitted by law. We have the right to make these changes effective for all health information we have about you, including information created or received prior to the change. Before we make significant changes to our privacy practices, we will change this notice and make a copy available upon request. This Notice is in effect April 14, 2003 and will remain in effect until changed.

**USES AND DISCLOSURES OF YOUR MEDICAL INFORMATION**

In the following instances, health information may be disclosed without your express authorization:

- **Treatment** – The Health Center may use/disclose your health information to provide treatment, coordinate services, and manage your continued health care.
- **Payment** – The Health Center may use/disclose health information for the purpose of receiving payment or obtaining reimbursement to you. This may also include contacting your insurer to verify benefits or to obtain the needed authorization for treatment.
- **Health care operations** – The Health Center may use/disclose health information and perform health care operations such as, but not limited to, quality assessment and improvement activities, employee performance appraisals, risk management, employee training, obtaining accreditation/licensure/certificates.
- **Appointment reminder** – The Health Center may use/disclose health information to the extent of reminding you of an appointment or provide you with information on alternative treatments or other services which may be of interest to you.
- **Notification and disaster relief** – The Health Center may release health information in contacting a friend or family member who is involved in your care concerning your location and general condition unless you specifically ask the staff not to share this information. The Health Center may also release health information to disaster relief organizations.
- **As required by law** – Including, but not limited to, the Health Center will release your health information as required by state and/or federal law as applicable for the purposes of public health, abuse/neglect/domestic violence, legal proceedings, national security, and law enforcement.
- **Military activity** – The Health Center may use/disclose health information if you are in the armed forces and is required by command authorities or for reasons of benefit determination by the Department of Veteran Affairs.
- **Worker compensation** – When necessary to comply with laws relating to workmen's compensation or similar programs, the Health Center may release health information.
- **Medical examiners, coroners, funeral directors** – Medical information may be used/disclosed by the Health Center to funeral directors, medical examiners, coroners, or organ procurement organizations to aid them in carrying out their duties.
- **Disclosure without authorization** – When information is required to be disclosed without your authorization, the Health Center will provide the least amount of information necessary to satisfy the purpose of the disclosure.

**OTHER USES AND DISCLOSURES**

The Health Center will release patient information for purposes other than those above with a written authorization signed by you. Verbal permission will be accepted only under certain circumstances when written authorization cannot be practically obtained and will be well documented in your chart. You may withdraw your authorization in writing at any time. Your withdrawal will be effective upon our receipt of your written request.