

## NOTICE OF MEDICAL PRIVACY PRACTICES

**This notice describes how medical information about you may be used or disclosed and how you may access this information. Please review this Notice carefully.**

The Indiana Wesleyan University Health Center creates a medical record for you as soon as health information is received in our office and it continues through each encounter you may have in the center. This record may contain health history, immunization record, information about your symptoms, examinations, test results, medications, allergies, and a plan for your care as indicated. Your medical record is an essential part of the healthcare we provide for you. It contains personal health information. State and federal law protects the privacy of this information.

We will use your medical record for treatment. All the physicians, nurses, clinical staff, and student nurses involved in your care will document in your record details about your physical examination and the care planned for you. We will provide physicians or other healthcare providers who are treating you with information from your medical record that is pertinent to your care. We may also use your medical record to call you or send a reminder about an appointment, to follow up with diagnostic tests results, or to provide you with information about other treatment or care that could benefit your health. Pertinent medical information may also be shared with other Indiana Wesleyan University staff such as Student Development and/or Aldersgate Center, if it is deemed necessary to prevent a serious threat to your health and/or safety.

Your medical record may be used or disclosed in connection with other university healthcare operations, including quality assessment and improvement activities, review of the competence or qualifications of healthcare professionals, evaluation of provider performance, accreditation, certification, licensing, and credentialing activities.

Your medical record may be used to notify or assist in the notification of a family member, your personal representative, or another person responsible for your care, of your location, your general condition, or in the event of your death. If you are present and capable, you will be given opportunity to object to the use or disclosure of your medical record prior to such use or disclosure. If you are incapacitated, your medical record will be used or disclosed on the professional judgment of Indiana Wesleyan University personnel. Only relevant information from your medical record will be disclosed to persons involved in your care.

Your medical record may also be disclosed if required by law.

Your medical record may also be used for the purpose of billing you or your third party payor (insurance). The information on or accompanying the bill may include information that identifies you, as well as your diagnoses, procedures, healthcare providers, and supplies used. We also may contact your insurance company to determine if they will pay for your medical care as part of their certification process.

You may provide Indiana Wesleyan University with written authorization to use your medical record or to disclose it to anyone, for any purpose. You may also revoke such authorization in writing at any time. Without your written authorization, your medical record will not be disclosed except as described in this Notice.

### **Your rights** - You have the right to:

1. Request a restriction on certain uses and disclosures of your information: if the university agrees with your request, we will comply unless the information is needed to provide emergency treatment.
2. Obtain a paper copy of this Notice upon request by calling (765) 677-2206.
3. Obtain a copy of your medical record.
4. Request an amendment to your medical record.
5. Obtain an accounting of disclosures of your medical record.
6. Request disclosure of your medical record in a manner and location of your choosing.
7. Revoke your authorization to use or disclose your medical record except to the extent that action has already been taken.
8. File a complaint if you feel your privacy rights have been violated.

*To exercise any of your patient rights, submit a written request to the Student Health Center.*

### **Our responsibilities** - Our duties are to:

1. Maintain the privacy of your medical record.
2. Provide you with notice of our legal duties and privacy practices regarding your medical record.
3. Abide by the terms of this notice.
4. Notify you if we are unable to agree or comply with to a requested restriction.
5. Accommodate your reasonable requests to disclose your medical record in a manner and location of your choosing.

*We reserve the right to change the terms of this Notice and our privacy policies at any time. Prior to making significant changes to our policies, we will post a notice of such changes in the waiting area of the Student Health Center.*

If you believe your privacy rights have been violated, you may submit a written complaint to the Student Health Center or contact the U.S. Department of Health and Human Services. For more information about filing a complaint, visit [www.hhs.gov/orc/hippa](http://www.hhs.gov/orc/hippa) on the Web. You will not be penalized for filing a complaint.