



## **Health and Counseling 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.

We have established the minimum need to know privacy standards and limit staff members' access to your health information according to their primary job functions. Everyone on our staff is required to sign a confidentiality statement. We will keep your health information confidential and use it only for the following purposes:

**Healthcare Operations:** We may use health information about you for treatment (such as sending your medical records information to a specialist as part of a referral), to obtain payment for treatment (such as sending billing information to a health insurance plan), for administrative purposes, and to evaluate the quality of care that you receive (such as comparing patient data to improve treatment methods). We may also contact you about appointment reminders or treatment alternatives.

We may use and disclose your health information to seek payment for services we provide to you. This disclosure involves our business office staff and may include insurance organizations or other businesses that may become involved in the process of mailing statements or collecting unpaid bills.

We may release health information concerning your medical and psychological status and condition, injuries, prognosis, diagnosis and treatments to an interpreter when there is a communication barrier.

We may release health information concerning your medical and psychological status including: injuries, prognosis, diagnosis and treatments to professors, nursing instructors, education program directors, ADA Compliance staff, ROTC commanders, Term III Travel professors, dance and physical education instructors, community service supervisors, the Student Advocacy Administrator and Residence Life staff when professional judgment deems necessary.

We may release health information concerning your medical and psychological status including: injuries, prognosis, diagnosis and treatment to health care providers including the College Physician, the student's primary care physician, midlevel practitioners, nutritionists, psychiatrists, counselors, athletic trainers, or other professionals in order to provide a multidisciplinary approach for medical and psychological treatment.

**Athletes:** We may disclose your health information about athletes to your coaches, athletic trainers and the Vice President of Athletics in order to assure your safe participation and allow coaches to make informed decisions about the athletes' playing status in practice, games, and other team activities. Information given may include the diagnosis, prognosis, restriction, precaution, and treatment of such illness or injury.

**Emergencies:** We may use or describe your health information to notify, or assist in the notification of a family member or anyone responsible for your care, in case of any emergency, your location, your general condition, or death. If at all possible we will provide you with an opportunity to object to this use or disclosure. Under emergency conditions, a threat to your health or safety or another person's health or safety, if you are incapacitated, or when the EC Pandemic Plan is initiated, we will use our professional judgment to disclose only that information directly relevant to your care.

## Notice of Privacy Practices (cont.)

We will also use our professional judgment in your best interest by allowing someone to pick up filled prescriptions, x-rays, or other similar forms of health information or supplies unless you have advised us otherwise.

**Required by Law:** We may, as required by law, give out health information without your authorization for public health purposes, abuse or neglect reporting, auditing purposes, worker's compensation purposes, and emergencies. We provide information when otherwise required by law, such as court or administrative order, subpoena, discovery request or other lawful process. We will use and disclose your health information when requested by national security intelligence and other State and Federal officials and if you are an inmate or otherwise under the custody of law enforcement.

In any other situation, we will ask for your written authorization before using or disclosing any identifiable health information about you. If you choose to sign an authorization to disclose information, you can later revoke that authorization to stop any future uses and disclosures.

**Individual Rights:** In most cases, you have the right to look at or get a copy of health information about you. If you request copies, we will charge you \$0.25 for each page. You also have the right to receive a list of instances where we disclosed health information about you. If you believe that information in your record is incorrect or if important information is missing, you have the right to request that we correct the existing information or add the missing information. You have the right to request that your health information be communicated to you in a confidential manner such as sending mail to an address other than your home.

You may request in writing that we not use or disclose your information for treatment, payment, or administrative purposes or to persons involved in your care except when specifically authorized by you, when required by law, or in emergency circumstances. We will consider your request but are not legally required to grant it.

We may change our policies at any time. Before we make a significant change in our policies, we will change our notice and post the new notice in the waiting area and in each examination room. You can also request a copy of our notice at any time.

**Complaints:** if you are concerned that we have violated your privacy rights, or you disagree with a decision we made about access to your records, you may contact the person listed below. You may also send a written complaint to the U.S. Department of Health and Human Services at 26 Federal Plaza, Suite 3313, New York, New York 10278. Under no circumstances will you be retaliated against for filing a complaint.

If you have any questions or complaints, please contact:

Rachel McEvoy, AGNP-BC, MSN, RN  
Nurse Practitioner & Director of Health Services  
Clarke Health Center  
Elmira College  
One Park Place  
Elmira, NY 14901  
(607) 735-1751  
[rmcevoy@elmira.edu](mailto:rmcevoy@elmira.edu)

**Our Legal Duty:** We are required by law to protect the privacy of your information, provide this notice about our information practices, and follow the information practices that are described in this notice.