I. 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.

II. IT IS OUR LEGAL DUTY TO SAFEGUARD YOUR PROTECTED HEALTH INFORMATION (PHI).

III. The Santiago Canyon College Health & Wellness Center and the Staff (hereafter referred to solely as the “Health Center”) is legally required to protect the privacy of your PHI, which includes information that can be used to identify you which the Health Center has created or received about your past, present, or future health or condition, the provision of health care to you, or the payment for such health care. SCC must provide you with this notice which must explain how, when, and why the Health Center will “use” and “disclose” your PHI. “Use” refers to sharing, examining, utilizing, applying, or analyzing your PHI within the Health Center. “Disclose” refers to releasing, transferring, giving, or otherwise, divulging your PHI to a third party outside of the Health Center. With some exceptions, The Health Center may not use or disclose more of your PHI than is necessary to accomplish the purpose for which the use or disclosure is made. The Health Center is always legally required to follow the privacy practices described in this Notice.

Please note that SCC and The Rancho Santiago Community College District reserve the right to change the terms of this Notice and the Health Center policies at any time. Any changes will apply to PHI already on file with the Health Center. Before any important changes are made to policies, SCC will change this Notice and post a new copy of it in the Health Center. You can request a copy of this Notice from the Health Center Staff.

IV. HOW MAY THE HEALTH CENTER USE AND DISCLOSE YOUR PHI.
SCC will use and disclose your PHI for many different reasons. Some of these will require your prior written authorization; others will not. See below for different categories of potential uses and disclosures along with some examples.

A. Uses and Disclosures Relating to Treatment, Payment or Health Care Operations Do Not Require Your Written Consent.
1. Treatment. SCC may disclose your PHI to physicians, psychiatrists, psychologists, and other licensed health care providers who provide you with health care services or are involved in your care. For example, if you are being treated by a psychiatrist, The Health Center may disclose your PHI to your psychiatrist in order to coordinate your care.
2. Health Care Operations. The Health Center may disclose your PHI to evaluate the quality of services you received or to accountants, attorneys, consultants, and others to make sure the college is in compliance with applicable laws.
3. Other. Your consent isn’t required if you need emergency treatment, provided the Health Center attempted to get your consent after treatment was rendered or, if the Health Center tried to get your consent but you were unable to communicate with staff because, for example, you were unconscious or in severe pain.

B. Certain Other Uses and Disclosures Do Not Require Your Consent.
1. Disclosure may be required by federal, state, or local law; judicial board, or administrative proceedings; or law enforcement. For example, the Health Center may disclose PHI because the law requires victims of abuse or neglect to be reported (e.g. of a child, spousal, elder or dependent adult), or when the Health Center is ordered to disclose information in a judicial or administrative proceeding.
2. Legal Proceeding. Disclosure may be compelled by a party to a proceeding before a court or an administrative agency.
3. Search Warrant. Disclosure may be required by a lawfully issued search warrant.
4. California Health and Safety Codes or corresponding federal statutes or regulations. Disclosures may be compelled by you or your representative based on such codes or statutes, etc. such as the Privacy Rule that requires this Notice.
5. Threat of Harm. Disclosure may be compelled or permitted if you make a serious/imminent threat of physical violence against a reasonably identifiable victim. The Health Center may provide PHI to law enforcement and persons able to prevent or mitigate a serious threat to the health and safety of a person or the public.
6. Danger. Disclosure may be compelled or permitted if you are in a mental or emotional condition that is dangerous to yourself or the person or property of others and the Health Center determines that disclosure is necessary to prevent the threatened danger.
7. Public Health Activities. Example: In the event of your death the Health Center may need to give the coroner information about you.
8. Health Oversight Activities. Example: The Health Center may be required to provide information to assist the government in their investigation or inspection of a health care organization or provider.
10. Workers’ Compensation. The Health Center may provide PHI in order to comply with Workers’ Compensation Laws.
11. Information/Appointment Reminders. Example: The Health Center may use PHI to remind you of an appointment or to give you information about alternative treatment options or health care services or benefits offered.
IV. RIGHTS YOU HAVE REGARDING YOUR PHI.

A. The right to See and Get Copies of your PHI.
In general, you have the right to see your PHI or to get copies of it. You must make your request in writing. You will receive a response from the Health Center within 30 days of receiving your written request. Under certain circumstances the Health Center may deny your request. If your request for review of your PHI is denied, you will be notified in writing of the reasons for the denial. You have the right to have the decision of denial reviewed.

If you ask for copies of your PHI, the Health Center will charge you not more than $0.25 for each page. The Health Center may provide you with a summary of explanation of the PHI, if you agree to it, as well as the cost in advance.

B. The Right to Request Limits on Uses and Disclosures of PHI.
You have the right to ask that the Health Center limit how your PHI is used and disclosed. The Health Center will put any limits in writing and abide by them except in emergency situations. You do not have the right to limit the uses and disclosures that the Health Center is legally required or permitted to make.

C. The Right to Choose Where the Health Center Sends PHI to You.
You may ask that PHI be sent to you at an alternative address, for example, to a work address instead of your home address.

D. The Right to Get a List of Disclosures The Health Center Has Made.
You are entitled to a list of your PHI disclosures which the Health Center has made—except uses or disclosures you’ve consented to or those made for national security purposes, to corrections or law enforcement agencies, or those made before April 15, 2003. After April 15, 2003, disclosure records will be held for six years.

The Health Center will respond to your request for a list of disclosures within 60 days of the day of your request. The list will include disclosures made in the previous six years (the first six year period being 2003-2009) unless you indicate a shorter period. The list will include the date of disclosure, to whom PHI was disclosed (including their address, if known), a description of the information disclosed, and the reason for the disclosure, The Health Center will provide the list at no cost to you unless you make more than one request in the same year. The Health Center will charge you a reasonable sum based on cost for each additional request within a year.

E. The Right to Amend Your PHI.
If you believe there is some error in your PHI or that important information has been omitted, you may request that the Health Center correct the existing information or add the missing information. Your request and the reason for the request must be made in writing. You will receive a response within 60 days of the Health Center’s receipt of your request. If the request for correction is agreed to, the Health Center will make the change to your PHI. Additionally, the Health Center will advise you that the change has been made, and the Health Center will advise all others who need to know about the change to your PHI. The Health Center may deny your request, in writing, if it is found that the PHI is: a.) correct and complete, b.) forbidden to be disclosed, c.) not part of your records, d.) written by someone other that the Health Center. The denial must be in writing and must state the reasons for the denial. It must also explain your right to file a written statement objecting to the denial. If you do not file a written objection, you still have the right to ask that your request and the Health Center’s denial be attached to any future disclosures of your PHI.

V. WHO TO COMPLAIN TO ABOUT THE HEALTH CENTER PRACTICE.
If, in your opinion, the Health Center may have violated your privacy rights, or if you object to a decision that was made about access to your PHI, you are entitled to file a complaint with the Health Center. You may also send a written complaint to the Secretary of the Department of Health and Human Services at: 200 Independence Ave., S.W., Washington D.C. 20201. If you file a complaint about the Health Center policies, SCC will take no retaliatory action against you.

VI. PERSON TO CONTACT FOR INFORMATION ABOUT THIS NOTICE OR TO COMPLAIN ABOUT MY PRIVACY PRACTICES.
If you have any questions about this notice or any complaints about these privacy practices, or would like to know how to file a complaint with the Secretary of the Department of Health and Human Services, please contact: The Health Center at: Santiago Canyon College Health Services; 8045 East Chapman Avenue, Orange, California 92869-4512 Attn: The Health Center Nurse Coordinator

VII. EFFECTIVE DATE OF THIS NOTICE: APRIL 14, 2003