



SANTIAGO CANYON COLLEGE

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ORANGE EDUCATION CENTER

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STUDENT HEALTH & WELLNESS SERVICES Health Insurance Portability and Accountability Act (HIPAA) Notice of Privacy Practices

- 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 Student Health & Wellness Services and the Staff (hereafter referred to solely as the "SHWS") is legally required to protect the privacy of your PHI. This includes information that can be used to identify you which SHWS 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 SHWS will "use" and "disclose" your PHI. "Use" refers to sharing, examining, utilizing, applying, or analyzing your PHI within SHWS. "Disclose" refers to releasing, transferring, giving, or otherwise divulging your PHI to a third party outside of SHWS. With some exceptions, SHWS may not use or disclose more of your PHI than is necessary to accomplish the purpose for which the use or disclosure is made. SHWS is always legally required to follow the privacy practices described in this Notice.

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

IV. HOW SHWS MAY 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, SHWS may disclose your PHI to your psychiatrist in order to coordinate your care.
 2. Health Care Operations. SHWS 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 SHWS attempted to get your consent after treatment was rendered or, if SHWS 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, SHWS 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 SHWS 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. SHWS 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 SHWS determines that disclosure is necessary to prevent the threatened danger.
 7. Public Health Activities. Example: In the event of your death SHWS may need to give the coroner information about you.
 8. Health Oversight Activities. Example: SHWS may be required to provide information to assist the government in their investigation or inspection of a health care organization or provider.
 9. Specific Government Functions. Example: SHWS may disclose PHI in the interests of national security.
 10. Workers' Compensation. SHWS may provide PHI in order to comply with Workers' Compensation Laws.
 11. Information/Appointment Reminders. Example: SHWS 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.
 12. Arbitration. SHWS may be required to disclose PHI when arbitration is lawfully requested by either party, pursuant to a subpoena *ducas tecum* or any other provision authorizing disclosure in a proceeding before an arbitrator or arbitration panel.
 13. Health Oversight. SHWS may be compelled to disclose PHI to the U.S. Secretary of Health and Human Services to investigate or assess SHWS's compliance with HIPAA regulations.
 14. Law. If another applicable law prohibits or limits the use or disclosure of your PHI, SHWS will abide by the more stringent law.

- C. Certain Uses and Disclosures require you to have the Opportunity to Object.
Unless you object, in whole or in part, SHWS may provide your PHI to a family member, friend or other individual who you indicate is involved in your case or responsible for payment or for your health care. Retroactive consent may be obtained in emergency situations.
- D. Uses and Disclosures that require your Prior Written Authorization.
Any situation not described above requires your authorization for release of PHI. If you sign an authorization to disclose PHI, you may later revoke that authorization to stop any future uses or disclosures previously authorized.

V. 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 SHWS within 30 days of receiving your written request. Under certain circumstances SHWS 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, SHWS will charge you not more than \$0.25 for each page. SHWS 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 SHWS limit how your PHI is used and disclosed. SHWS 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 SHWS is legally required or permitted to make.
- C. The Right to Choose Where SHWS 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 SHWS Has Made.
You are entitled to a list of your PHI disclosures which SHWS 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.

SHWS 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 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, SHWS will provide the list at no cost to you unless you make more than one request in the same year. SHWS 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 SHWS 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 SHWS's receipt of your request. If the request for correction is agreed to, SHWS will make the change to your PHI. Additionally, SHWS will advise you that the change has been made, and SHWS will advise all others who need to know about the change to your PHI. SHWS 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 than SHWS. 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 SHWS's denial be attached to any future disclosures of your PHI.

VI. WHO TO COMPLAIN TO ABOUT SHWS PRACTICE.

If, in your opinion, SHWS 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 SHWS. You may also send a written complaint to: Office for Civil Rights DHHS; 90 7th Street, Suite 4-100 San Francisco, CA 94103; (415) 437-8310; (415) 437-8311(TDD); (415) 437-8329 FAX. If you file a complaint about SHWS policies, SCC will take no retaliatory action against you.

VII. PERSON TO CONTACT FOR INFORMATION ABOUT THIS NOTICE OR TO COMPLAIN ABOUT THESE 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: SHWS at: Santiago Canyon College Health Services; 8045 East Chapman Avenue, Orange, California 92869-4512 Attn: SHWS Nurse Coordinator.

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

Revised: 09/23/13