

**Notice of Privacy Practices & Open Payments Database
Student Health Services San Diego State University**

Effective Date: January 1, 2023

This notice describes how medical information about you may be used and disclosed as well as how you can get access to this information. Please review it carefully.

San Diego State University Student Health Services is committed to preserving the privacy and confidentiality of your health information that is created and/or maintained at our clinic. State and federal laws and regulations require us to implement policies and procedures to safeguard the privacy of your health information. This Notice will provide you with information regarding our privacy practices and applies to all of your health information created and/or maintained at our clinic, including any information that we receive from other health care providers or facilities. This Notice describes the ways in which we may use or disclose your health information and also describes your rights and our obligations concerning such uses or disclosures.

We will abide by the terms of this Notice, including any future revisions that we may make as required or authorized by law. We reserve the right to change this Notice and to make the revised or changed Notice effective for health information we already have about you as well as any information we receive in the future. We will post a copy of the most current Notice, identified by its effective date, in our clinic and on our website at <http://shs.sdsu.edu>. We will also have hard copies of the most current Notice available upon request.

The privacy practices described in this Notice will be adhered to by:

1. Any health care professional authorized to enter information into your health record created and/or maintained at our clinic;
2. All employees, students, residents, and other service providers who have access to your health information at our clinic; and
3. Any member of a volunteer group that is allowed to help you while receiving services at our clinic.

The individuals identified above will share your health information with each other for purposes of treatment, payment, and health care operations, as further described in the Notice.

A. How this Medical Practice May Use or Disclose Your Health Information

Student Health Services collects health information about you and stores it in an electronic health record (EHR) on a computer. This is your medical record. The medical record is the property of SDSU Student Health Services, but the information in the medical record belongs to you. The law permits us to use or disclose your health information for the following purposes:

1. Treatment. We use health information about you to provide your medical care. We disclose health information to our employees and others who are involved in providing the care you need. For example, we may share your health information with other physicians or other health care providers who will provide services which we do not provide. Or we may share this information with a pharmacist who needs it to dispense a prescription to you, or a laboratory that performs a test. We may also disclose medical information to members of your family or others who can help you when you are sick or injured.

2. Payment. We use and disclose health information about you to obtain payment for the services we provide. For example, we give your medical plan the information it requires before it will pay us. We may also disclose information to other health care providers to assist them in obtaining payment for services they have provided to you.
3. Health Care Operations. We may use or disclose your health information in order to perform the necessary administrative, educational, quality assurance, and business functions of our clinic. For example, we may use your health information to evaluate the performance of our staff in caring for you or to evaluate whether certain treatment or services offered by our clinic are effective. We may disclose your health information to other physicians, nurse practitioners, nurses, technicians, and other healthcare professionals as needed for your care. We may also share your health information with health profession students for teaching and learning purposes. We may also share your health information with our business associates that perform administrative or clinical services for us. We have written contracts with each business associate that contains terms requiring them to protect the confidentiality of your medical information. While federal law does not protect health information which is disclosed to someone other than another healthcare provider, health plan or healthcare clearinghouse, California law prohibits all recipients of healthcare information from redisclosing it except as specifically required or permitted by law. We may also share your information with other health care providers, health care clearinghouses or health plans that have a relationship with you, when they request this information to help them with their quality improvement activities, training programs, accreditation, certification or licensing activities, or with their health care fraud and abuse detection and compliance efforts.
4. Appointment Reminders. We may use and disclose health information to contact and remind you about appointments. If you are not home, we may leave this information on your voicemail or in a message left with the person answering the phone. We may also send these reminders via text message to the cell phone number you provide.
5. Checking in for Appointments. We may ask questions to confirm your identity and contact information when you check in for your appointment at our office. We may also call out your name when we are ready to see you.
6. Notification and communication with support persons. We may disclose your health information to individuals, such as family members and friends, who you have chosen to involve in your care as support persons or who help pay for your care. We may make such disclosures when: (a) we have your verbal or written agreement to do so; (b) we make such disclosures and you do not object; or (c) we can infer from the circumstances that you would not object to such disclosures, such as when you invite a support person into a healthcare visit with you. We also may disclose your health information to your emergency contact or accompanying support person in instances when you are unable to agree or object to such disclosures, provided that we feel it is in your best interest to make such disclosures and the disclosures relate to that person's involvement in your care.
7. Required by law. As required by law, we will use and disclose your health information, but we will limit our use or disclosure to the relevant requirements of the law. When the law requires us to report abuse, neglect or domestic violence, or respond to judicial or administrative proceedings, or to law enforcement officials, we will further comply with the requirement set forth below concerning those activities.

8. Public health. We may disclose your health information to public health authorities that are authorized by law to receive and collect health information for the purpose of preventing or controlling disease, injury, or disability; to report births, deaths, suspected abuse or neglect, reactions to medications; or to facilitate product recalls.
9. Health oversight activities. We may disclose your health information to health oversight agencies during the course of audits, investigations, inspections, licensure and other proceedings, subject to the limitations imposed by federal and California law.
10. Judicial and administrative proceedings. We may disclose your health information to courts or administrative agencies charged with the authority to hear and resolve lawsuits or disputes. We may disclose your health information pursuant to a court order, a subpoena, a discovery request, or other lawful process issued by a judge or other person involved in the dispute, but only if efforts have been made to (i) notify you of the request for disclosure or (ii) obtain an order protecting your health information.
11. Law enforcement. We may disclose your health information to a law enforcement official for purposes such as identifying or locating a suspect, fugitive, material witness or missing person, complying with a court order, warrant, grand jury subpoena and other law enforcement purposes.
12. Coroners or Medical Examiners. We may disclose your health information to a coroner or medical examiner in connection with their investigations of deaths.
13. Public Safety. We may disclose your health information when necessary to prevent a serious threat to your health and safety or the health and safety of other individuals.
14. Specialized government functions. We may disclose your health information for military or national security purposes or to correctional institutions or law enforcement officers that have you in their lawful custody.
15. Worker's compensation. We may disclose your health information to worker's compensation programs when your health condition arises out of a work-related illness or injury.
16. Research. We may use or disclose your health information for research purposes under certain limited circumstances. Because all research projects are subject to a special approval process, we will not use or disclose your health information for research purposes until the particular research project for which your health information may be used or disclosed has been approved through this special approval process. However, we may use or disclose your health information to individuals preparing to conduct the research project in order to assist them in identifying patients with specific health care needs who may qualify to participate in the research project. Any use or disclosure of your health information that is done for the purpose of identifying qualified participants will be conducted onsite at our facility. In most instances, we will ask for your specific permission to use or disclose your health information if the researcher will have access to your name, address, or other identifying information.
17. Change of Ownership. In the event that SDSU Student Health Services is merged with another organization, your health information/record will become the property of the new owner, although you will maintain the right to request that copies of your health information be transferred to another physician or medical group.

B. When We May Not Use or Disclose Your Health Information

Except as described in this Notice of Privacy Practices, Student Health Services will not use or disclose health information which identifies you without your written authorization. If you do authorize Student Health Services to use or disclose your health information for another purpose, you may revoke your authorization in writing at any time.

C. Your Health Information Rights

1. Right to Inspect and Copy. You have the right to inspect and copy your health information, with limited exceptions. To access your medical information, you must submit a written request detailing what information you want access to and whether you want to inspect it or get a copy of it. We may charge a reasonable fee, as allowed by California law. We may deny your request under limited circumstances including legal restrictions and/or federal or state regulations. If you are denied access to your health information, you may request that the denial be reviewed.
2. Right to Amend or Supplement. You have the right to request an amendment of your health information that is maintained by or for our clinic and is used to make healthcare decisions about you. We may deny your request if it is not properly submitted or does not include a reason to support your request. We may also deny your request if the information sought to be amended: (a) was not created by us, unless the person or entity that created the information is no longer available to make the amendment; (b) is not part of the information that is kept by or for our clinic; (c) is not part of the information which you are permitted to inspect and copy; or (d) is accurate and complete. You also have the right to request that we add to your record a statement of up to 250 words concerning any statement or item you believe to be incomplete or incorrect. If your request to amend or supplement your health information is denied, you may request that the denial be reviewed.
3. Right to an Accounting of Disclosures. You have a right to receive an accounting of disclosures of your health information made by Student Health Services. This accounting will not include disclosures of health information that we made for the purposes of treatment, payment or health care operations or pursuant to a written authorization that you have signed. This accounting will also not include notification and communication with family and friends, specialized government functions or disclosures for purposes of research or public health which exclude direct patient identifiers, or which are incident to a use or disclosure otherwise permitted or authorized by law, or the disclosures to a health oversight agency or law enforcement official to the extent this medical practice has received notice from that agency or official that providing this accounting would be reasonably likely to impede their activities.
4. Right to Request Special Privacy Protections. You have the right to request a restriction or limitation on the health information we use or disclose about you for treatment, payment, or health care operations. You also have the right to request a limit on the health information we disclose about you to someone. We are not required to agree to your request. If we do agree, that agreement must be in writing and signed by you and us.
5. Right to Request Confidential Communications. You have the right to request that you receive your health information in a specific way or at a specific location. We will comply with all reasonable requests submitted in writing which specify how or where you wish to receive these communications, while maintaining compliance with federal and state regulations.

6. Right to a Paper Copy of this Notice. You have a right to a paper copy of this Notice of Privacy Practices, even if you have previously requested or received it electronically.

D. Patient Correspondence

Student Health Services may need to contact you regarding lab results or other important health information. We utilize the following methods of communication:

1. The **HealthConnect** secure patient portal is utilized by Student Health Services staff to correspond confidentially with patients. Laboratory results, health education materials and other health information may be sent to your account using this method.
2. Healthcare staff may utilize phone calls to notify patients of abnormal lab results and other important health information. Team members may also send text messages in limited circumstances when trying to reach you or advise you of appointments or other reminders.
3. In the event that our staff cannot reach you by one of these methods, our staff may send a letter via United States Postal Service to the address that we have on file for you or attempt to contact the person that you have designated as an emergency contact.

E. Open Payment Database

Pursuant to California regulations, we are required to notify you of the following:

The Open Payments database is a federal tool used to search payments made by drug and device companies to physicians and teaching hospitals. It can be found at <https://openpaymentsdata.cms.gov>.

For informational purposes only, a link to the federal Centers for Medicare and Medicaid Services (CMS) Open Payments web page is provided here. The federal Physician Payments Sunshine Act requires that detailed information about payment and other payments of value worth over ten dollars (\$10) from manufacturers of drugs, medical devices, and biologics to physicians and teaching hospitals be made available to the public.

F. Questions or Complaints

If you have any questions regarding this Notice or wish to receive additional information about our privacy practices, please contact our Privacy Officer:

Libby Skiles
Student Health Services
San Diego State University
5500 Campanile Drive
San Diego, CA 92182-4701
(619) 594-4325
eskiles@sdsu.edu

If you believe your privacy rights have been violated, you may file a complaint with our Privacy Officer or with the Secretary of the Department of Health and Human Services:

Department of Health and Human Services
Office of Civil Rights
Hubert H. Humphrey Bldg.
200 Independence Avenue, S.W.
Room 509F HHH Building
Washington, DC 20201