

**South Dakota State University
Student Health Clinic and Counseling Services,
Jackrabbit Pharmacy**

**Notice of Privacy Practices
Effective Date: April 14, 2004
Updated: July 30, 2018**

**THIS NOTICE DESCRIBES HOW HEALTH INFORMATION ABOUT YOU MAY BE USED AND DISCLOSED
AND HOW YOU CAN GET ACCESS TO THIS INFORMATION.
PLEASE REVIEW IT CAREFULLY.**

Purpose

We are required to provide you with this *Notice of Privacy Practices* and to explain our legal duties under the federal Health Insurance Portability and Accountability Act (HIPAA). We are required by law to maintain the privacy of medical information about you. We call this information “protected health information” or PHI.

We are required to give you notice of our privacy practices about your PHI and required to follow the terms of the notice currently in effect. This *Notice of Privacy Practices* will tell you how we may use or disclose information about you. Not all situations will be described. In the future we may change the *Notice of Privacy Practices*. Any changes will apply to information we already have and any information we receive in the future. A copy of the new notice will be posted, and provided to individuals as required by law.

You may request a copy of the current notice at any time at Student Health Clinic and Counseling Services (SHCCS) or on line at: www3.sdstate.edu/StudentLife/StudentHealthandCounselingServices/Index.cfm

How We May Use and Disclose PHI about You without Your authorization.

Treatment. Your health information may be used by staff members or disclosed to other health care professionals for the purpose of evaluating your health, diagnosing medical conditions, and providing treatment. For example, results of laboratory tests and procedures will be available in your medical record to all health professionals who may provide treatment or who may be consulted by staff members.

Payment. Your health information may be used to seek payment from your health plan, from other sources of coverage such as an automobile insurer, or from credit card companies that you may use to pay for services. For example, your health plan may request and receive information on dates of service, the services provided, and the medical condition being treated.

Health care operations. Your health information may be used as necessary to support the day-to-day activities and management of SDSU Student Health Clinic and Counseling Services, Jackrabbit Pharmacy and Family Planning. For example, information on the services you received may be used to support budgeting and financial reporting, and activities to evaluate and promote quality.

Law enforcement. Your health information may be disclosed to law enforcement agencies to support government audits and inspections, to facilitate law-enforcement investigations, and to comply with government mandated reporting.

Public health reporting. Your health information may be disclosed to public health agencies as required by law. For example, we are required to report certain communicable diseases to the state’s public health department.

Other uses and disclosures require your authorization. Disclosure of your health information or its use for any purpose other than those listed above requires your specific written authorization. If you change your mind after authorizing a use or disclosure of your information you may submit a written revocation of the authorization. However, your decision to revoke the authorization will not affect or undo any use or disclosure of information that occurred before you notified us of your decision to revoke your authorization.

Other Ways We Might Use or Disclose PHI about You without Your authorization.

Appointment reminders. Your health information will be used by our staff to send you appointment reminders.

Information about treatments. Your health information may be used to send you information that you may find interesting on the treatment and management of your medical condition.. We may also send you information describing other health-related products and services that we believe may interest you.

Fund raising. Unless you request us not to, we will use your name and address to support our fund-raising efforts. If you do not want to participate in fund-raising efforts, please check off the following box.

[] Please do not use my information for fund raising purposes.

Individual Rights

You have certain rights under the federal privacy standards. These include:

- The right to request restrictions on the use and disclosure of your protected health information
- The right to receive confidential communications concerning your medical condition and treatment
- The right to inspect and copy your protected health information
- The right to amend or submit corrections to your protected health information
- The right to receive an accounting of how and to whom your protected health information has been disclosed
- The right to receive a printed copy of this notice

SDSU Student Health Clinic and Counseling Services and Jackrabbit Pharmacy's Duties

We are required by law to maintain the privacy of your protected health information and to provide you with this notice of privacy practices.

We also are required to abide by the privacy policies and practices that are outlined in this notice.

Right to Revise Privacy Practices

As permitted by law, we reserve the right to amend or modify our privacy policies and practices. These changes in our policies and practices may be required by changes in federal and state laws and regulations. Upon request, we will provide you with the most recently revised notice on any office visit. The revised policies and practices will be applied to all protected health information we maintain.

Requests to Inspect Protected Health Information

You may generally inspect or copy the protected health information that we maintain. As permitted by federal regulation, we require that requests to inspect or copy protected health information be submitted in writing. You may obtain a form to request access to your records by contacting the Receptionist or Associate Director. Your request will be reviewed and will generally be approved unless there are legal or medical reasons to deny the request.

Complaints

If you would like to submit a comment or complaint about our privacy practices, you can do so by sending a letter outlining your concerns to:

**Associate Director
SHCCS
SDSU Wellness Center, Box 2818
Brookings, SD 57007
Phone: 605-688-4157
Fax: 605-688-6450**

**Department of Health and Human Services
1961 Stout St - Boom 1185 FPB
Denver, CO 80294-3538
Phone: 303-844-2024
Fax: 303-844-2025**

If you believe that your privacy rights have been violated, you should call the matter to our attention by sending a letter describing the cause of your concern to the same address.

You will not be penalized or otherwise retaliated against for filing a complaint.

Contact Person

The name and address of the person you can contact for further information concerning our privacy practices is:

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Brookings, SD 57007
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