

MACALESTER COLLEGE HEALTH AND WELLNESS CENTER

Notice of Privacy Practices

**This notice describes how medical information about you may be used and disclosed
Please review carefully – you may wish to make a copy for your records**

We recognize our responsibility for safeguarding the privacy of your health information. This notice describes your rights and our obligations for using your health information and informs you about laws that provide special protections for your health information. It also explains how your personal health information is used and how, under certain very special circumstances, it may be disclosed to those who need to access it. It tells you how any changes in this notice will be made available to you.

Understanding what is in your record and how your health information is used helps you to:

- Better understand who, what, where and why others may access your health information;
- Ensure accuracy in the record; and
- Decide how best to contact you (for example, by phone, e-mailing, or sending you a letter) to inform you about diagnostic results and to advise you about other health-related benefits and services.

Personal Health Information Use

Each time you visit the Health and Wellness Center, a record of your visit is made. This record contains documentation of your symptoms, examination and test results, diagnoses, treatment, and a plan for future care or treatment. This information, often called your health or medical record, serves as a:

- Means of communication among the health professionals who contribute to your care;
- Legal record describing the care you received;
- Source of information for public health officials;
- Source of data for facility planning;
- Tool with which we can monitor, evaluate and continually work to improve the care we render and the outcomes we achieve; and
- Source of information that we may disclose to researchers when their research proposal has been approved by an Institutional Review Board and with established protocols to ensure the privacy of your health information.

Health and Wellness Center Responsibilities

We are required to:

- Maintain the privacy of your health information;
- Provide you with a notice as to our legal duties and privacy practices with respect to information we collect and maintain about you;
- Abide by the terms of this notice;
- Notify you if we are unable to agree to a requested restriction; and
- Accommodate reasonable request you may have, to communicate health information by alternative means or at alternative locations.

We reserve the right to change our practices and to make the new provisions effective for all protected health information we maintain. Should our information practices change, we will advise you in advance. We will not use or disclose your health information without your authorization, except as described in the notice.

Use and Disclosure Without Your Authorization

The law allows or requires us to use and disclose your health information without your authorization for a number of purposes designed to enhance health care services, protect patient safety, public health, and to ensure that our facilities and practitioner comply with government and accreditation standards. For example, we may provide health information to:

- Other health care providers such as physicians, nurses, and therapists for purposes of referral or treatment;
- Public Health authorities with information on communicable diseases and vital records;
- Law enforcement when required by law;
- Coroners, medical examiners and funeral directors;
- Workers' Compensation agencies and self-insured employers for work-related illness or injuries;
- Appropriate individuals when we believe it necessary to avoid a serious threat to health or safety or to prevent serious harm to an individual;
- Government oversight agencies (including the FDA, Food & Drug Administration, and when otherwise required by law) with data for health oversight activities such as auditing or licensure;
- Researchers, if an IRB approves use and disclosure without patient authorization.

Your Rights

Your rights are listed below: If you would like to exercise any of these rights, inquire at the front desk or ask a staff member for the proper form.

1. **The right to inspect and receive copies:** You may request a copy of your records in writing by using the Macalester College Health Services Authorization for Disclosure of Health Information Form. You may be charged for copies provided.
2. **The right to request confidential communications:** You may request that we communicate with you about medical matters in a particular way or at a particular location.
3. **The right to request restricted use:** You may request in writing that we not use or disclose your information for certain purposes.
4. **The right to amend your record:** You may request to amend your record if you think it is incorrect or that important information is missing.
5. **The right to obtain an accounting of disclosures:** You may request to receive a list of certain instances when we have disclosed your health information.

Complaints or Questions

If you have questions about your privacy rights or believe they have been violated, you can file a complaint with:

Health and Wellness Director
Human Services
Health and Wellness Center
Macalester College
1600 Grand Ave.
St. Paul, MN 55105
651-696-6275

OR

US Dept. of Health &
200 Independence Ave. SW
Washington, DC 20201
202-601-0257
Toll Free: 1-877-696-6775

I acknowledge that I have been provided with a copy of these Privacy Standards.

Print Name

Signature

Date