

**NOTICE OF PRIVACY PRACTICES FOR  
THIELEN STUDENT HEALTH CARE CENTER  
Effective Date: November 1, 2017**

<p><i>Your Rights.</i> <i>Your Information.</i> <i>Our Responsibilities.</i></p>	<p>This Notice describes how medical information about you may be used and disclosed and how you can get access to this information. For purposes of this Notice, “we” and “us” refers to Iowa State University’s Thielen Student Health Center and their business associates. Please carefully review this Notice.</p>
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**Purpose of this Privacy Notice.** This Notice of Privacy Practices (Notice) describes how Thielen Student Health Center (TSHC) at may use and disclose your protected health information to conduct health care operations, assist with your treatment, initiate payment, and for other purposes that are permitted or required by the Health Insurance Portability and Accountability Act (HIPAA). The Notice describes your rights to access and control of your protected health information. “Protected Health Information” (PHI) is information about you, including demographic information, that may identify you and that relates to your past, present or future physical or mental health condition and related health care services. Iowa State University reserves the right to make changes to this Notice.

**Who Will Follow This Notice?** TSHC and Iowa State University work together to provide you with comprehensive and coordinated health-related services. These privacy policies are followed by:

- Any health care professional who treats you and/or who is authorized to enter information into your medical record;
- All employees of TSHC;
- All authorized trainees, students or volunteers of TSHC;
- Any Business Associate of TSHC; and
- Departments, such as the University’s Information Technology Services, Office of University Counsel, and Risk Management, and their employees who provide support to TSHC (these entities may have access to your PHI while providing that support).

***Your Rights.*** When it comes to your health information, you have certain rights. This section summarizes your rights and our responsibilities with respect to those rights.

<b>Get a copy of your health and claims records</b>	<ul style="list-style-type: none"> <li>• You can ask to see or get an electronic or paper copy of your medical record and other health information we have about you. Ask us how to do this.</li> <li>• We will provide a copy or a summary of your health information, usually within 30 days of your request. We may charge a reasonable, cost-based fee.</li> </ul>
<b>Ask us to correct health and claims records</b>	<ul style="list-style-type: none"> <li>• You can ask us to correct health information about you that you think is incorrect or incomplete. Ask us how to do this.</li> <li>• We may say “no” to your request, but we’ll tell you why in writing within 60 days.</li> </ul>
<b>Request confidential communications</b>	<ul style="list-style-type: none"> <li>• You can ask us to contact you in a specific way (for example, home or office phone) or to send mail to a different address.</li> <li>• We will say “yes” to all reasonable requests.</li> </ul>
<b>Ask us to limit what we use or share</b>	<ul style="list-style-type: none"> <li>• You can ask us not to use or share certain health information for treatment, payment, or our operations. We are not required to agree to your request, and we may say “no” if it would affect your care.</li> <li>• If you pay for a service or health care item out-of-pocket in full, you can ask us not to share that information for the purpose of payment or our operations with your health insurer. We will say “yes” unless a law requires us to share that information.</li> </ul>
<b>Get a list of those with whom we</b>	<ul style="list-style-type: none"> <li>• You can ask for a list (accounting) of the times we have shared your health information for six years prior to the date you ask, who we shared it with, and why.</li> </ul>

<b>have shared information</b>	<ul style="list-style-type: none"> <li>We will include all the disclosures except for those about treatment, payment, and health care operations, and certain other disclosures (such as any you asked us to make). We'll provide one accounting a year for free but will charge a reasonable, cost-based fee if you ask for another one within 12 months.</li> </ul>
<b>Get a copy of this Privacy Notice</b>	<ul style="list-style-type: none"> <li>You can ask for a paper copy of this Notice at any time, even if you have agreed to electronically receive the Notice. We will provide you with a paper copy promptly.</li> </ul>
<b>Choose someone to act for you</b>	<ul style="list-style-type: none"> <li>If you have given someone medical power of attorney or if someone is your legal guardian, that person can exercise your rights and make choices about your health information, if you are unable to.</li> <li>We will make sure the person has this legal authority and can act on your behalf before we take any action.</li> </ul>
<b>File a complaint if you feel your rights are violated</b>	<ul style="list-style-type: none"> <li>If you have concerns about your rights, you can contact us using the contact information in the section "Contact Us" at the end of this document.</li> <li>You can file a complaint with the U.S. Department of Health and Human Services Office for Civil Rights by sending a letter to 200 Independence Avenue, S.W., Washington, D.C. 20201, calling 1-877-696-6775, or visiting <a href="http://www.hhs.gov/ocr/privacy/hipaa/complaints/">www.hhs.gov/ocr/privacy/hipaa/complaints/</a></li> <li>We will not retaliate against you for filing a complaint.</li> </ul>

**Your Information.** For certain health information, you can tell us your choices about what we share. If you have a clear preference for how we share your information in the situations described below, talk to us. Tell us what you want us to do, and we will follow your instructions.

<b>In these cases, you have both the right and choice to tell us to:</b>	<ul style="list-style-type: none"> <li>Share information with your family, close friends, or others involved in payment for your care.</li> <li>Share information in a disaster relief situation</li> </ul> <p><i>If you are not able to tell us your preference, for example if you are unconscious, we may go ahead and share your information if we believe it is in your best interest. We may also share your information when needed to lessen a serious and imminent threat to health or safety.</i></p>
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<b>In these cases, we will not share your information unless you give us written permission:</b>	<ul style="list-style-type: none"> <li>Marketing purposes;</li> <li>Sale of your information</li> </ul>
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**Uses and Disclosures.** How do we typically use or share your health information? We will generally obtain your written authorization before using your health information or sharing it with others outside the facility. There are some situations when we do not need your written authorization before using your health information or sharing it with others. They include:

<b>Help manage the health care treatment you receive</b>	<ul style="list-style-type: none"> <li>We can use your health information and share it with other professionals who are treating you for injuries, illnesses, or mental health.</li> </ul>	<i>Example:</i> A doctor treating you for an injury or illness asks another medical provider about your overall health condition. A mental health counselor speaks to your primary care physicians to discuss medications and side-effects
<b>Help run Iowa State University's Health Care Components</b>	<ul style="list-style-type: none"> <li>We can use and share your health information to run our practice, improve your care, and contact you when necessary.</li> </ul>	<i>Example:</i> We can use health information about you to manage your treatment and the services you receive.
<b>Help pay for your health services</b>	<ul style="list-style-type: none"> <li>We can use and share your health information to bill and get payment from health plans or other entities. Note: Student Counseling Service does not bill to insurance.</li> </ul>	<i>Example:</i> We give information about you to your health insurance plan so it will pay for your services.

**Business Associates**

- We may disclose your health information to contractors, agents and other business associates who need the information in order to assist us with obtaining payment or carrying out our business operations.

*Example: We may share your health information with another university office or external service provider that provides professional advice to us about how to improve our health care services and comply with the law.*

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**How else can we use or share your health information?** We are allowed or required to share your information in other ways – usually in ways that contribute to the public good, such as public health and research. We have to meet many conditions in the law before we can share your information for these purposes. For more information, see: [www.hhs.gov/ocr/privacy/hipaa/understanding/consumers/index.html](http://www.hhs.gov/ocr/privacy/hipaa/understanding/consumers/index.html).

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<b>Help Iowa State University with public health and safety issues</b>	<ul style="list-style-type: none"><li>• We can share health information about you for certain situations such as:<ul style="list-style-type: none"><li>○ Preventing disease</li><li>○ Condition/disease treatment</li><li>○ Helping with product recalls</li><li>○ Reporting adverse reactions to medications</li><li>○ Reporting suspected abuse, neglect, or domestic violence</li><li>○ Reporting communicable diseases, as required by state or federal law</li><li>○ Preventing or reducing a serious threat to anyone’s health or safety</li></ul></li></ul>
<b>Do research</b>	<ul style="list-style-type: none"><li>• We can use or share your information for health research.</li></ul>
<b>Comply with the law</b>	<ul style="list-style-type: none"><li>• We will share information about you if state or federal laws require it, including with the Department of Health and Human Services if it wants to see that we are complying with federal privacy law.</li></ul>
<b>Respond to organ &amp; tissue donation requests; work with a medical examiner or funeral director</b>	<ul style="list-style-type: none"><li>• We can share health information about you with organ procurement organizations.</li><li>• We can share health information with a coroner, medical examiner, or funeral director when an individual dies.</li></ul>
<b>Address workers’ compensation, law enforcement, and other government requests</b>	<ul style="list-style-type: none"><li>• We can use or share health information about you:<ul style="list-style-type: none"><li>• For workers’ compensation claims</li><li>• For law enforcement purposes or with a law enforcement official, when required by law (e.g., valid subpoena, warrant, court order, etc.)</li><li>• With health oversight agencies for activities authorized by law</li><li>• For special government functions such as military, national security, and presidential protective services</li></ul></li></ul>
<b>Respond to lawsuits and legal actions</b>	<ul style="list-style-type: none"><li>• We can share health information about you in response to a court or administrative order, or in response to a subpoena.</li></ul>

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**Compliance with additional applicable law.** Iowa State University’s use and disclosure of your PHI must comply with applicable Iowa law and other federal laws besides HIPAA. Special privacy protections apply to PHI relevant to HIV/AIDS-related information, alcohol and substance abuse treatment information, mental health information, and genetic information. This means that parts of this Notice may not apply to these types of PHI because stricter privacy requirements may apply. In some instances, your specific authorization may be required.

***Our Responsibilities.*** We are required by law to maintain the privacy and security of your protected health information (PHI). We will let you know promptly if a breach occurs that may have compromised the privacy or security of your information. We must follow the duties and privacy practices described in this Notice and provide you with physical or digital copies (whichever you have requested) of the records you have requested. We will not use or share your information other than as described here unless you tell us we can in writing. If you tell us we can, you may change your mind at any time. Let us know in writing if you change your mind.

**Questions, Concerns, and Contact Information.** If you want more information about our privacy practices or have questions or concerns, please do not hesitate to contact us (see below).

- If you are concerned that we may have violated your privacy rights, or you disagree with a decision we made about access to your medical information or in response to a request you made to amend or restrict the use or disclosure of your medical information or to have us communicate with you by alternative means or at alternative locations, you may complain to us using the contact information listed below.
- You also have the right to submit a written complaint the U.S. Department of Health and Human Services Office for Civil Rights by sending a letter to 200 Independence Avenue, S.W., Washington, D.C. 20201, calling 1-877-696-6775, or visiting: [www.hhs.gov/ocr/privacy/hipaa/complaints](http://www.hhs.gov/ocr/privacy/hipaa/complaints).
- We support your right to the privacy of your medical information. We will not retaliate in any way if you choose to file a complaint with us or with the U.S. Department of Health and Human Services.
- For more information, visit: [www.hhs.gov/ocr/privacy/hipaa/understanding/consumers/noticepp.html](http://www.hhs.gov/ocr/privacy/hipaa/understanding/consumers/noticepp.html).

Changes to the Terms of this Notice. We can change the terms of this Notice, and the changes will apply to all information we have about you. An updated Notice will be available upon request and on our web site.

## Contact Us:

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<b>Thielen Student Health Center</b>	Phone: 515-294-5802
Attn: Director	Fax: 515-294-1190
Iowa State University	E-mail: <a href="mailto:healthprivacy@iastate.edu">healthprivacy@iastate.edu</a>
2647 Union Dr.	Website: <a href="http://www.cyclonehealth.org/">http://www.cyclonehealth.org/</a>
Ames, IA 50011-2260	

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This Notice is available electronically at: [http://www.cyclonehealth.org/wp-content/uploads/2013/08/TSHC Notice of Privacy Practices 11-1-2017.pdf](http://www.cyclonehealth.org/wp-content/uploads/2013/08/TSHC_Notice_of_Privacy_Practices_11-1-2017.pdf)