

## **NJIT Student Health Services Privacy Practices Notification**

As required by the Health Insurance Portability and Accountability Act (HIPAA) of 1996, 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.

### **Explanation of Forms**

NJIT Student Health Services handles medical information about you, and HIPAA regulates how that information is handled. To comply with the law, NJIT Student Health Services is required to provide you with this notice and, in some circumstances, to sign an authorization form.

NJIT Student Health Services is allowed by law to use and disclose information about you for purposes essential to providing care such as for treatment, payment collection, and operating NJIT Student Health Services.

An authorization form allows NJIT Student Health Services to use and disclose information about you for any other reason that is listed in the authorization. NJIT Student Health Services may not refuse to treat you for refusing to sign the authorization form.

Other rules about your rights regarding medical information are also described in this notice.

### **Types of Uses and Disclosures**

Medical information about you may be used or disclosed by NJIT Student Health Services for treatment, payment, and health care operations. Treatment includes consultation, diagnosis, provision of care, and referrals. Payment includes all those things necessary for billing and collection, such as claims processing. Health care operations include things NJIT Student Health Services does to assess the quality of care, train staff, and manage NJIT Student Health Services' business. Some examples of disclosures and use are below.

- Example of Treatment Disclosure. NJIT Student Health Services may disclose medical information about you to your treating physician, a hospital or other providers to help them diagnose and treat an injury or illness.
- Example of Payment Disclosure. NJIT Student Health Services may disclose medical information about you when health plans or insurers, Medicare, Medicaid, or other payers require the information before paying for your health care services.
- Example of Health Care Operations Use. NJIT Student Health Services may use medical information about you when it hires new staff whose training requires information about the medical needs of our patients. Additionally, NJIT Student Health Services may contact patients by phone and/or leave messages in order to provide appointment reminders or notice of appointment cancellation.

## Other Uses and Disclosures

We may use or disclose your protected health information in the following situations without your authorization. These situations include:

- **As Required By Law.** We may use or disclose your protected health information to the extent that the use or disclosure is required by law. The use or disclosure will be made in compliance with the law and will be limited to the relevant requirements of the law. You will be notified, as required by law, of any such uses or disclosures.
- **Public Health.** We may disclose your protected health information for public health activities and purposes to a public health authority that is permitted by law to collect or receive the information. The disclosure will be made for the purpose of controlling disease, injury or disability. We may also disclose your protected health information, if directed by the public health authority, to another government agency that is collaborating with the public health authority.
- **Communicable Diseases.** We may disclose your protected health information, if authorized by law, to a person who may have been exposed to a communicable disease or may otherwise be at risk of contracting or spreading the disease or condition.
- **Health Oversight.** We may disclose protected health information to a health oversight agency for activities authorized by law, such as audits, investigations, and inspections. Oversight agencies seeking this information include government agencies that oversee the health care system, government benefit programs, other government regulatory programs and civil rights laws.
- **Legal Proceedings.** We may disclose protected health information in the course of any judicial or administrative proceeding, in response to an order of a court or administrative tribunal (to the extent such disclosure is expressly authorized), in certain conditions in response to a subpoena, discovery request or other lawful process.
- **Law Enforcement.** We may also disclose protected health information, so long as applicable legal requirements are met, for law enforcement purposes. These law enforcement purposes include (1) legal processes and otherwise required by law, (2) limited information requests for identification and location purposes, (3) pertaining to victims of a crime, (4) suspicion that death has occurred as a result of criminal conduct, (5) in the event that a crime occurs on the premises of NJIT, and (6) medical emergency (not on NJIT's campus) and it is likely that a crime has occurred.
- **Military Activity and National Security.** When the appropriate conditions apply, we may use or disclose protected health information of individuals who are Armed Forces personnel (1) for activities deemed necessary by appropriate military command authorities; (2) for the purpose of a determination by the Department of Veterans Affairs of eligibility for benefits, or (3) to foreign military authority if you are a member of that foreign military services. We may also disclose your protected health information to authorized federal officials for conducting national security and intelligence activities, including for the provision of protective services to the President or others legally authorized.

- **Required Uses and Disclosures.** Under the law, we must make disclosures to you and when required by the Secretary of the Department of Health and Human Services to investigate or determine our compliance with the law.

### **Others Involved in Your Healthcare**

Unless you object, we may disclose to a member of your family, a relative, a close friend or any other person you identify, your protected health information that directly relates to that person's involvement in your health care. If you are unable to agree or object to such a disclosure, we may disclose such information as necessary if we determine that it is in your best interest based on our professional judgment. We may use or disclose protected health information to notify or assist in notifying a family member, personal representative or any other person that is responsible for your care of your location, general condition or death. Finally, we may use or disclose your protected health information to an authorized public or private entity to assist in disaster relief efforts and to coordinate uses and disclosures to family or other individuals involved in your health care.

### **Authorized Uses and Disclosures**

Additional uses and disclosure may be made if you have given written authorization, which may be revoked at any time in writing, except to the extent NJIT Student Health Services acted in reliance on the authorization.

### **Restrictions**

You have the right to request restrictions on the use and disclosure of medical information about you; however, NJIT Student Health Services will only be bound by the restrictions if NJIT Student Health Services notifies you that it agrees with them.

### **Confidentiality**

You have the right to have NJIT Student Health Services use only confidential means of communicating with you about medical information. This means you may have information delivered to you at a certain time or place, or in a manner that keeps your information confidential. NJIT Student Health Services uses [insert system] for confidential communication.

### **Access**

You have the right to see and receive a copy of information about you kept by NJIT Student Health Services under most circumstances. Requests for such information can be made to: [insert name and contact information].

### **Amendment**

You have the right to have NJIT Student Health Services amend its records of information about you. NJIT Student Health Services may refuse to amend information that is accurate, that was created by someone else, or is not disclosable to you. Requests for such amendments can be made to: [insert name and contact information].

**Accounting**

You have the right to see a list of disclosures of medical information about you by NJIT Student Health Services, which includes the purposes and recipients of the information. Requests for such information can be made to: [insert name and contact information].

**Copy**

You have the right to receive a paper copy of this notice. Requests for a copy of this notice can be made to: [insert name and contact information].

**Privacy Notice**

NJIT Student Health Services is required by law to keep protected health information about you confidential and to give you this notice. NJIT Student Health Services must abide by this notice; however, NJIT Student Health Services reserves the right to amend this notice and make such changes applicable to all protected health information maintained by NJIT Student Health Services. Revisions to this notice will be posted on the health services website at [www.njit.edu/healthservices](http://www.njit.edu/healthservices).

**Complaints**

if you believe your rights have been violated, you may submit a written complaint to NJIT Student Health Services via email at [healthservices@njit.edu](mailto:healthservices@njit.edu) or to the Dean of Students at [DOS@njit.edu](mailto:DOS@njit.edu). You may also complain to the Secretary of the U.S. Department of Health and Human Services.