

## **Notice of Privacy Practices**

**This Notice describes how medical information about you may be used and disclosed<sup>1</sup> and how you can get access to this information. This notice applies to all health information used and disclosed by Health Service programs, including the Dick’s House Pharmacy, Counseling and Human Development, Primary Care, Women’s Health, Inpatient Services, Specialty Clinics, Athletic Medicine, and the Dartmouth Student Group Health Plan. Please review it carefully.**

**I. Introduction:** This Notice of Privacy Practices describes how we may use and disclose your Protected Health Information (PHI/ePHI)<sup>2</sup> to carry out treatment, payment or health care operations and for other purposes that are permitted or required by law. It also describes your rights to access and control your PHI/EPHI. PHI/EPHI is information about you that may identify you and that relates to your past, present or future physical or mental health or condition and related health care services.

**II. Our Responsibilities:** The Health Service is required to:

- a. Maintain the privacy of your Protected Health Information (PHI/ePHI)
- b. Provide you with a notice as to our legal duties and privacy practices with respect to information we collect and maintain about you
- c. Abide by the terms of this notice
- d. Notify you if we are unable to agree to a restriction you have requested in writing
- e. Accommodate reasonable requests you make in writing 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 PHI/ePHI we maintain. Should our privacy practices change, we will provide you with a copy of the revised notice at your first visit to the Health Service after the revision becomes effective.

We will not use or disclose your health information without your authorization, except as described in this notice.

**III. Examples of How We Will Use or Disclose Your Protected Health Information:** Your PHI/ePHI may be used and disclosed by members of our staff and others outside of our office who are involved in your care and treatment for the purpose of providing services to you. Your PHI/ePHI may also be used and disclosed to enable us to be paid for the services we render to you.

Following are examples of the types of uses and disclosures of your PHI/ePHI that we are permitted to make. These examples are not meant to be exhaustive, but to describe the types of uses and disclosures that may be made by the Health Service.

**Treatment:** We will use and disclose your PHI/ePHI to provide, coordinate, or manage your health care and any related services. For example, physicians and other health care providers who may be treating you or consulting on your treatment will have access to your PHI/ePHI. PHI/ePHI may also be provided to a physician to whom you have been referred to ensure that the physician has the necessary information to diagnose or treat you.

**Payment:** Your PHI/ePHI will be used, as needed, to obtain payment for services that we provide to you. This may include use and disclosure of PHI/ePHI for certain activities that your health plan may undertake before it approves or pays for the services we recommend for you. For example, some health plans must make a determination that you are eligible for reimbursement for particular services before we can provide them to you, and we must provide them with PHI/ePHI to enable them to make such a determination.

**Healthcare Operations:** We may use or disclose, as needed, your PHI/ePHI in order to support our healthcare operation. These activities include, but are not limited to, quality assessment activities, training and supervision of staff members, licensing, certification and conducting or arranging for other business activities. We will share your PHI/ePHI with third party “business associates” that perform various activities that are essential to the operations of our organization. Whenever we have an arrangement with a business associate, we will limit the amount of PHI/ePHI that we provide to the minimum necessary to accomplish the particular task and we will have a written contract that contains terms that will protect the privacy of your PHI/ePHI. We may use or disclose your PHI/ePHI, as necessary, to provide you with appointment reminders or information about treatment alternatives or other health-related benefits and services that may be of interest to you. We may also contact you as part of our fundraising efforts. You may opt out of receiving fundraising communications at any time by following the instructions included in any fundraising communication.

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<sup>1</sup> Health care providers are obligated to comply with the requirements of the Health Insurance Portability and Accountability Act of 1996 (“HIPAA”) regarding Protected Health Information (“PHI”). Records relating to students in post-secondary institutions are protected by the Family Educational Rights and Privacy Act (“FERPA”). Nevertheless, the Health Service has chosen to abide by the requirements of HIPAA with respect to the PHI of students, as if they were covered by HIPAA, with minimal exception made necessary due to the nature of an academic community. HIPAA protections apply without exception to the PHI of non-student patients of the Health Service.

<sup>2</sup> \*\* Includes Electronic PHI as described under Security Standards for “Physical Safeguards” (45 CFR 164.310); “Administrative Safeguards” (45 CFR 164.308); “Technical Safeguards” (45 CFR 164.312).

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**Research Purposes:** We may use or disclose PHI/ePHI for research purposes in the following instances:

- a. Review preparatory to research, when setting up research protocols
- b. Research on a deceased individual's record
- c. Research where the Institutional Review Board has waived authorization

**Report to College Offices:** We provide a daily census report to the Dean of the College which lists the students who are admitted for overnight care at Dick's House or Dartmouth Hitchcock Medical Center (Also known as: Mary Hitchcock Hospital). The report contains only admission and discharge dates. No medical or other information is included.

**Additional Protection of Certain Information:** New Hampshire law imposes greater restrictions than does federal law on the use and disclosure, without an individual's written authorization, of information regarding genetic testing and HIV status and testing. We will abide by these stricter rules.

**IV. Uses and Disclosures That We May Make Unless You Object:** In the following situations, we may disclose your PHI/ePHI if we inform you about the disclosure in advance and you do not object.

**Directory:** For a variety of reasons, Dick's House maintains a list of inpatients. Access to the list of inpatients is strictly limited. If you are on the list of inpatients, we will confirm that you are at Dick's House if a friend or family member calls and asks for you by name unless you object in writing at the time of your admission or thereafter.

**Notification:** Upon request, we may use or disclose information to notify or assist in notifying a family member, personal representative, or another person responsible for your care, of your location and general condition.

**Communication with Family or Other Caregiver:** Staff members may disclose to a relative, close personal friend or any other person you identify, health information relevant to that person's involvement in your care or payment related to your care. If circumstances permit, we will give you an opportunity to object to such disclosures.

If circumstances do not permit (for example, in an emergency or if you are unconscious or otherwise unable to give consent), we will make our best judgment as to whether such disclosures are in your best interest. We will disclose only that information that is directly relevant to the person's involvement with your health care.

**V. Uses and Disclosures Not Requiring Your Authorization:** In addition to those activities described above in Section III, we may use or disclose your PHI/ePHI without your authorization in the following circumstances:

**Disaster Relief:** We may use or share PHI/ePHI with a public or private agency assisting in disaster relief to coordinate efforts to notify someone on your behalf.

**Health Oversight Activities:** To the extent authorized by law, we may share PHI/ePHI with a health oversight agency that oversees the healthcare system and ensures that the rules of government health programs, such as Medicare and Medicaid, are being followed.

**Law enforcement:** We may disclose health information for law enforcement purposes as required or permitted by law or in response to a valid search warrant or court order.

**Legal Proceedings:** We may disclose PHI/ePHI in the course of a judicial or administrative proceeding, in response to an order of a court or administrative tribunal (to the extent such disclosure is expressly authorized), and in response to a subpoena, discovery request or other lawful process.

**Organ and Tissue Procurement:** We may share PHI/ePHI with organizations that facilitate organ, eye, or tissue procurement, banking or transplantation.

**Public Health and Safety:** We are required or are permitted by law to report PHI/ePHI to certain government agencies and others. For example, we may share PHI/ePHI for the following:

- To report health information to public health authorities for the purpose of preventing or controlling disease, injury or disability;
- To report abuse or neglect to the appropriate State agencies;
- To report information to the U.S. Food and Drug Administration about products and activities it regulates;
- To prevent or lessen a serious and imminent health or safety threat to you, another person or the public;
- To report information to your employer as required under laws addressing work-related illnesses and injuries or workplace medical surveillance; and
- To authorized federal officials for national security activities or specialized government functions.

**Relating to Decedents:** We may disclose PHI/ePHI regarding an individual's death to coroners, medical examiners or funeral directors consistent

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with applicable law. After your death, we may also share limited information with family or friends who have been involved in providing, or paying for, your care, unless doing so is inconsistent with any prior expressed preference that you have made known to us. We are required to comply with privacy protections for the PHI/ePHI of a deceased individual for a period of fifty (50) years following the death of the individual.

**Worker's Compensation:** We may disclose health information to the extent authorized by and to the extent necessary to comply with laws relating to worker's compensation or other similar programs established by law.

**As Otherwise Required or Permitted By Law:** We may use or disclose your PHI/ePHI to the extent that state or federal law requires. The use or disclosure will be made in compliance with the law and will be limited to the relevant provisions of the law. For example, we must make disclosures when required by the Secretary of the Department of Health and Human Services to investigate or determine our compliance with the requirements of the Federal Privacy Rules.

**VI. Uses and Disclosures of Protected Health Information Based upon Your Written Authorization:** Uses and disclosures of your PHI/ePHI not described above will be made only with your written authorization. You may revoke this authorization, at any time, in writing, except to the extent that we have already relied upon your authorization in making a disclosure.

**Certain Health Information:** In most cases we will not be able to disclose the following types of health information without your written authorization or a court order:

- HIV testing and test results;
- Genetic testing and test results;
- Drug and alcohol abuse treatment; and
- Sensitive information such as sexual assault counseling records or communications between you and a psychologist, psychiatrist, psychotherapist or licensed mental health clinician.

**Immunizations:** We may share proof of your or your child's immunizations with schools in which you or they are students or prospective students, so long as proof of immunization is required for enrollment and you (or, if you are a minor, your parent, guardian or similarly situated person) has agreed to such disclosure.

**Marketing:** We must obtain your written authorization prior to using your PHI/ePHI for marketing. However, we may use your PHI/ePHI to communicate with you as described above under "Treatment, Payment, and Healthcare Operations – Treatment."

**Sale of PHI/ePHI:** We will not sell your PHI/ePHI without first obtaining your written authorization. Any such authorization will state that we will receive remuneration in the transaction.

**Psychotherapy Notes:** Except in very limited circumstances permitted by law, we will not use or disclose psychotherapy notes without your written authorization. Psychotherapy notes are those created for the therapist's own use and maintained separately from the medical record. However, specific permission is not required for use or sharing of these notes if used by your therapist to treat you, for training programs, or for legal defense in an action you bring, or for professional oversight of the therapist.

**VII. Your Health Information Rights:** You have certain rights regarding your health information that are specified in state and federal law. You have the right to:

- a. Make a written request for a restriction on certain uses and disclosures of your information. We are not required to agree to such restrictions, but will attempt to accommodate reasonable requests
- b. Obtain a paper copy of this Notice of Privacy Practices upon request
- c. Inspect and obtain a copy of your health record upon written request
- d. Amend your health record in certain circumstances upon written request
- e. Obtain an accounting of certain disclosures of your health information upon written request
- f. Receive confidential communications of your health information by alternative means or at alternative locations upon written request
- g. Revoke in writing your authorization to use or disclose health information except to the extent that action has already been taken

**VIII. For More Information or to Report Complaints:** If you wish to exercise any of the rights listed in this Notice, or if you have questions and would like additional information, you may contact our Privacy Official either in writing or by telephone at 603-650-1434. If you believe that your privacy rights have been violated, you may file a complaint with our Privacy Officer or with the Secretary of the United States Department of Health and Human Services. We will not retaliate against you for filing a complaint.

This notice was revised on April 20, 2005 and becomes effective on April 20, 2005.

This notice was revised on August 10, 2007 and becomes effective on August 10, 2007.

This notice was revised on September 23, 2013 and became effective on September 23, 2013.