RIGHTS THAT YOU HAVE

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Note: All requests must be made in writing and signed by you or a representative. You may request an Access Request Form from the Records and Registration Department Supervisor at the address listed on the back of this notice.

COMPLAINTS

If you believe your privacy rights have been violated, you can file a complaint with our administrative office. You may also file a complaint with the Secretary of the U.S. Department of Health and Human Services in Washington D.C. in writing within 180 days of violation of your rights. There will be no retaliation for filing a complaint. Our administrative office can provide you with the address.

CHANGES TO THIS NOTICE

We reserve the right to change the terms of this Notice of Privacy Practices as necessary and to make the new notice effective for all personal health information maintained by us. You may receive a copy of any revised notices at our web site or at the Student Health Center, or a copy may be obtained by contacting us at the address below.

If you have questions or need further assistance regarding this notice, you may contact our privacy officer. As a patient you retain the right to a paper copy of the Notice of Privacy Practices, even if you have requested a copy by e-mail or other electronic means.

Student Health Services
Mail Code 6740
Southern Illinois University Carbondale
374 East Grand Avenue
Carbondale, Illinois 62901
Ph: 618/453-3311
For Treatment: We may use and disclose your personal health information to determine eligibility, coverage, cost sharing amounts, coordination of benefits, subrogation and adjudication of health benefit claims (including appeals), billing, collection and claims management activities and related health care data processing, including auditing payments, investigating and resolving payment disputes and responding to participant inquiries about payments, obtaining payment under contract for reinsurance, medical necessity reviews or reviews of appropriateness of care or justification of charges, utilization review, concurrent review and retrospective review, disclosure to consumer reporting agencies related to collection of premiums or reimbursement or to prepare a bill to send to you or the person responsible for your payment.

Health Care Operations: We may also use and disclose your personal health information as necessary and as permitted by law, for clinical improvement, professional peer review, clinical teaching, accreditation and licensing, insurance case management and care coordination, business management, data and information systems management.

Disclosure to Family and Friends: With your approval, we may, from time to time, disclose your personal health information to designated family and friends and others who are involved in your care or payment of your care in order to facilitate that person’s involvement in caring for you or paying for your care. If you are unavailable, incapacitated or facing an emergency medical situation and we determine that a limited disclosure may be in your best interest, we may share limited personal health information with individuals without your approval. We may also disclose limited personal health information to a public or private entity that is authorized to assist in disaster relief efforts in order for that entity to locate a family member or other person that may be involved in some aspect of caring for you.

To Business Associates: We may disclose medical information with written agreement to business associates who assist us with our healthcare operations, such as audits, accreditation, legal services and to technology contractors.

Appointment Reminder Services and Health Products and Services: We may contact you to provide appointment reminders or information necessary for treatment or to advise you of a new product or service we offer or to provide general health and wellness information. You have the right to “opt-out” of receiving this service.

Research: We may use and disclose your personal health information in limited circumstances. In all cases where your specific authorization has not been obtained, your privacy will be protected by strict confidentiality requirements applied by an Institution Review Board (IRB) or privacy board which oversees the research.

Fundraising: We may contact you to donate for or on our behalf. You have the right to “opt-out” of receiving fundraising materials or communications and may do so by sending your name and address together with a statement that you do not wish to receive fundraising materials or communications from us to the Privacy Officer at the address listed on the back of this brochure. Authorization is required for uses and disclosures of Protected Health Information(PHI) for marketing purposes that constitute a sale of PHI.

OUR REQUIREMENTS
We are required by law to maintain the privacy of our patients’ personal health information and to provide patients with notice of our legal duties and privacy practices with respect to your personal health information. We are required to abide by the terms of this notice so long as it remains in effect.

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For Treatment: We make uses and disclosures of your personal health information as necessary to provide you with treatment. For instance, doctors, nurses and other professionals involved in your care will use information in your medical record and information that you provide about your symptoms and reactions to plan a course of treatment for you that may include procedures, medications, tests, etc. We may also release your personal health information to another health care facility or professional who is not affiliated with our practice but who is or will be providing treatment to you.

For Payment: We may use and disclose your personal health information to determine eligibility, coverage, cost sharing amounts, coordination of benefits, subrogation and adjudication of health benefit claims (including appeals), billing, collection and claims management activities and related health care data processing, including auditing payments, investigating and resolving payment disputes and responding to participant inquiries about payments, obtaining payment under contract for reinsurance, medical necessity reviews or reviews of appropriateness of care or justification of charges, utilization review, concurrent review and retrospective review, disclosure to consumer reporting agencies related to collection of premiums or reimbursement or to prepare a bill to send to you or the person responsible for your payment.

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OTHER USES & DISCLOSURES
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• for any purpose required by law
• for required public health activities: reporting of disease, injury, birth and death and public health investigations
• for suspicion of child abuse or neglect or if we believe you to be a victim of abuse, neglect or domestic violence
• to the Food and Drug Administration if necessary to report adverse events, product defects or product recalls
• to your employer when we have provided health care to you at the request of your employer
• to government agencies conducting audits, investigations or civil or criminal proceedings if required by law
• if required by a court or administratively ordered subpoena or discovery request
• to law enforcement officials as required by law to report wounds, injuries and crimes
• to coroners and/or funeral directors consistent with law
• to arrange an organ or tissue donation from you or a transplant for you
• as required by armed forces services, if you are a member of the military and if necessary for national security
• for Workers’ Compensation agencies if necessary for your Workers’ Compensation Benefit Determination
• if we suspect a serious threat to health or safety
The terms of this Notice of Privacy Practices apply to the Student Health Services on the SIU Carbondale Campus, operating as a clinically integrated health care arrangement. In order to provide you with health care and insurance benefits, Student Health Services collects and maintains a great deal of personal health information about you. The information in this notice will be adhered to by:

- all healthcare professionals, employees, associates, staff, volunteers, residents, fellows, medical students, nursing students and other trainees of our organization
- all departments of SHS and any area so designated as a treatment facility
- any business associate or partner with whom we may share information

OUR REQUIREMENTS

We are required by law to maintain the privacy of our patients’ personal health information and to provide patients with notice of our legal duties and privacy practices with respect to your personal health information. We are required to abide by the terms of this notice so long as it remains in effect.

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- for suspicion of child abuse or neglect or if we believe you to be a victim of abuse, neglect or domestic violence
- to the Food and Drug Administration if necessary to report adverse events, product defects or product recalls
- to your employer when we have provided health care to you at the request of your employer
- to government agencies conducting audits, investigations or civil or criminal proceedings if required by law
- if required by a court or administratively ordered subpoena or discovery request
- to law enforcement officials as required by law to report wounds, injuries and crimes
- to coroners and/or funeral directors consistent with law
- to arrange an organ or tissue donation from you or a transplant for you
- as required by armed forces services, if you are a member of the military and if necessary for national security
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- all healthcare professionals, employees, associates, staff, volunteers, residents, fellows, medical students, nursing students and other trainees of our organization
- all departments of SHS and any area so designated as a treatment facility
- any business associate or partner with whom we may share information

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- as required by armed forces services, if you are a member of the military and if necessary for national security
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Student Health Services
Mail Code 6740
Southern Illinois University Carbondale
374 East Grand Avenue
Carbondale, Illinois 62901
Ph: 618/453-3311
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**Student Health Services**

Mail Code 6740  
Southern Illinois University Carbondale  
374 East Grand Avenue  
Carbondale, Illinois 62901  
Ph: 618/453-3311

**Notice Of Privacy Practices**

This notice describes how medical information about you may be used and disclosed and how you can gain access to this information. Please review it carefully.

**Effective January 25, 2013**