

HABIF HEALTH AND WELLNESS CENTER**NOTICE OF PRIVACY PRACTICES**

Effective Date: April 14, 2003

Last Revision Date: June 11, 2019

THIS NOTICE DESCRIBES HOW MEDICAL INFORMATION ABOUT YOU MAY BE USED AND DISCLOSED WHEN YOU RECEIVE MEDICAL CARE FROM HABIF HEALTH AND WELLNESS CENTER (“HABIF”) AND HOW YOU CAN GET ACCESS TO THIS INFORMATION. PLEASE REVIEW IT CAREFULLY.

OUR DUTIES REGARDING YOUR HEALTH INFORMATION

Habif (referred to herein as "we", "our" and "us") respects the confidentiality of your health information and recognizes that information about your health is personal. We are required by law to protect your health information and to inform you of our legal duties and your rights regarding such information. This Notice explains how, when and why we typically use and disclose your health information and your privacy rights regarding such information. We refer to our uses and disclosures of health information as our “Privacy Practices.” Protected health information generally includes information that we create or receive that identifies you and your past, present or future health status or care or the provision of or payment for that health care. It includes, among other things, your enrollment data and medical history and information from providers about health services you receive. We are obligated to abide by these Privacy Practices as of the effective dates listed above.

If you are a student at Washington University, nothing in this Notice changes our obligations to you under the Family Educational Rights & Privacy Act (“FERPA”).

HEALTH CARE PROVIDERS INCLUDED IN THIS NOTICE

This Notice describes the Privacy Practices of Habif and that of our employees, our departments and units, including dispensaries, and any member of a volunteer group we allow to help you while you are receiving care from us. This Notice applies to all of your protected health information generated or held by us. The Notice, however, does not address the privacy practices that your other doctors or health care providers not employed by us may use in their offices.

HOW WE MAY USE AND DISCLOSE HEALTH INFORMATION ABOUT YOU

We use and disclose your protected health information in a variety of circumstances and for different reasons. Many of these uses and disclosures require your prior authorization. There are situations, however, in which we may use and disclose your health information without your authorization, including for treatment, payment of health services, health care operations and certain other situations. Specifically, we may use and disclose your protected health information as follows:

For Treatment, Payment and Health Care Operations

For Your Treatment. We may use and/or disclose your protected health information to physicians, nurses, dietitians, technicians, physical therapists, nurse practitioners, physician assistants or other personnel who are involved in your care and who will provide you with medical treatment or services. For example, if you are being treated for a condition related to an eating disorder, we may inform mental health staff and nutritionists about your condition if they are currently treating you.

For Payment of Health Services that You Receive. We may use and/or disclose your protected health information to bill and receive payment for the health services that you receive from us. For example, we may provide your health information to our billing or claims department in order to prepare a bill or statement for you to send to your insurance company, or other person that may be responsible to pay for your health services.

For Our Health Care Operations. We perform many activities to help assess and improve the health or other services that we provide. Such activities include, among others, participating in medical education; performing quality reviews; conducting patient opinion surveys, business management, insurance or legal compliance reviews; or participating in accreditation surveys. These activities are referred to as “health care operations.” We may use and/or disclose health information for purposes of any of these health care operations. For example, we may use health information to assess the scope of our services. In doing so, we may disclose health information to physicians, medical or other health or business professionals for review, consultation, comparison, and planning. Additionally, we may disclose health information to auditors, accountants, attorneys, government regulators, or other consultants to assess and/or ensure our compliance with laws or to represent us before regulatory or other governing authorities or judicial bodies.

Special Circumstances When We May Disclose Your Health Information Related to Payment or Health Care Operations. When we disclose your health information to third-parties to perform payment or health care operation services or our behalf, we will also obtain certain assurances from the recipient of such health information that it will safeguard the information and only use and disclose it for limited purposes.

For Other Permitted or Required by Law Activities

We may use and/or disclose your protected health information for purposes other than treatment, payment, or health care operations without first obtaining your written authorization in the following instances:

For Public Health Activities. We may disclose your health information to a public health authority authorized by law to collect or receive information in order to report, among other things, communicable diseases. For example, we may report an outbreak of the flu or tuberculosis to the Missouri Department of Health.

For Health Oversight Activities. We may disclose your health information to a health oversight agency that includes, among others, an agency of the federal or state government that is authorized by law to monitor the health care system. For example, state accrediting agencies may review health information during inspections.

For Law Enforcement Activities. We may disclose your health information in response to a law enforcement official’s request for information to identify or locate a victim, suspect, fugitive, material witness or missing person or for reporting a crime that has occurred on WU premises or that may have caused a need for emergency services.

For Judicial and Administrative Proceedings. We may disclose your health information in response to a subpoena or order of a court or administrative tribunal.

For Appointment Reminders and to Inform You of Health Related Products or Services. We may use or disclose your health information in order for us to contact you for medical appointments or other scheduled services, or to provide you with information about treatment alternatives or other health-related products and services that may be of interest or of benefit to you, such as vaccines or flu shots.

For Purposes of Research. We may disclose your health information to conduct and/or participate in social, psychological, medical and other types of research. Most research projects are subject to a special approval process to evaluate the proposed research project and its use of health information before we use or disclose health information. In certain circumstances, however, we may disclose health information about you to people preparing to conduct a research project to help them determine whether the project can be carried out or will be useful, so long as the health information they review does not leave the premises of Washington University.

For Fundraising Purposes. We may use or disclose demographic information, including names, addresses, other contact information, age, gender, and date of birth; the dates that you received health care from us; and treating physician information, to raise funds for us to continue or expand our student health care services. You have the right to opt-out of these fundraising communications. If you do not wish to be contacted as part of our fundraising efforts, please contact the individual(s) listed at the end of this Notice.

To Avoid Harm to a Person or Public Safety. To prevent or lessen a serious threat of harm to the public, the health or safety of another person or for purposes of protecting your health and safety. Examples of such disclosures include those related to sexual or physical abuse of an elder, child or an individual unable to care for his or herself.

Billing and Collection Purposes We may use and disclose your health information for the purpose of obtaining payment for services provided. You may be contacted by mail or telephone at any telephone number associated with you, including wireless numbers. Telephone calls may be made using a pre-recorded or artificial voice messages and/or automatic dialing device (an “autodialer”). Messages may be left on answering machines or voicemail, including any such message information required by law (including debt collection laws) and/or regarding amounts owed by you. Text message or emails using any email address you provide may also be used in order to contact you.

In Other Situations. To a public health authority that is authorized by law to collect or receive information for the purpose of preventing or controlling disease, injury or disability; to coroners, medical examiners and funeral directors to identify a deceased person or to determine the cause of death; to an organ procurement organization or other facility that participates in the procurement, banking or transplantation of organs or tissues; to avoid harm to a person or for public safety; for specialized government functions related to certain military individuals, for specific governmental security needs, or as needed by correctional institutions.

When Your Preferences Will Guide Our Use and Disclosure.

Under certain limited situations, you have the opportunity to agree to or restrict the use or disclosure of your protected health information. These limited situations include:

Facility Directory. Habif maintains a directory of the individuals who are receiving health services in the Habif infirmary. An infirmary directory may include your name and your location in the infirmary, and your general condition such as fair, stable, etc. Unless you tell Habif that you do not want to be included in the infirmary directory, you will be included and directory information may be disclosed to people who ask for you by name.

Individuals Involved in Your Care or Payment for Your Care. Unless you tell us otherwise prior to a discussion or if your situation appears in our business judgment to permit us, we may disclose to a family member, other relative or accompanying individual health information concerning your care or payment for your care. If you are a Washington University student, this information will be disclosed in accordance with Missouri law and FERPA.

Uses and Disclosures That Require Your Prior Written Authorization

1. We will not disclose psychotherapy notes without your written authorization unless the use and disclosure is otherwise permitted or required by law.
2. We will not engage in disclosures that constitute a sale of your health information without your written authorization. A sale of protected health information occurs when we, or someone we contract with, directly or indirectly, receive payment in exchange for your protected health information.
3. We will not use or disclose your protected health information for marketing purposes without your written authorization. Marketing is defined as receipt of payment from a third party for communicating with you about a product or service marketed by the third party.

For situations not generally described in this Notice, we will ask for your written authorization before we use or disclose your health information. You may revoke that authorization, in writing, at any time to stop future disclosures of your information. However, information previously authorized to be disclosed will not be requested to be returned nor will your revocation affect any action that we have already taken.

YOUR RIGHTS REGARDING YOUR HEALTH INFORMATION

This portion of our Notice describes your individual privacy rights regarding your health information. To exercise any of these rights, please send a written request to the Contact Person listed at the end of this Notice.

Notification regarding a Breach of your Health Information.

We will notify you in writing in the event your health information created or maintained by Washington University is compromised. We are required to notify you of a compromise within 60 days.

Requesting Restrictions of Certain Uses and Disclosures of Health Information. You may request, in writing, a restriction on how we use or disclose your protected health information for your treatment, for payment of your health care services, or for our health care operations activities. You may also request a restriction on the health information we may disclose to someone who is involved in your care, such as a family member or friend.

We are not required to agree to your request in all circumstances. Additionally, any restriction that we may approve will not affect any use or disclosure that we are legally required or permitted to make under the law. We must agree to your request to restrict disclosure of your health information to your health plan if the disclosure is not required by law and the health information you want restricted pertains solely to a health care item or service for which you (or someone other than your health plan, on your behalf) have paid us for in full at the time of the service.

Requesting Confidential Communications. You may request and receive reasonable changes in the manner or the location where we may contact you to inform you of matters involving your health if the disclosure of all or part of your information could endanger you.

Inspecting and Obtaining Copies of Your Health Information. You may make a written request to look at and obtain a copy of your health information. We may charge a fee for copying or preparing a summary of requested health information. We will respond to your request for health information within 30 days of receiving your request either by providing the information requested, denying the request with a written explanation for the denial, or advising you we need additional time to complete our action for

your request (for instance, if your health information is not readily accessible or the information is maintained in an off-site storage location.)

Requesting a Change To Your Health Information. You may request, in writing, a change or addition to your health information. The law limits your ability to change or add to your health information. These limitations include whether we created or included the health information within our medical records or if we believe that the health information is accurate and complete without any changes. Under no circumstances will we erase or otherwise delete original documentation in your health information.

Requesting an Accounting of Disclosures of Your Health Information. You may ask, in writing, for an accounting of certain types of disclosures of your health information. The law excludes from an accounting many of the typical disclosures, such as those made to care for you, to pay for your health services, or where you provided your written authorization to the disclosure. Generally, we will respond to your request within 60 days of receiving your request unless we need additional time.

Obtaining a Notice of Our Privacy Practices. We provide you with our Notice to explain and inform you of our Privacy Practices. If you have received this Notice electronically, you may request and obtain a paper copy at any time. You may also view or obtain a copy of this Notice at www.habif.wustl.edu

CHANGES TO THIS NOTICE

We reserve the right to change this Notice concerning our Privacy Practices affecting all the health information that we now maintain, as well as information that we may receive in the future. We will provide you with the revised Notice by making it available to you upon request and by posting it on our website.

COMPLAINTS

We welcome an opportunity to address any concerns that you may have regarding the privacy of your health information. If you believe that the privacy of your health information has been violated, you may file a complaint with the Contact Person listed below. You also may file a complaint with the Secretary of the U.S. Department of Health and Human Services. **You will not be penalized or retaliated against for filing a Complaint.**

CONTACT PERSONS

Habif Health and Wellness Center Privacy Liaison

Address: #1 Brookings Drive
Campus Box 1201
St. Louis, MO 63130

Phone Number: 1-314-935-6649

Fax Number: 1-314-935-8515

Washington University Privacy Officer

Address: 660 S. Euclid Avenue
Campus Box 8098
St. Louis, MO 63110

Telephone Number: 1-314-747-4975 or 1-866-747-4975

Fax Number: 1-314-362-1199