

CALIFORNIA INSTITUTE OF TECHNOLOGY
Student Health Center

NOTICE OF PRIVACY PRACTICES

THIS NOTICE DESCRIBES THE CENTER'S PRIVACY PRACTICES AND HOW MEDICAL INFORMATION ABOUT YOU MAY BE USED AND DISCLOSED, AND HOW YOU CAN ACCESS THIS INFORMATION.

PLEASE REVIEW THIS NOTICE CAREFULLY.

CALTECH'S COMMITMENT TO PROTECH YOUR PRIVACY

The California Institute of Technology ("Caltech") is committed to protecting the privacy of your medical information. We create a record of the care and service you receive at Caltech for use in your care and treatment. Here is some important information:

- We may use and disclose your medical information to carry out treatment, payment or health care operations and for other purposes that are permitted or required by law.
- You have certain rights to access and control your medical 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 or condition and related health care services.
- We voluntarily comply with laws designed to make sure that your medical information is protected.
- We intend to follow the terms of the Notice that is currently in effect to the extent consistent with the Family Education Rights and Privacy Act.

Please contact the Student Health Center if you have any questions about this Notice or your health care records. **You have a right to a copy of this Notice which is available on-line at (website) or at Student Health Center.**

YOUR RIGHTS REGARDING HEALTH INFORMATION ABOUT YOU

You have the following rights regarding your health information:

RIGHT TO INSPECT AND OBTAIN A COPY OF YOUR HEALTHCARE RECORD: You have the right to inspect and obtain a copy of the healthcare records that about you and your treatment, subject to certain limited exceptions. To inspect and or obtain a copy of your healthcare records, you must submit your request to the Student Health Care Center. If you have questions about access to your medical records, please contact the Center.

RIGHT TO REQUEST A CORRECTION OR ADD AN ADDENDUM TO YOUR HEALTHCARE RECORD:

Correction: If you believe that health information Caltech has on file about you is incorrect or incomplete, you may ask us to correct it in your records. If your health information is accurate and complete, or if the information was not created by Caltech, we may deny your request. However, if we deny any part of your request, we will provide you with a written explanation.

Addendum: In addition, if you are an adult patient and believe that an item or statement in the healthcare record is incorrect or incomplete, you have the right to provide Caltech with a written addendum to the record.

RIGHT TO AN ACCOUNTING OF CALTECH DISCLOSURES OF YOUR HEALTH INFORMATION: While we are committed to the privacy of your medical information, there are limited circumstances, described elsewhere in this Notice, when we may disclose your health information with outside parties, other than for treatment, payment and health care operations. You have the right to request an "accounting of disclosures" which is a list describing how we have shared your health information with outside parties after January, 2010 for purposes other than treatment, payment and health care operations, as those

functions are described below in the section of this Notice entitled, “How We May Use and Disclose Health Information About You”. To obtain an accounting of disclosures, you must submit your request in writing to the Student Health Care Center.

RIGHT TO REQUEST RESTRICTIONS: You have the right to request restrictions on certain uses or disclosures of your health information. If you wish to request restrictions, your request must be in writing and submitted to the Student Health Center. We are not required to agree to your requested restriction. However, if we do agree, we will comply with your request unless the information is needed to provide you emergency treatment or comply with the law. If we cannot accept your request, we will explain to you in writing why we cannot do so.

RIGHT TO REQUEST CONFIDENTIAL COMMUNICATIONS: You have the right to request that we communicate with you about healthcare matters in a certain manner or at a certain location. For example, you can ask that we only contact you at your Caltech house, rather than at your home. You may request confidential communications by making a written request to the Student Health Center, specifying the requested method of contact or the location where you wish to be contacted. We will not ask you the reason for your request, and we will use our best efforts to accommodate all reasonable requests.

HOW WE MAY USE AND DISCLOSE HEALTH INFORMATION ABOUT YOU

The following sections describe different ways that we use and disclose your health information. To respect your privacy, we will try to limit the amount of your health information that we use or disclose to that which is the “minimum necessary” to accomplish the purpose of the use or disclosure. Not every use or disclosure in a category will be listed. However, all of the ways we are permitted to use and disclose information will fall within one of the categories. Caltech abides by all applicable state and federal laws related to the protection of this information. Some information such as certain drug and alcohol information, and mental health information is entitled to special restrictions related to its use and disclosure.

FOR TREATMENT: We may use medical information about you to provide, coordinate or manage your health care and any related services. This includes the coordination or management of your health care with a third party. We may disclose health information about you to other health care providers, doctors, nurses, technicians, and other medical and counseling personnel including the Caltech Counseling Center and the Health Educator, who are involved in your care at Caltech and elsewhere. For example, we may ask you to have laboratory tests, (such as blood or urine tests), and we may use the results to help us reach a diagnosis. For your convenience, we may share invoices related to your treatment with the Bursar’s Office. Finally, we may also disclose your PHI to other health care providers for purposes related to your treatment.

FOR HEALTH CARE OPERATIONS: We may use and disclose health information about you to assure that all of our patients receive quality care. For example, we may use health information to review our treatment and services and evaluate the performance of our staff in caring for you. We may combine health information about many of our patients to decide what additional services Caltech should offer, and what services are not needed. We may share information with doctors, nurses, technicians, and other medical and counseling personnel for quality assurance and educational purposes. We may call you by name when a health care practitioner is ready to see you.

APPOINTMENT REMINDERS: We may use and disclose health information to contact you as a reminder that you have an appointment for treatment or medical care with Caltech.

INDIVIDUALS INVOLVED IN YOUR CARE: Unless there is a specific written request from you to the contrary, or in circumstances where it is not possible to obtain your consent, and/or where Caltech deems it necessary, we may release health information about you to a family member, such as your spouse, children or parents, a friend who is involved in your care or any other person you identify, give information to someone who helps pay for your care, and notify a family member, personal representative or another person responsible for your care about your location and general condition. In addition, we may disclose health information about you to an organization assisting in a disaster relief effort (such as the Red Cross) so that your family can be notified about your condition, status and location.

TO PREVENT A SERIOUS THREAT TO HEALTH OR SAFETY: We may use and disclose certain information about you when necessary to prevent a serious threat to your health and safety or the health and safety of others. However, any such disclosure will only be to someone able to help prevent the threat, such as law enforcement, or to a potential victim. For example, we may need to disclose information to police if you have stated that you intend to harm yourself or someone else.

**ADDITIONAL SITUATIONS THAT DO NOT REQUIRE US TO
OBTAIN YOUR AUTHORIZATION**

WORKERS' COMPENSATION: We may release health information about you for workers' compensation or similar programs. These programs provide benefits for work-related injuries or illness.

PUBLIC HEALTH ACTIVITIES: We may disclose health information about you for public health activities. These activities include, but are not limited to prevention or control of disease or for injury or disability, to report child abuse, to report medication reactions or recall of medications, to notify you if you may have been exposed to disease, and to notify the appropriate government authority if we believe you have been the victim of abuse, neglect or domestic violence, but only when required or authorized by law.

HEALTH OVERSIGHT ACTIVITIES: We may disclose health information to a health oversight agency, such as the California Department of Health Services or the Center for Medicare and Medicaid Services, for activities authorized by law. These oversight activities include audits, investigations, inspections, and licensure. These activities are necessary for the government to monitor the health care system, government programs, and compliance with civil rights laws.

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 and disclosure will be made in compliance with the law and will be limited to relevant legal requirements. You will be notified, as required by law, of any such uses or disclosures.

LAWSUITS AND DISPUTES: If you are involved in a lawsuit or a dispute, we may disclose health information about you in response to a court or administrative order. We may also disclose health information about you in response to a subpoena, legally enforceable discovery request, or other lawful process by someone else involved in the dispute.

LAW ENFORCEMENT: So long as applicable legal requirements are met, we may release health information if asked to do so by law enforcement officials in the following limited circumstances:

- In response to a court order, subpoena, warrant, summons or similar process;
- To identify or locate a suspect, fugitive, material witness, or missing person;
- About the victim of a crime if, under certain limited circumstances, the victim is unable to consent;
- Suspicion that a death has occurred as a result of criminal conduct;
- About criminal conduct at Caltech; and
- In emergency circumstances to report a crime; the location of the crime or victims; or the identity, description or location of the person who committed the crime.

CORONERS, MEDICAL EXAMINERS AND FUNERAL DIRECTORS: We may release health information to a coroner or medical examiner. This may be necessary to identify a deceased person or determine the cause of death. We may also release health information to funeral directors as necessary to carry out their duties with respect to the deceased.

MILITARY AND VETERANS: If you are a member of the armed forces, we may release health information about you as required by military command authorities. We may also release health information about foreign military personnel to the appropriate foreign military authority.

NATIONAL SECURITY AND INTELLIGENCE ACTIVITIES: To the extent required by law, upon receipt of a request, we may release health information about you to authorized federal officials for intelligence, counterintelligence, and other national security activities. We will only provide this information after Dr. Austin has verified the validity of the request and reviewed and approved our response.

OTHER USES OR DISCLOSURES REQUIRED BY LAW: We will also disclose health information about you when required to do so by federal, state or local laws that are not specifically mentioned in this Notice.

CHANGES TO THIS NOTICE

We reserve the right to change our privacy practices and update this Notice accordingly. We reserve the right to make the revised or changed Notice effective for health information we already have about you as well as any information we receive in the future. We post copies of the current Notice or any new Notice in the Student Health Center and on our website _____.

COMMENTS OR COMPLAINTS

We welcome your comments about our Notice and our privacy practices. If you believe your privacy rights have been violated, you may file a complaint with Caltech. To register a comment or file a complaint with Caltech please contact:

Kevin Austin
Senior Director, Health and Counseling Services
California Institute of Technology
1239 Arden Road, Pasadena, CA 91125
Telephone (626) 395-8331

Please be assured that no one will retaliate or take action against you for filing a complaint.

OTHER USES OF HEALTH INFORMATION AND REVOCATIONS OF USES

Other uses and disclosures of health information not covered by this Notice or the laws that apply to us will be made only with your written authorization. If you provide us authorization to use or disclose health information about you, you may revoke that authorization, in writing, at any time. If you revoke your authorization, we will no longer use or disclose health information about you for the activities covered by the authorization, except if we have already acted in reliance on your permission. We are unable to take back any disclosures we have already made with your authorization.