



## HEALTH AND COUNSELING SERVICES PRIVACY STATEMENT

### Overview

**THIS NOTICE DESCRIBES HOW MEDICAL INFORMATION ABOUT YOU MAY BE USED AND DISCLOSED AND HOW YOU CAN OBTAIN ACCESS TO THIS INFORMATION.**

### What information do we collect?

We keep your Winthrop University Medical Form and your Mandatory Immunization Record on file in Health Services, either on paper or electronically. In addition, each time you seek care at Health Services, a record of your visit is made, either on paper or electronically. This record typically includes your symptoms, examinations, test results, diagnoses, treatments, plan for care, and any charges incurred (for medicine, lab tests, supplies, etc.).

Included in your health record:

- Name
- Address
- Phone #
- Winthrop Id #
- Sex
- Gender Identity
- Ethnicity
- NEVER SSN

### How do we use and/or disclose your information?

#### ***Uses and Disclosures of Health Information***

The following describes the different ways we may use or disclose health information. For each category of use or disclosure some examples are presented. Not every use or disclosure will be listed by example, but all of the ways in which we may use or disclose health information will fall into one of the following categories.

**On Your Authorization:** We may disclose health information about you with your written authorization, which you may revoke at any time in writing. Your revocation will not affect any uses or disclosures permitted by your authorization while it was in effect. Without your written

authorization, we may not use or disclose your health information for any reason except as described in this notice.

**Treatment:** The Healthcare team at Health Services uses your record/health information for assessing, planning, implementing, and evaluating your treatment. In addition, we may provide your health information to another physician or other health care provider providing treatment to you.

**Payment:** We may use your information to obtain payment for services we provide to you. Any charges incurred or purchases made at Health Services are posted to your student account and will be listed as Health Services when a bill is sent from Accounting to your billing address. A copy of a bill containing information identifying you, your diagnosis, procedures, supplies used, etc., may be given to you after you receive care/service.

**Healthcare Operations:** We may use and disclose your information for our healthcare operations. Healthcare operations include quality assessment and improvement activities, reviewing the competence or qualifications of health care professionals, evaluating practitioner and provider performance, conducting training programs, accreditation, certification, licensing or credentialing activities.

**Treatment Alternatives.** We may use and disclose medical information to recommend possible treatment options or alternatives that may be of interest to you. We may also mail to you copies of your lab reports.

**To Your Friends or Family Involved in Your Care:** If a person such as a friend or family member is helping to care for you, we may release health information necessary for your care to them. Before we disclose any information to such people, we will provide you with an opportunity to object to that use or disclosure. In an emergency, if you are incapacitated or if you are not present, we may disclose health information based on our best professional judgment and that use or disclosure of your information is in your best interest. We may use professional judgment and common experience to allow another person to pick up your filled or written prescription, medical supplies or similar forms of health information, for example. We may disclose information to notify or assist in notifying a person involved in your care of your general condition and location.

**Follow-up Reminders:** We may phone you, leave a phone message at your personal voice mail or send you a card in the mail (or e-mail if no response) to remind you to phone or come to Health Services for follow-up care or test results. We may phone you or send a card by mail to notify you of test results.

**Disaster Relief:** We may release information to public or private organizations authorized by law to handle disaster relief efforts.

**Business Associates:** Another organization or Business Associate may perform some services provided by Health Services. For example, some of your laboratory tests are performed at an outside medical laboratory. Any Business Associate is required to safeguard your information.

**Research:** We may use or disclose information to researchers when Winthrop University has approved their research and protocols ensure the privacy of your health information.

**Public Benefit:** We may disclose health information for law enforcement purposes, in response to a subpoena, or as authorized by law for the following purposes considered to be in the public interest, safety, health or public benefit:

- ✓ to public health entities for disease and vital statistic reporting, child abuse reporting, adult or domestic abuse reporting, FDA oversight
- ✓ to employers to comply with Worker's Compensation law
- ✓ to health oversight agencies
- ✓ to law enforcement entities concerning crimes, victims, suspicious deaths
- ✓ to correctional institutions regarding inmates
- ✓ to the military and to federal officials for intelligence, counterintelligence, and national security
- ✓ to coroners, medical examiners, and funeral directors
- ✓ to avert a serious threat to health or safety

### How do we protect your information?

#### ***Our Legal Duty***

Federal law requires us to:

- ✓ Maintain the privacy of your medical information.
- ✓ Provide you with this notice about our privacy practices, our legal duties, and your rights concerning your health information.
- ✓ Abide by the practices described in this notice.
- ✓ Notify you if we change any of the policies described herein.

As the law permits, we reserve the right to change our privacy practices and to make the new terms effective for all health information that we maintain, including information that we received or created before we made the changes. Written notices will be available in Health Services and on the Winthrop website.

### Can information be corrected?

**Amendment:** You have the right to request that we amend your health record if you think it is incorrect or incomplete. Your request must be in writing and must explain why we should amend your health information. We may deny your request. We will provide you with information about our denial and how to disagree with it.

### Information shared with outside parties

See "How do we use and/or disclose your information" section above.

### Third party links

Occasionally, at our discretion, we may include links to third party sites on our website. Please be aware that we have no control, responsibility, or liability for the content and activities of these linked sites. These third party sites have separate and independent privacy statements and we encourage our users to be informed and aware and to read the privacy statements of any other site that collects your personal information. However, we continually seek to protect the integrity of our site and welcome any comments for improvements, including any links to third party sites.

### **Compliance with the other jurisdictional privacy regulations**

Other states or countries may have privacy regulations which serve to protect their citizens. For example, the European Union General Data Protection Regulation (GDPR) is a European Union (EU) legal framework for data privacy and security of personal data for individuals within the EU. The GDPR sets forth obligations for organizations that collect, use, share, and store personal data of constituents who reside in the European Union.

Students, or potential students have created a contractual need with Winthrop University to collect and retain certain data at the time of submitting an application for enrollment. Personal information is required by the University as an essential part of the academic process and must be retained per legal requirements.

For non-students, Winthrop University is committed to securing the appropriate consent (opt-in) in the collection and processing of personal data. If you have any questions, or objections to the collection, use and retention of your personal data, on legitimate grounds, Winthrop University shall consider all requirements of notice, choice, transfer, security, data integrity, and access. Please direct any questions you may have concerning Winthrop University's obligations and compliance with GDPR to [privacy@winthrop.edu](mailto:privacy@winthrop.edu).

### **How long do we keep your information?**

Personal Health Information (PHI) will be retained in this office in accordance with applicable federal and state laws, regulations, and accreditation guidelines, as well as University policies. PHI will be destroyed when no longer required for University services and programs, upon request or after the expiration of any applicable retention period, whichever is later.

### **Your Consent**

Link to Release of Information:

<https://www.winthrop.edu/uploadedFiles/HCS/HCSProtectedHealthInformationDisclosureForm.pdf>

### **Changes to this Privacy Statement and University Policy.**

**Changes to this Notice:** We reserve the right to change this notice. We reserve the right to make the revised or changed notice effective for medical information we already have about you as well as any information we receive in the future. We will post a copy of the current notice in our office. Copies will be available upon request.

### **Questions and Complaints**

If you have any questions about this Notice of Privacy Practice, or you believe that your privacy rights have been violated, you can file a complaint in writing with the Winthrop University Privacy Officer or with the Secretary of the U.S. Department of Health and Human Services. We will provide you with the addresses to file your complaint upon request. We support your right to the privacy of your health information. ***There will be no penalty, threat, discrimination, or***

***retaliation for a complaint to the Privacy Officer or the Department of Health and Human Services.***

Any changes to this policy will be posted to this website and the date noted at the bottom. Winthrop University policies, including our [University Privacy Policy](#), may be found in the Winthrop University [Policy Repository](#).

**Last updated: July 19, 2019**

**Contact Information:**

If you have any questions regarding this statement please contact:

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