

**SOUTHEAST MISSOURI STATE UNIVERSITY**

**HEALTH INSURANCE PORTABILITY AND ACCOUNTABILITY ACT (HIPAA)  
NOTICE OF PRIVACY PRACTICES**

**THIS NOTICE DESCRIBES HOW MEDICAL/PROTECTED HEALTH INFORMATION ABOUT YOU MAY BE USED AND DISCLOSED AND HOW YOU CAN ACCESS THIS INFORMATION.**

**PLEASE REVIEW IT CAREFULLY.**

**Healthcare Components in the Hybrid Entity Covered by this Notice**

Southeast Missouri State University (“University”) is a covered entity under HIPAA law. It has decided to designate itself as a hybrid entity. This notice applies to the privacy practices of the following health care components included in the hybrid entity that may share your Protected Health Information as needed for treatment, payment and health care operations.

- **The University’s Autism Center for Diagnosis and Treatment**
- **The University’s Health Clinic**
- **The University’s Self-funded Health Plans**

**Our Commitment Regarding Your Protected Health Information**

We understand the importance of your Protected Health Information (hereafter referred to as “PHI”) and follow strict policies (in accordance with state and federal privacy laws) to keep your PHI private. PHI is information about you, including demographic data, that can reasonably be used to identify you and that relates to your past, present or future physical or mental health, the provision of health care to you, or the payment for that care.

In this notice, we explain how we protect the privacy of your PHI, and how we will allow it to be used and given out (“disclosed”). We are required to provide you with a summary of our Notice of Privacy Practices, and a copy of the Notice of Privacy Practices upon request. We must follow the privacy practices described in this notice while it is in effect. This notice is effective August 1, 2010, and will remain in effect until we replace or modify it.

We reserve the right to change our privacy practices and the terms of this notice at any time, provided that applicable law permits such changes. These revised practices will apply to your PHI regardless of when it was created or received. Before we make a material change to our privacy practices, we will provide you with a revised Notice of Privacy Practices.

Where multiple state or federal laws protect the privacy of your PHI, we will follow the requirements that provide the greatest privacy protection. *University student medical records are subject to requirements of the Federal Educational Rights and Privacy Act of 1974 (FERPA) rather than HIPAA in certain circumstances.*

**Our Uses and Disclosures of Protected Health Information**

We do not sell your PHI to anyone or disclose your PHI to other companies who may want to sell their products to you (e.g., catalog or telemarketing firms).

We must have your written authorization to use and disclose your PHI, except for the following uses and disclosures:

- **To You:**

We may disclose your PHI to you, for example:

- Supplying you with information about your diagnosis or treatment
- Communicating with you about treatment alternatives or other health-related benefits and services

- **For Treatment:**

We may use and disclose your PHI to health care providers and our business associates who request PHI in connection with your diagnosis, treatment, management of your care, coordination of benefits, and insurance eligibility, for example:

- Physicians and physician's assistants
- Nurses
- Dentists
- Physical or occupational therapists
- Psychologists, counselors or social workers
- Pharmacies
- Hospitals

We may disclose your PHI to health care providers in connection with:

- Disease and case management programs
- Prescribing medications
- Ordering lab work or diagnostic imaging at an outside facility
- Referring you to an outside provider
- Providing emergency medical treatment
- Psychological consultations
- Other health care services

- **For Payment:**

We may use and disclose your PHI for our payment-related activities and those of health care providers and health plans, including for example:

- Dealing with protected health information in relation to the University's Self-funded Health Plans
- Responding to inquiries, appeals and grievances
- Billing you or a health plan for health care services provided to you through the Autism Center for Diagnosis and Treatment

- **For Health Care Operations:**

We may use and disclose your PHI for the following health care operations, for example:

- Conducting quality assessment and improvement activities, including peer review, credentialing of providers, and accreditation, and conducting training programs
- Auditing billing processes
- Performing outcome assessments and health claims analyses
- Preventing, detecting and investigating fraud and abuse
- Coordinating case and disease management activities
- Performing business management and other general administrative activities, including systems management and customer service
- Scheduling appointments and keeping records

Autism Center for Diagnosis and Treatment (“Autism Center”) clients: Your name, address and telephone number may be used to contact you in connection with fundraising for the Autism Center for Diagnosis and Treatment. We may also send this information to the Southeast Missouri State University Foundation for the same purpose. If you do not want to receive these materials, please contact the Autism Center’s Privacy Officer and request that these fundraising materials not be sent to you. The Autism Center may use or disclose your medical information, as necessary, to provide you with information about treatment alternatives or other health-related benefits and services that may be of interest to you. For example, your name and address may be used to send you a newsletter about our practice and the services we offer. We may also send you information about products or services that we believe may be beneficial to you. You may contact the Autism Center’s Privacy Officer to request that these materials not be sent to you.

The Self-funded Health Plans may disclose your PHI to Southeast Missouri State University personnel solely for purposes of administrating benefits under this plan.

- **To Others Involved in Your Care:**

We may disclose your PHI to someone who has the legal right to act on your behalf. We may under certain circumstances disclose to a designated contact person (e.g.: a member of your family, a relative, a close friend or any other person you identify), the PHI directly relevant to that person’s involvement in or payment for your health care.

- **When Required by Law:**

We will use and disclose your PHI if we are required to do so by law. For example, we will use and disclose your PHI.

- To report infectious diseases
- To respond to court and administrative orders and subpoenas
- To comply with workers’ compensation laws
- To report suspected abuse and neglect to the proper authorities
- To law enforcement under certain circumstances
- To report PHI as required by the U.S. Secretary of Health and Human Services and state regulatory authorities
- To report threats to safety of self or others
- To a health oversight agency, which includes government agencies that oversee the healthcare system, for example, audits, investigations, civil administration or criminal investigations

- **For Matters in the Public Interest:**

We may use or disclose your PHI without your written permission for matters in the public interest, including for example:

- Public health and safety activities, including Food and Drug Administration oversight, reporting disease and vital statistics.
- Averting a serious threat to the health or safety of others, e.g.: as required under the Patriot Act Without your prior authorization.

- **For Research:**

We may use your PHI to perform select research activities, provided that certain established measures to protect your privacy are in place, e.g. as required by the Institutional Review Board.

- **To Our Business Associates:**

From time to time we engage third parties to provide various services for us. Whenever an arrangement with such a third party involves the use or disclosure of your PHI, we will have a written contract with that third party designed to protect the privacy of your PHI. For example, we may share your information with business associates who bill for medical services, process claims or conduct disease management programs on our behalf.

**Disclosures You May Request -**

You may instruct us and give your written authorization to disclose your PHI to a designated individual or agency for any purpose. We require that your authorization be on a HIPAA compliant form. To obtain the form, contact the applicable health care component:

<b>The University's Autism Center for Diagnosis and Treatment</b>	(573) 986-4985
<b>The University's Health Clinic</b>	(573) 651-2270
<b>The University's Self-funded Health Plans</b>	(573) 651-2206

**Individual Rights -**

*You have the following rights. To exercise these rights, you must make a written request on our standard form. To obtain the form, contact the designated covered component (see above).*

**Access -** With certain exceptions, you have the right to look at or receive a copy of your PHI contained in the group of records that are used by or for us to make decisions about you, including our enrollment, payment and case or medical management notes. We reserve the right to charge a reasonable cost-based fee for copying and postage. If you request an alternative format, such as a summary, we may charge a cost-based fee for preparing the summary. If we deny your request for access, we will tell you the basis for our decision and whether you have a right to further review. You may request access to PHI in an alternative communication format and/or location. If your PHI is maintained in an electronic health record, you also have the right to request that an electronic copy of your record be sent to you or to another individual or entity. We may charge you a reasonable cost-based fee limited to the labor costs associated with transmitting the electronic health record.

**Disclosure Accounting -** You have the right to an accounting of certain disclosures of your PHI, such as disclosures required by law. If you request this accounting more than once in a 12-month period, we may charge you a fee covering the cost of responding to these additional requests.

**Restriction Requests -** You have the right to request that we place restrictions on the way we use or disclose your PHI for treatment, payment or health care operations. We are not required to agree to these additional restrictions, unless you request that your PHI not be disclosed to a health plan for purposes of payment and health operations if you paid out of pocket for that service. If we agree, we will abide by them (except as needed for emergency treatment or as required by law) unless we notify you that we are terminating our agreement.

**Revoke Prior Authorization -** You may revoke your authorization, except to the extent that we have taken action upon it.

**Amendment -** You have the right to inspect PHI and request that we amend it in the set of records we described above under Access. If we deny your request, we will provide you a written explanation. If you disagree, you may have a statement or your disagreement placed in our records. If we accept your request to amend the information, we will make reasonable efforts to inform others of the amendment, including individuals you name.

**Confidential Communication -** You may request to receive confidential communications from us by alternative means or at an alternative location. We will accommodate reasonable requests. We may condition this accommodation by asking you for information as to how payment will be handled or specification of an alternative address or other method of contact.

**Notice of a Breach** - We are required to notify you by first class mail or by e-mail (if you have indicated a preference to receive information by e-mail), of any breaches of Unsecured Protected Health Information as soon as possible, but in any event, no later than 60 days following the discovery of the breach. “Unsecured Protected Health Information” is information that is not secured through the use of a technology or methodology identified by the Secretary of the U.S. Department of Health and Human Services to render the Protected Health Information unusable, unreadable, and undecipherable to unauthorized users. The notice is required to include the following information:

- a brief description of the breach, including the date of the breach and the date of its discovery, if known;
- a description of the type of Unsecured Protected Health Information involved in the breach;
- steps you should take to protect yourself from potential harm resulting from the breach;
- a brief description of actions we are taking to investigate the breach, mitigate losses, and protect against further breaches;
- contact information, including a toll-free telephone number, e-mail address, Web site or postal address to permit you to ask questions or obtain additional information.

In the event the breach involves 10 or more persons whose contact information is out of date we will post a notice of the breach on the home page of our Web site or in a major print or broadcast media. If the breach involves more than 500 persons in the state or jurisdiction, we will send notices to prominent media outlets. If the breach involves more than 500 persons, we are required to immediately notify the U.S. Secretary. We also are required to submit an annual report to the U.S. Secretary of Health and Human Services of a breach that involved less than 500 persons during the year and will maintain a written log of breaches involving less than 500 persons.

**Paper Copy** - You have the right to obtain a paper copy of this notice from us upon request, even if you have agreed to accept this notice electronically.

**Questions and Complaints -**

If you need more information about our privacy practices, or a written copy of the Summary Notice of Privacy Practices, please contact us at:

The University’s Health Clinic, Crisp Hall, Rm. 101, (573) 651-2270

The University’s Self-funded Health Plans, Human Resources, Academic Hall, Rm. 220, (573) 651-2206

The University’s Autism Center for Diagnosis and Treatment, 611 N. Fountain Street, Cape Girardeau, Missouri 63701 (573) 986-4985

For your convenience, you may also obtain an electronic (downloadable) copy of the Summary Notices of Privacy Practices as well as the University Complaint Form online at <http://www.semo.edu/finadm/> under Forms - HIPAA

If you are concerned that we may have violated your privacy rights, or you believe that we have inappropriately used or disclosed your PHI, please contact: HIPAA Complaint Officer Dr. Fred Janzow, Vice Provost, (573) 651-2062.

You may also submit a written complaint to: Region VII – Office of Civil Rights U.S. Department of Health and Human Services, 601 East 12<sup>th</sup> Street, Room 248, Kansas City, MO 64106.  
Phone: (816) 426-7277.

*We support your right to protect the privacy of your PHI. We will not take action against you if you file a complaint with us or with the U.S. Department of Health and Human Services.*