INTRODUCTORY STATEMENT REGARDING YOUR PROTECTED HEALTH INFORMATION (PHI)

When you visit your health care professional, a record of your visit is made. It typically includes an evaluation of your symptoms and our recommendations. This record serves a number of purposes related to your health care, treatment, and payment. It may also serve other purposes such as a source of data for medical research, and for public health officials charged with improving health care. It is also a legal document that describes the care you received and provides the means by which you or a third party payer can verify that services billed were actually provided.

Understanding your record and how your health information is used helps you to ensure its accuracy, better understand who may access your health records and under what circumstances, and make more informed decisions when authorizing disclosure to others. NC State University (NCSU) is required by law to protect the privacy of health information maintained and transmitted about you that can be identified with you, information that we refer to as protected health information, or PHI. Federal laws governing student medical records (The Family Educational Rights and Privacy Act or FERPA) and non-student medical records (The Health Insurance Portability and Accountability Act or HIPAA) provide different rights and obligations regarding use and disclosure of PHI. State law also governs your rights and our obligations with regard to use and disclosure of your medical information. This notice provides you with a description of your rights and our obligations with regard to your PHI, the uses and disclosures we may make regarding your PHI with and without your authorization, and who to contact for more information, or to file a complaint, depending upon whether you are a student or non-student patient.

YOUR RIGHTS REGARDING YOUR PHI

A. Students in attendance at NCSU

- **Review of records.** To review your PHI to the extent it falls within the definition of an "education record" under FERPA.
- **Review of records by designated health care professionals.** To have PHI that is made, maintained and only used in connection with your health care treatment reviewed by a physician or other appropriate health care professional of your choice.
- **Limited disclosure.** To have your PHI kept confidential except for disclosures to which you consent and certain disclosures permitted under FERPA and/or other federal or state law without your consent.
- **Amendment.** To petition for correction of inaccurate or incomplete information in your education records or to include a corrective statement regarding information that is inaccurate or misleading if NC State does not make the requested correction.

---

1 The Family Educational Rights and Privacy Act (FERPA) applies to any student who is or has been in attendance at NCSU. NCSU defines a student “in attendance” in its FERPA regulation. See [http://policies.ncsu.edu/regulation/reg-11-00-01](http://policies.ncsu.edu/regulation/reg-11-00-01) for more details on FERPA and its applicability.
B. Others (e.g., students enrolled at other universities, faculty, staff, or visitors)

- **Request restrictions.** To request restrictions on certain uses and disclosures of your PHI, although we are not required to agree to all of your requested restrictions; further, even if we agree to your requested restrictions, in certain situations, e.g., in an emergency, they may not be followed. However, we must agree to your request to restrict disclosure of your PHI to a health plan if (1) the disclosure is for the purpose of carrying out payment or health care operations and is not otherwise required by law; and (2) the PHI pertains solely to a health care item or service for which you, or someone acting on your behalf other than the health plan, has paid us in full.
- **Receive confidential communications.** To request how, where, and by what means we contact you about your PHI. For example, you may request that we contact you at your work address, phone, or by email.
- **Inspect and copy your PHI under most circumstances.**
- **Request amendment.** To petition for amendment to your PHI.
- **Receive an accounting of disclosures.** To request an accounting of disclosures of your PHI made within the past six (6) years.
- **Receive a paper copy of this Notice.** To receive a paper copy of this Notice even though you may have previously elected to receive it electronically.

### III. OUR OBLIGATIONS REGARDING YOUR PHI

#### A. Students in attendance at NCSU

- **Privacy.** To maintain the privacy of your PHI and release such information to medical professionals only upon your written consent or as otherwise permitted by FERPA and/or state law.
- **Annual notice.** To provide you with annual notice of your rights under FERPA regarding your education records. Medical treatment records that are shared with persons other than medical professionals or records that are used for purposes other than your health care treatment are considered education records under FERPA.
- **Record of disclosures.** With certain exceptions, maintain a record of each request for access to and each disclosure of PHI from your health record.

#### B. Others

- **Privacy.** We are required by law to maintain the privacy of your PHI.
- **Notice of Privacy Practices.** We must provide you with notice as to our legal duties and privacy practices with respect to the PHI we collect and maintain about you and abide by the terms of any privacy notice currently in effect. NCSU reserves the right to change the terms of its Notice of Privacy Practices and to make the new practices effective for all PHI that it maintains. A copy of any revised notice will be posted in the Student Health Center, the Counseling Center, the Sports Medicine Office and via hyperlink from their respective web pages. A copy also will be provided to you upon request.
- **Breach notification.** We must notify you if we suffer a breach of your unsecured PHI.
- **Response to requested restriction.** We must notify you if NCSU is unable to agree to a requested restriction regarding use or disclosure of your PHI.
- **Means of confidential communication.** We must accommodate reasonable requests about when, how and by what means we contact you to communicate PHI.
- **Response to requested amendment.** We must notify you of our decision related to requests to amend your PHI.

### IV. USES AND DISCLOSURES OF YOUR PHI

#### A. Students in attendance at NCSU
1. Use and disclosure of PHI. We will request that you sign a written consent for use and disclosure of your PHI for treatment, payment and health care operations. We may disclose without your consent PHI made or maintained by health care professionals only in connection with your treatment and disclosed only to individuals providing the treatment, when state or federal law requires the release of your PHI or to comply with a court order or lawfully-issued subpoena. We also may disclose without your consent PHI that is used or disclosed to persons other than health care providers under the following circumstances:

- To health accrediting organizations to carry out their accrediting functions.
- To comply with a court order or lawfully-issued subpoena.\(^2\)
- To a court in a lawsuit if you have sued NCSU in connection with your medical treatment.
- When the disclosure is in connection with a health or safety emergency. For example, we may disclose your PHI to prevent or lessen a serious and imminent threat to the health and safety of another person or the public.
- When otherwise required or permitted by FERPA and/or other federal or state law.

2. Disclosure of other medically-related records. We also may disclose without your consent medically-related records (e.g., appointment calendars or other routine administrative information) that are made by persons who are not health care professionals under the following circumstances:

- To health accrediting organizations to carry out their accrediting functions.
- To comply with a court order or lawfully-issued subpoena.
- To your parents if you are a dependent student, as defined in section 152 of the Internal Revenue Code.
- To school officials with a legitimate educational interest.
- To a court in a lawsuit if you have sued NCSU or its employees in connection with your medical treatment.
- When the disclosure is in connection with a health or safety emergency. For example, we may disclose your PHI to prevent or lessen a serious and imminent threat to the health and safety of another person or the public.
- When otherwise required or permitted by FERPA and/or other federal or state law.

**ANY OTHER USE OR DISCLOSURE OF YOUR PROTECTED HEALTH INFORMATION REQUIRES YOUR WRITTEN CONSENT**

**B. Others (e.g., students enrolled at other universities, faculty, staff, or visitors)**

1. Use and disclosure of PHI: Treatment, Payment, Health Care Operations and Fundraising. We may use and/or disclose your PHI without your authorization in the following circumstances:

- **Treatment.** To provide, coordinate or manage your health care treatment. For example, if you are referred to another health care provider, we may release your PHI to that provider so he or she will know if you are allergic to any medication, the prescriptions you take or the results of your laboratory tests. We also may contact you to provide appointment reminders or information about treatment alternatives or other health related benefits and services, products or health care providers.

- **Payment.** To obtain payment for services provided. For example, when we send a bill to an insurance company, information on the bill may identify you as well as our diagnosis, procedures, and supplies used or the insurance company may review the care you received to check that it and the costs associated with it were covered under their policy.

\(^2\) NCSU will notify you prior to releasing your PHI as required by court order or subpoena so that you may seek judicial protective action to prohibit such release.
• **Health Care Operations.** Our health care providers, risk managers, or members of the performance improvement team may use your PHI to evaluate your care and outcomes or to improve the quality and effectiveness of our services. In certain cases, your PHI may be used by or disclosed to a business associate who performs certain services in connection with our health care treatment, payment processes, and health care operations. In order to protect your PHI, we also require that our business associates appropriately protect and safeguard your information.

• **Fundraising.** We may use, or disclose to a business associate or to an institutionally-related foundation, the following PHI for the purpose of contacting you to raise funds for our own benefit: your demographic information (i.e. name, address, age, gender and date of birth, etc.); dates of health care provided to an individual; servicing department (e.g. emergency, primary care, etc.); treating physician; outcome information; and health insurance status.
  
  o If we use and/or disclose your PHI for fundraising purposes, we will clearly and conspicuously provide you the opportunity to elect not to receive any further fundraising communications from us, our business associates or our institutionally-related foundations. If you elect to receive no further fundraising communications, we may provide you a method to opt back in to receive such communications in the future.
  
  o We may not condition treatment or payment on your choice with respect to the receipt of fundraising communications.

2. **Use and disclosure of PHI: Other Purposes.** We may also use and/or disclose your PHI without your authorization¹ in the following circumstances:

• **Required by law or necessary for public health activities.** When the use and/or disclosure is required by federal, state or local law or is necessary for public health activities. For example, North Carolina law requires that physicians report to the local health director communicable diseases, including HIV and certain other diseases listed by the Commission for Public Health.

• **Abuse, neglect and domestic violence.** When the disclosure relates to victims of abuse, neglect or domestic violence. For example, North Carolina law requires physicians to report child abuse and neglect to the county department of social services.

• **Health oversight activities.** When the use and/or disclosure is for health oversight activities authorized by law. For example, we may disclose your PHI if requested for the purposes of professional licensure or disciplinary investigations.

• **Judicial or administrative proceedings.** When the disclosure is for a judicial or administrative proceeding. For example, we may disclose your PHI in response to a court order.

• **Law Enforcement.** When the disclosure is for law enforcement purposes to a law enforcement official under certain conditions. For example, under North Carolina law we are required to report to the police wounds or illness from gunshots, knives, poison, or other apparent acts of criminal violence where grave bodily harm has been caused.

• **Decedents.** When the use and/or disclosure is to a coroner, medical examiner or funeral director for the purpose of determining cause of death or other duties authorized by law. For example, North Carolina law requires the report of deaths to the county medical examiner where the death was caused by suicide or homicide or other suspicious, unusual or unnatural circumstances.

---

¹ An authorization under HIPAA has a specific meaning and requires specific language authorizing release of PHI. While an authorization is not required for treatment, payment and health care operations, North Carolina law may provide more protection than HIPAA and where applicable, we will follow the requirements of state law. For example, North Carolina law requires that we obtain authorization to disclose PHI reflecting diagnosis or treatment for certain communicable diseases such as HIV/AIDS except for circumstances supporting treatment, payment, health care operations, public health required reporting, and certain research purposes.

² NCSU will notify you prior to releasing your PHI as required by court order or subpoena so that you may seek judicial protective action to prohibit such release.
• When the use and/or disclosure relates to research. For example, we may disclose your PHI to researchers when an institutional review board (IRB) that has reviewed the research proposal, and established protocols to ensure privacy of your PHI, has approved the research.

• Serious threats to health or safety. When the use and/or disclosure is to avert a serious threat to health or safety. For example, we may disclose your PHI if a health care provider believes in good faith that the use or disclosure is necessary to prevent or lessen a serious and imminent threat to the health and safety of a person or the public.

• Specialized government functions. When the use and/or disclosure relates to specialized government functions. For example, we may disclose your health information if it relates to military and veteran's activities, security and intelligence activities, protective services for officials, medical suitability and correctional institutions.

• Workers' compensation. When the disclosure is necessary to comply with workers' compensation laws or similar programs.

• Organ, eye or tissue donation. When the use and/or disclosure is for the purposes of facilitating organ, eye or tissue donation or transfer.

ANY OTHER USE OR DISCLOSURE OF YOUR PROTECTED HEALTH INFORMATION REQUIRES YOUR WRITTEN CONSENT. SEE PARAGRAPH 3 BELOW FOR EXPANDED DISCUSSION OF THIS TOPIC.

3. Use and disclosure of PHI: Authorization required. We must obtain your authorization to use and/or disclose your PHI in the following circumstances:

• Psychotherapy notes. Any use or disclosure of your psychotherapy notes requires your authorization, except for the following purposes: treatment; payment; health care operations; our own training programs for NCSU mental health students, trainees and practitioners; litigation defense if you bring suit against us; health care oversight; to prevent or lessen a serious and imminent threat to the health and safety of a person or the public; a coroner, medical examiner or funeral director for the purpose of determining cause of death or other duties authorized by law; or when otherwise required by law.

• Marketing. Any use or disclosure of your PHI for marketing purposes, except if our communication to you is in the form of: a face-to-face communication made by us; or a promotional gift of nominal value provided by us to you. If the marketing involves financial remuneration to us by a third party, your authorization must state that such remuneration is involved.

• Sale of PHI. Any disclosure of your PHI which is a sale requires your authorization, and must reflect whether the disclosure will result in remuneration to us.

Under any circumstances other than those listed in paragraph B above, we will ask for your written authorization before we use and/or disclose your PHI. If you sign a written authorization permitting us to disclose your PHI in a specific situation, you can later cancel in writing your authorization. If you cancel your authorization in writing, we will not disclose your PHI after we receive your cancellation.

FOR MORE INFORMATION, EXERCISING RIGHTS, REPORTING A PROBLEM OR FILING COMPLAINTS

Please contact the University's Privacy Officer at (919) 515-6122 to request more information, exercise rights expressed in this Notice, or to report problems.

Complaints (non-student patients):
If you believe your privacy rights have been violated, you can file a complaint with the University's Privacy Officer at (919) 515-6122, or in writing at: University Privacy Officer, Campus Box 7521, NC State University, Raleigh, NC 27695. You may also file a complaint with: Secretary, U.S. Dept. of Health and Human Services, Washington, DC. You will not be retaliated against for filing a complaint.

Complaints (student patients):
If you have a complaint or grievance related to your PHI, you may exercise rights provided by the Student Grievance Procedure found here: http://policies.ncsu.edu/regulation/reg-11-40-01 (undergraduates) or http://policies.ncsu.edu/regulation/reg-11-40-02 (graduates). You may also file a complaint with: Family Policy Compliance Office, U.S. Dept. of Education, Washington, DC. You will not be retaliated against for filing a complaint.