

# Texas Christian University Health Center Notice of Privacy Practices

TCU Health Center 2825 Stadium Drive, Fort Worth, Texas 76109 817-257-7940

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**THIS NOTICE DESCRIBES HOW MEDICAL AND MENTAL HEALTH INFORMATION ABOUT YOU MAY BE USED AND DISCLOSED AND HOW YOU CAN GET ACCESS TO THIS INFORMATION. STATE AND FEDERAL PRIVACY LAWS REQUIRE THAT WE FURNISH YOU WITH THIS NOTICE. PLEASE REVIEW IT CAREFULLY.**

**I. Purpose:** Texas Christian University Health Center (TCUHC) and its professional staff, employees, and volunteers follow the privacy practices described in this Notice. TCUHC maintains your Protected Health Information (PHI) in a confidential manner as required by law. PHI consists of medical and mental health information. TCUHC must use and disclose your PHI to the extent necessary to provide you with quality healthcare. To do this, TCUHC must share your PHI as necessary for treatment, payment, and healthcare operations.

**II. What Are Treatment, Payment, and Healthcare Operations?** Treatment may include sharing information among healthcare providers and/or mental health clinicians involved in your care. For example, your physician may share information about your condition with the pharmacist to discuss appropriate medication, or with a radiologist or other consultants in order to make a diagnosis. TCUHC may use your PHI as required by your insurer to obtain payment for your treatment. We also may use and disclose your PHI to improve the quality of care, e.g., for review and training purposes.

**III. University Health Services and Counseling and Mental Health Service Collaboration.** TCUHC and the TCU Counseling and Mental Health Service (TCUCMHS) work closely together and collaborate to provide the best services for our students. The providers/clinicians seen and the dates of appointments are viewable by schedulers in the TCUHC. This sharing of information is done for your safety and to facilitate the continuity of your care.

#### **IV. What Are Other Ways TCUHC May Use Your PHI?**

Unless you ask for restrictions on a specific use or disclosure, your PHI may be used or disclosed for the following purposes:

- Appointment reminders.
- To inform you of treatment alternatives, benefits, or services related to your health. (You will have an opportunity to refuse to receive this information.)
- For business associates to carry out payment or operations functions for TCUHC. For example, to install a new computer system or bill patients on our behalf. All business associates are obligated to protect the privacy and security of your PHI and may not use or disclose your PHI other than as specified in our agreements with them.
- For public health purposes such as reporting reactions to medications; infectious disease control; reporting child or elder abuse or neglect; or notifying authorities of suspected abuse, neglect, or domestic violence (if you agree or as required by law).
- To inform a family member, other relative, personal friend or other individual involved in your care, if we obtain your verbal agreement to do so.
- Worker's Compensation. (Your PHI regarding benefits for work-related illnesses may be released as appropriate.)

- Health oversight activities, *i.e.*, audits, inspections, investigations, and licensure.
- Certain research projects.
- To prevent a serious threat to health or safety.
- Law enforcement (*i.e.*, in response to a court order or other legal process; to identify or locate an individual being sought by authorities; about the victim of a crime under restricted circumstances; about a death that may be the results of criminal conduct; or circumstances relating to reporting information about a crime.)
- Disaster relief agency, if injured in a disaster.
- National security and intelligence activities.
- Protection of the President or other authorized persons for foreign heads of state, or to conduct special investigations.
- Lawsuits and disputes. (We will attempt to provide you advance notice of a subpoena before disclosing the information.)
- As required by law.
- Alcohol and drug abuse information has special privacy protections. TCUHC will not disclose any PHI relating to a client's substance abuse assessment and/or treatment unless: (i) the client consents in writing; (ii) a court order signed by a judge requires disclosure of the information; (iii) medical personnel need the information to meet a medical emergency; (iv) qualified personnel use the information for the purpose of conducting research, management audits, or program evaluation; or (v) it is necessary to report a crime or a threat to commit a crime or to report abuse or neglect as required by law.

**V. Your Authorization Is Required for Other Disclosures.** Except as described above, we will not use or disclose your PHI unless you authorize (permit) TCUHC in writing to disclose your information. You may revoke your permission, which will be effective only after the date of your written revocation.

**VI. You Have Rights Regarding Your PHI.** You have the following rights regarding your PHI, provided that you make a written request to invoke the right on the form provided by TCUHC.

- **Right to request restrictions.** You may request limitations on our use or disclosure of your PHI for healthcare treatment, payment, or operations (e.g., you may ask us not to disclose that you have had a particular surgery), but we are not required to agree to your request. If we agree, we will comply with your request unless the information is needed to provide you with emergency services. However, if you ask us not to bill your insurer for an item or service and pay in full out-of-pocket instead, you may ask that your PHI related to that item or service not be disclosed to your insurer for purposes of payment or healthcare operations. In such case, we will honor that request.
- **Right to confidential communications.** You may request communication in a certain way or at a certain location, but you must specify how or where you wish to be contacted.
- **Right to inspect and request a copy.** You have the right to inspect and request a copy of your PHI regarding decisions about your care. We charge a fee for copying, mailing and supplies. Under limited circumstances,

your request may be denied. You may request review of the denial by another licensed healthcare professional chosen by TCUHC. TCUHC will comply with the outcome of the review.

- **Right to an electronic copy of electronic medical records.** If your PHI is maintained in an electronic format (known as an electronic medical record or an electronic health record), you have the right to request that an electronic copy of your record be given to you or another individual or entity. We will make every effort to provide access to your PHI in the form or format you request, if it is readily producible in that form or format. If it is not readily producible in the form or format you request, your record will be provided in either our standard electronic format or, if you do not want this format, as a readable hard copy. We may charge a reasonable, cost-based fee for transmitting the electronic medical record.
- **Right to request an amendment.** If you believe that the PHI we have about you is incorrect or incomplete, you may request an amendment on the form provided by TCUHC, which requires certain specific information. TCUHC is not required to accept the amendment.
- **Right to accounting disclosures.** You may request a list of the disclosures of your PHI that have been made to persons or entities other than for healthcare treatment, payment, or operations in the past six (6) years. After the first request, there will be a charge.
- **Right to receive notice of a breach.** You have the right to be notified upon a breach of any of your unsecured PHI.
- **Right to a copy of this Notice.** You may request a paper copy of this Notice at any time, even if you have been provided with an electronic copy. You may obtain an electronic copy of this Notice at our website: [www.healthcenter.tcu.edu](http://www.healthcenter.tcu.edu)

**VII. Requirements Regarding This Notice.** TCUHC is required by law to provide you with this Notice. We will be governed by this Notice for as long as it is in effect. TCUHC may change this Notice, and these changes will be effective for PHI we have about you as well as any information we receive in the future. Each time you register at TCUHC for healthcare services, you may receive a copy of the Notice in effect at the time.

**VIII. Complaints.** If you believe your privacy rights have been violated, you may file a complaint with TCUHC or with the Secretary of the United States Department of Health and Human Services. You will not be penalized or retaliated against in any way for making a complaint to TCUHC or the Department of Health and Human Services.

**Contact: Call the TCUHC Health Information Management Administrator at 817-257-7940- if:**

- You have any questions about this Notice.
- You wish to request restrictions on uses and disclosures for healthcare treatment, payment, or operations.
- You wish to obtain a form to exercise your individual rights described in paragraph VI.