

COLUMBUS STATE UNIVERSITY  
STUDENT HEALTH CENTER  
**NOTICE OF PRIVACY PRACTICES**

**THIS NOTICE DESCRIBES HOW MEDICAL INFORMATION ABOUT YOU MAY BE USED AND DISCLOSED AND  
HOW YOU CAN GET ACCESS TO THIS INFORMATION.  
PLEASE REVIEW IT CAREFULLY.**

**USES AND DISCLOSURES**

**Treatment.** Your health information may be used by staff members or disclosed to other health care professionals for the purpose of evaluating your health, diagnosing medical conditions, and providing treatment. For example, results of laboratory tests and procedures will be available in your medical record to all health professionals who may provide treatment or who may be consulted by staff members.

**Health Care Operations.** Your health information may be used as necessary to support the day-to-day activities and management of Columbus State University (CSU) Student Health Center (SHC). For example, your information may be used to evaluate care, and to promote quality, and effectiveness of healthcare at CSU Student Health Center.

**Law Enforcement.** Your health information may be disclosed to law enforcement agencies or governmental agencies to comply with legally required or government-mandated reporting.

**Public Health Reporting.** Your health information may be disclosed to public health agencies as required by law. For example, we are required to report certain communicable diseases to the state's public health department.

**Payment.** We may use your health information for payment. For example, information that identifies you, as well as your diagnosis, procedures, and supplies may be shared with other providers for payment services; i.e. insurance companies.

**ADDITIONAL USE OF INFORMATION**

CSU Student Health Center staff who telephones you for appointment reminders will have access to your health information for that purpose. Immunization history is imported into the Georgia Registry for Immunization Services.

**OTHER USES AND DISCLOSURES REQUIRE YOUR AUTHORIZATION**

Disclosure of your health information or its use for any purpose other than those listed in this Notice requires your specific written authorization. If you change your mind after authorizing a use or disclosure of your information, you may submit a written revocation of the authorization. However, your decision to revoke the authorization will not affect or undo any use or disclosure of information that occurred before you notified us of your decision to revoke your authorization.

**HEALTH INFORMATION RIGHTS**

**Your Health Information Rights**

Although your health record is the property of the Student Health Center, the information belongs to you. You have the following rights:

1. To receive a paper copy of this Notice of information practices upon request.
2. To inspect and/or receive a copy of your health record.
3. To request an amendment to your health record.
4. To receive an accounting of disclosures of your health information.
5. To request communications of your health information by other means or at other locations.
6. To request a restriction on certain uses and disclosures of your information.
7. To revoke your authorization to use or disclose your health information except to the extent that action has already been taken.

**HEALTH INFORMATION RIGHTS (CONTINUED) →**

## **Columbus State University SHC Responsibilities**

The Student Health Center is required to:

1. Maintain the privacy of your health information.
2. Provide you with this Notice of our legal duties and privacy practices regarding information we collect and maintain about you.
3. Abide by the terms of this Notice.
4. Notify you if we are not able to agree to a requested restriction.
5. Agree to reasonable requests from you to deliver health information in other ways or at other locations.

We reserve the right to change our practices and to make those changes effective for all protected health information we maintain. Should our information practices change, we will post the revised notice in our facility and provide you with a copy on request.

## **COMPLAINTS**

If you believe that your privacy rights have been violated, you can file a complaint with the Department of Health and Human Services

*Office for Civil Rights*  
U.S. Department of Health and Human Services  
200 Independence Avenue, S.W.  
Room 509F, HHH Building  
Washington, D.C. 20201

You will not be penalized or otherwise retaliated against for filing a complaint.