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.

WHO WILL FOLLOW THIS NOTICE
This notice describes the privacy practices of Creighton University Services, including any health care professional, employee, resident, or health care professional student involved in the delivery, quality and payment of your health care, as well as any volunteer we allow to observe or assist in your health care.

OUR LEGAL REQUIREMENTS
We are required by the Family Educational Rights and Privacy Act, as amended, to protect the privacy of your education records, including health information created or maintained at Student Health Services. There are other laws that provide additional protections for health information related to treatment for mental health, alcohol, substance abuse, and HIV/AIDS. We will follow the requirements of those laws for such health information.

HOW WE MAY USE AND DISCLOSE YOUR HEALTH INFORMATION

Examples are provided, but not every use or disclosure within a category will be listed.

For Treatment. We may use or disclose your health information to doctors, nurses, technicians, residents, health care professional students, and/or other personnel who are involved in your care. For example, a doctor treating you may use your health history in diagnosing your illness. Our physicians and nurses may share your health information in order to coordinate ordering lab work. We may disclose your health information to health care providers outside Student Health Services who are involved in your ongoing health care.

For Payment. We may use and disclose your health information so that the treatment and services you receive may be billed to and payment may be collected from you, an insurance company or a third party. We may tell your health plan about a treatment you are going to receive to help them decide whether to approve payment of your treatment. We may disclose your health information to entities outside Creighton for their health care operations as long as both Creighton and the other entity have treated you. We may also compare the health information we have with health information from other college student health clinics to see where we can make improvements in care and services.

To Avert a Serious Threat to Health or Safety. We may use and disclose your health information when necessary to prevent a serious threat to your health and safety or the health and safety of the public or another person. Disclosure would only be made to someone able to help prevent the threat.

To Subcontractors. We may disclose health information to subcontractors who provide services on our behalf. To protect your health information, we require our subcontractors to appropriately safeguard the information we disclose to them.

Appointment Reminders. We may use and disclose health information to contact you by phone, voice mail, e-mail, or mail to remind you about a scheduled appointment.

Treatment Alternatives. We may use and disclose health information to tell you about or recommend treatment options or health-related benefits and services of possible interest to you.

Individuals Involved in Your Care or Payment for Your Care. If you are under 19, we may be obligated to release your health information to a parent or other legal decision-maker. If you are over 19, we will release your health information to others only with your consent. We may also release your health information where, in our professional judgment, it would be common practice and in your best interests to allow a person to act on your behalf, as in the case of picking up medical supplies.

Research. We may use and disclose your health information for research purposes with your consent. If an Institutional Review Board reviews a request for information and approves a waiver of patient authorization as permitted by federal law, we may use or disclose health information without patient authorization.

As Required By Law. We will disclose your health information when required by federal, state or local law.

To Organ and Tissue Donation. If you are an organ donor, we may release health information to procurement organizations, transplant facilities, or organ donation banks as necessary to facilitate organ or tissue donation and transplantation.

Workers’ Compensation. We may release your health information as required workers’ compensation laws or
similar programs that provide benefits for work-related injuries or illness.

Public Health Activities. We may disclose your health information for public health activities. These activities generally include the following:
(1) To prevent or control disease, injury, or disability; (2) To report reactions to medications or problems with products; (3) To notify people of recalls of products they may be using; (4) To notify a person who may have been exposed to a disease or may be at risk for contacting or spreading a disease or condition; (5) To notify the appropriate government authority if we suspect a patient has been the victim of abuse, neglect, or domestic violence. We will disclose abuse if you agree or when required or authorized by law.

Health Oversight Activities. We may disclose health information to a health oversight agency for audits, investigations and inspections authorized by law. Oversight activities are those necessary for the government to monitor the health care system, government programs and compliance with civil rights laws.

Lawsuits and Administrative Claims. We may disclose your health information in response to court or administrative orders, in response to subpoenas, discovery requests, or other lawful processes.

Law Enforcement. We may release health information for the following reasons:
(1) To identify or locate a suspect, fugitive, material witness, or missing person; (2) To report criminal conduct at Student Health Services; and (3) In emergencies to report a crime; the location of the crime or victims; or the identity, description, or location of the person who committed the crime.

Coroners, Medical Examiners and Funeral Directors. We may release health information to a coroner or medical examiner as necessary to identify a deceased person or determine the cause of death. We may release health information to funeral directors to permit them to carry out their duties.

Military Activities. If you are in the Armed Forces, we may use or disclose your health information to the appropriate military authorities.

National Security, Intelligence Activities, Medical Suitability Determinations, Protective Services for the President and Others, and State Department Purposes. We may use or disclose your health information to authorized officials as authorized by law to perform their duties, conduct investigations or make medical suitability determinations relating to service in the Department of State.

Other Uses of Health Information. Other uses and disclosures of health information not covered by this notice or the laws that apply to us will be made only with your authorization. If you provide us authorization to use or disclose your health information, you may revoke that authorization, in writing, at any time. If you revoke your authorization, we will no longer follow your earlier written authorization. You understand that: (1) we will make disclosures where required by law; (2) we are unable to take back any disclosures we have already made with your authorization; and (3) we are required to retain records of the care provided.

YOUR RIGHTS REGARDING YOUR HEALTH INFORMATION You have the following rights regarding health information we maintain about you:

Right to Inspect and Copy. You have the right to inspect and copy your health information. Usually, this includes health care and billing records. This does not include psychotherapy notes, records made in anticipation of legal proceedings, records exempt from patient access under applicable state or federal laws. We reserve the right to deny your request for access or copies based on applicable laws. You must submit your request to inspect and copy your health information in writing to the Director of Student Health Services. If you request a copy, we may charge a fee for the costs of copying, mailing, or other supplies associated with your request. We may also charge a fee if you request a written summary.

Right to Amend. You may ask us to amend your health information if you feel it is incorrect or incomplete. We reserve the right to deny your request. To request an amendment, your request must be in writing and submitted to the Director of Student Health Services. You must provide a reason that supports your request for amendment. Please note that amendments to your record will not delete information already documented in your health record.

Right to Request Restrictions. You have the right to request a restriction or limitation on the health information we use or disclose about you for treatment, payment or health care operations. We reserve the right to deny your request. If we do agree to a requested restriction, we will comply with your request unless the information is needed to provide emergency treatment. To request restrictions, you must make your request in writing to the Director of Student Health Services. In your request, you must tell us (1) what information you want to limit; (2) whether you want to limit our use, disclosure or both; and (3) to whom you want the limits to apply.

Right to Request Confidential Communications. You have the right to request that we communicate with you about your health matters in a certain way or at a certain location. To request confidential communications, you must make your request in writing to the Director of Student Health Services. We will not ask you the reason for your request. Your request must specify how or where you wish to be contacted. We will accommodate all reasonable requests.

Right to a Paper Copy of This Notice. You have the right to a paper copy of this notice. You may ask us to give you a copy of this notice at any time. Even if you have agreed to receive this notice electronically, you are entitled to a paper copy of this notice. To obtain a paper copy of this notice, contact the Director of Student Health Services.

CHANGES TO THIS NOTICE
We reserve the right to or may be required by law to change our privacy practices, which may result in changes to this notice. We further reserve the right to make the revised privacy practices notice effective for health 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 the Student Health Services Clinic. In addition, if there is a material change in this notice, we will offer you a copy of the revised notice the next time you register or are otherwise treated by Student Health Services.

**COMPLAINTS**
If you believe your privacy rights have been violated, you may file a complaint with the Creighton University Privacy Officer. You will not be penalized or otherwise retaliated against for filing a complaint.

**CONTACT INFORMATION**
If you have any questions or would like additional information about this notice or our Privacy Practices, please contact Creighton University’s Privacy Officer by phone at (402) 280-3469 or by mail at Creighton University, University Privacy Officer, 2500 California Plaza, Omaha, NE 68178.