



## FAU Notice of Privacy Practices

Effective: October 1st, 2015

### NOTICE OF PRIVACY PRACTICES AND NOTICE OF HYBRID STATUS

for

Florida Atlantic University Board of Trustees, a  
public body corporate of the State of Florida  
777 Glades Road, Boca Raton, Florida 33431  
Website: <http://www.fau.edu/hipaa>

**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.**

**Hybrid Entity Status** – Under HIPAA, a Hybrid Entity is a single legal entity with business activities that include both medical services (also known as “Covered Components”) and non-medical activities (also known as “Non-Covered Components”). Florida Atlantic University has designated its College of Medicine, College of Nursing, Student Health Center and Pharmacy (and its clinics) as its Covered Components. All other components of Florida Atlantic University are designated as Non-Covered Components. All activities conducted by Workforce Members of the Covered Components are subject to our HIPAA policies and procedures. However, if Workforce Members of the Non-Covered Components need access to or use of your Protected Health Information (PHI), they also will be subject to our policies for the privacy and security of your information.

### **Your Information. Your Rights. Our Responsibilities.**

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#### **A Quick Summary**

#### **Your Rights**

You have the right to:

- Get a copy of your paper or electronic medical record
- Correct your paper or electronic medical record
- Request confidential communication and even choose someone to act for you
- Ask us to limit the information we share

**Also see “Exercising  
Your Rights”**

- Get a list of those with whom we've shared your information
- Get a copy of this privacy notice
- File a complaint if you believe your privacy rights have been violated

## **Your Choices**

You have some choices in the way that we use and share information as we:

- Tell family and friends about your condition
- Provide disaster relief and/or raise funds
- Include you in a hospital directory
- Provide mental health care
- Market our services and sell your information

**Also see “Exercising Your Choices”**

## **Our Uses and Disclosures**

We may use and share your information as we:

- Treat you, operate our organization and obtain payment for our services
- Help with public health and safety issues and do research and teach
- Comply with the law, law enforcement or oversight entities, and respond to lawsuits and legal actions
- Work with organ and tissue donation, medical examiner or funeral director requests
- Address workers' compensation, law enforcement, and other government requests

**Also see “Our Permitted and Required Uses and Disclosures”**

## **Exercising Your Rights**

When it comes to your health information, you have certain rights. This section explains your rights and some of our responsibilities:

### **Get an electronic or paper copy of your medical record**

- You can ask to see or get an electronic or paper copy of your medical record and other health information we have about you, except in very limited cases. Ask us how to do this.
- We will provide a copy or a summary of your health information, usually within 30 days of your request. We may charge a reasonable, cost-based fee.

### **Ask us to correct your medical record**

- You can ask us to correct your health information that you think is incorrect or incomplete. Ask us how to do this.
- We may say “no” to your request, but we'll tell you why in writing within 60 days and include information about your request in your record. We will describe your rights to give us a statement disagreeing with the denial.

**Request confidential communications**

- You can ask us to contact you in a specific way (for example, at your home phone or office phone) or to send mail to a different address. You can request that we communicate with you about health matters in a certain way or at a certain location.
- We will say “yes” to all reasonable requests.

**Ask us to restrict what we use or share**

- You can ask us not to use or share certain health information for treatment, payment, or our operations. We are not required to agree to your request, and we may say “no” if it would affect your care. If we agree with your request, we will comply unless the information is needed to provide emergency treatment, is required by law, or otherwise required to be disclosed as listed in this notice.
- If you pay for a service or health care item out-of-pocket in full, you can ask us not to share that information for the purpose of payment or our operations with your health insurer. We will say “yes” unless a law requires us to share that information.

**Get a list of those with whom we’ve shared information**

- You can ask for a list (accounting) of the times we’ve shared your health information for six years prior to the date you ask, who we shared it with, and why.
- We will include all the disclosures except for those about treatment, payment, and health care operations, and certain other disclosures (such as any you asked us to make). We’ll provide one accounting a year for free but will charge a reasonable, cost-based fee for additional requests within 12 months.

**Get a copy of this privacy notice**

- You can ask for a paper copy of this notice at any time, even if you have agreed to receive the notice electronically.
- You may obtain an electronic copy of this notice from our website at: [<http://www.fau.edu/hipaa>].

**Right to breach notification**

- You have the right to, and will receive notification in the event of, a breach of your information, unless such notification is exempted by law.

**Choose someone to act for you**

- If you have given someone medical power of attorney or if someone is your legal guardian, that person can exercise your rights and make choices about your health information.
- We will make sure the person has this authority and can act for you before we take any action.

**File a complaint if you feel your rights are violated**

- You can complain if you feel we have violated your rights by contacting us (See page 1).

- You can file a complaint with the U.S. Department of Health and Human Services Office for Civil Rights by sending a letter to 200 Independence Avenue, S.W., Washington, D.C. 20201, calling 1-877-696-6775, or visiting [www.hhs.gov/ocr/privacy/hipaa/complaints/](http://www.hhs.gov/ocr/privacy/hipaa/complaints/).
- We will not penalize you or retaliate against you for filing a complaint.

## **Exercising Your Choices**

For certain health information, you can tell us your choices about what we share. If you have a clear preference for how we share your information in the situations described below, let us know. We will follow your instructions and require individuals to provide proof of their identity.

In these cases, you have both the right and choice to tell us to:

- Share information with your family, close friends, or others involved in your care
- Share information in a disaster relief situation
- Include your information in a hospital directory

If you are not able to tell us your preference, for example if you are unconscious, we may go ahead and share your information if we believe it is in your best interest. We may also share your information, even if you object, when needed to lessen a serious and imminent threat to health or safety or in emergency circumstances.

In these cases we never share your information unless you give us written permission:

- Marketing purposes
- Sale of your information
- Most sharing of psychotherapy notes (except under certain circumstances)

In the case of fundraising: We may contact you for fundraising efforts, but you can tell us not to contact you again at any time.

## **Our Permitted and Required Uses and Disclosures**

How do we typically use or share your health information? We typically use or share your health information without your written permission in the following ways.

**Treat you and coordinate/manage your health care** - We can use your health information and share it with other professionals who are treating you.

*Example: A doctor treating you for an injury asks another doctor about your overall health condition.*

**Operate our organization** - We can use and share your health information to run our practice, operate our Patient Safety Organization, improve our services and your care, teach students, and contact you when necessary.

*Example: We use health information about you to manage your treatment and services.*

**Payment for our services to you** - We can use and share your health information to bill and get payment from health plans or other entities.

*Example: We give information about you to your health insurance plan so it will pay for your services.*

## **How else can we use or share your health information?**

We are allowed or required to share your information in other ways without your permission—usually in ways that contribute to the public good, such as public health and research. Some of the ways are listed below. We have to meet many conditions in the law before we can share your information for these purposes. For more information see:

[www.hhs.gov/ocr/privacy/hipaa/understanding/consumers/index.html](http://www.hhs.gov/ocr/privacy/hipaa/understanding/consumers/index.html).

### **Help with public health and safety issues**

We can share health information about you for certain situations such as:

- Preventing disease
- Notifying someone who may have been exposed to a disease or may be at risk for contracting or spreading a disease or condition
- Helping with product recalls
- Reporting adverse reactions to medications
- Reporting births and deaths
- Reporting suspected abuse, neglect, or domestic violence
- Preventing or reducing a serious threat to anyone's health or safety

### **Do research and teach**

We can use or share your information for health research or to collect information in databases to be used later for research (subject to review and approval by an independent review board) and, unless you object, have students and resident physicians studying in the medical profession observe and participate in our interactions, examinations and treatments.

### **Comply with the law**

We will share information about you if state or federal laws require it, including with the Department of Health and Human Services or other oversight entities if they want to see that we're complying with federal privacy law.

### **Respond to organ and tissue donation requests**

We can share health information about you with organ and tissue procurement organizations.

### **Work with a medical examiner or funeral director when an individual dies**

We can share health information with a coroner, medical examiner, or funeral director.

### **Address workers' compensation, law enforcement, and other government requests**

We can use or share health information about you:

- For workers' compensation claims

- For law enforcement purposes or with a law enforcement official
- With health oversight agencies for activities authorized by law (e.g., agencies that enforce compliance with licensure or accreditation requirements)
- For special government functions (e.g. military, national security, and presidential protective services)
- With military command authorities, if you are a member of the armed forces
- With correctional institutions having lawful custody of you, as necessary for your health and the safety of others

### **Respond to lawsuits and legal actions**

- We can share health information about you in response to a court or administrative order or a subpoena.

### **Business Associates**

- We can share information with our business associates to carry out treatment, payment or healthcare operations on our behalf.

### **Other Uses**

- Provide appointment reminders
- Describe or recommend treatment alternatives
- Provide information about health related benefits and services that may be of interest

### **Our Responsibilities**

- We are required by law to maintain the privacy and security of your Protected Health Information and to provide you with notice of our legal duties and privacy practices regarding your health information.
- You have the right to know, and we will let you know promptly, if a breach occurs that may have compromised the privacy or security of your information, unless such notification is exempted by law. Our notice to you may be delayed if we are so instructed by law enforcement.
- We must follow the duties and privacy practices described in this notice and give you a copy of it.
- Other uses and disclosures of health information not covered by this notice or applicable law will be made only with your written permission. If you provide permission to use or disclose health information, you may revoke that permission in writing at any time. If you revoke your permission, we will no longer use or disclose health information about you for the reasons covered by your revocation. We are unable to take back any disclosures already made with your permission.

Note you should keep us informed of any changes to your contact information such as your address and phone number so that we can contact you if it becomes necessary.

For more information see:

[www.hhs.gov/ocr/privacy/hipaa/understanding/consumers/noticepp.html](http://www.hhs.gov/ocr/privacy/hipaa/understanding/consumers/noticepp.html).

## **Changes to the Terms of this Notice**

We can change the terms of this notice, and the changes will apply to all information we have about you. If the change is a significant change, we will provide an updated notice. The new notice will be available upon request, in our offices, and on our web site.

## **Contacts**

Contact the following individuals with any questions or comments:

- Information Security:  
561-297-3440
- Chief Privacy Officer:  
561-297-3007
- Privacy Officer College of Nursing:  
561-297-0506
- Privacy Officer College of Medicine:  
561-297-4627
- Privacy Officer Student Health Services/Pharmacy:  
561-297-3540
- Division of Research; contact information for Research involving Protected Health Information:  
561-297-2318