



Student Health Services
Division of Student Affairs
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NOTICE OF PRIVACY PRACTICES FAU PHARMACY

**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 FAU Pharmacy practices and that of:

- Any health care professional authorized to enter information into your FAU pharmacy record
- All FAU Pharmacy employees, staff and other FAU Student Health Services personnel
- Business Associates of FAU Pharmacy that may share medical information with each other for treatment, payment or pharmacy operations purposes described in this notice.

OUR PLEDGE REGARDING MEDICAL INFORMATION

We understand that medical information about you and your health is personal. We are committed to protecting medical information about you. We create a record of the services you receive at the FAU Pharmacy. We need this record to provide you with quality care and to comply with certain legal requirements. This Notice applies to all of your records generated by the FAU Pharmacy, whether made by FAU Pharmacy personnel or your personal doctor. Your personal doctor may have different policies or notices regarding the doctor's use and disclosure of your medical information created in the doctor's office or clinic.

We are required by law to:

- Make sure that medical information that identifies you is kept private;
- Give you this Notice of our legal duties and privacy practices with respect to medical information about you; and
- Follow the terms of the Notice that is currently in effect.

HOW WE MAY USE AND DISCLOSE MEDICAL INFORMATION ABOUT YOU:

The following categories describe different ways that we use and disclose your medical information. Not every use or disclosure in a category will be listed. However, all of the ways we are permitted to use and disclose information will fall within one of the categories.

For Treatment

We may use or disclose medical information about you to dispense prescription medications or devices to you, provide you with information and counseling on your medications, and communicate with your physician, your physician's staff, emergency treatment persons, and other health care professionals to ensure you receive appropriate treatment and services.

We may disclose medical information about you to doctors, nurses, advanced registered nurse practitioners, technicians or other Student Health Services personnel who are involved in taking care of you at Student Health Services. We also may disclose medical information about you to people outside Student Health Services who may be involved in your medical care after you leave Student Health Services in the case of referrals or hospital transfers.

For Payment

We may use and disclose medical information to determine the amount of your co-payment responsibility and to obtain payment for your treatment from your insurer.

For Health Care Operations

We may use and disclose medical information about you for FAU Pharmacy operations. These uses and disclosures are necessary to run the FAU Pharmacy, to prevent fraud, to develop programs in order to offer more effective treatment to you and to ensure that all of our patients receive quality care.

For example, we may use medical information to review our treatment and services and to evaluate the performance of our pharmacy staff. We may also combine medical information about many pharmacy patients to decide what additional pharmacy services we should offer, what services are not needed and whether certain new treatments are effective. We may also disclose information to doctors, nurses, pharmacists, technicians and other Student Health Services personnel for review and learning purposes. We may also combine the medical information we have with medical information from other student health center pharmacies to compare how we are doing and see where we can make improvements in the care and services we offer. We may remove information that identifies you from this set of medical information so others may use it without learning who the specific patients are.

Communication with You

We may use your medical information to contact you in an effort to ensure your prescription is working effectively. We may use and disclose medical information to contact you as a reminder of medication refills at the FAU Pharmacy.

Treatment Alternatives

We may use and disclose medical information to tell you about or recommend possible prescription medication options or alternatives that may be of interest to you.

Health-Related Benefits and Services

We may use and disclose medical information to tell you about health-related benefits or services that may be of interest to you.

Individuals Involved in Your Care or Payment for Your Care

We may release medical information about you to a friend, family member, relative, or other person YOU IDENTIFY, who is involved in your medical care. We may also give information to someone who helps pay for your care. Unless you object, we may disclose your medical information to persons performing disaster relief activities.

As Required By Law

We will disclose medical information about you when required to do so by federal, state or local law.

To Avert a Serious Threat to Health or Safety

We may use and disclose medical information about you when necessary to prevent a serious threat to your health and safety or the health and safety of the public or another person. Any disclosure, however, would only be to someone able to help prevent the threat.

Public Health Risks

We may disclose medical information about you for public health activities. These activities generally include the following:

- To prevent or control disease, injury or disability;
- To report reactions to medications or problems with products;
- To notify people of recalls of products they may be using;
- To notify the appropriate government authority if we believe a patient has been the victim of abuse, neglect or domestic violence. We will only make this disclosure if you agree or when required or authorized by law.

Health Oversight Activities

We may disclose medical information to a health oversight agency for activities authorized by law. These oversight activities include, for example, audits, investigations, inspections or licensure for the oversight of the health care system, government benefit programs, government regulatory programs or civil rights laws.

Lawsuits and Disputes

If you are involved in a lawsuit or a dispute, we may disclose medical information about you in response to a court or administrative order. We may also disclose medical information about you in response to a subpoena, discovery request, warrant or other lawful process by someone else involved in the dispute, but only if efforts have been made to tell you about the request or to obtain an order protecting the information released.

Law Enforcement

We may release medical information if asked to do so by a law enforcement official:

- In response to a court order, subpoena, warrant, summons or similar process;
- To identify or locate a suspect, fugitive, material witness or missing person;
- About the victim of a crime if, under certain limited circumstances, we are unable to obtain the person's agreement;
- About a death we believe may be the result of criminal conduct;
- About criminal conduct at Student Health Services/FAU Pharmacy; and
- In emergency circumstances to report a crime; the location of the crime or victims; or the identity, description or location of the person who committed the crime.

YOUR RIGHTS REGARDING MEDICAL INFORMATION ABOUT YOU

You have the following rights regarding medical information we maintain about you:

Right to Inspect and Copy

You have the right to inspect and copy medical information we maintain about you. To inspect and copy medical information that may be used to make decisions about you, you must submit your request, in writing, to the Pharmacy Manager. We may charge you a fee for the costs of copying and mailing your protected information.

Right to Amend

If you feel that medical information we have about you is incorrect or incomplete, you may ask us to amend the information. You have the right to request an amendment for as long as the information is kept by the FAU Pharmacy. To request an amendment, your request must be made in writing and submitted to the Pharmacy Manager. In addition, you must provide a reason that supports your request.

We may deny your request for an amendment if it is not in writing or does not include a reason to support the request. In addition, we may deny your request if you ask us to amend information that:

- Was not created by us, unless the person or entity that created the information is no longer available to make the amendment;
- Is not part of the medical information kept by FAU Pharmacy;
- Is not part of the information which you would be permitted to inspect and copy; or
- Is accurate and complete.

Right to an Accounting of Disclosures

You have the right to request an “accounting of disclosures.” This is a list of the disclosures we made of medical information about you.

To request this list or accounting of disclosures, you must submit your request in writing to the Pharmacy Manager. Your request must state a time period, which may not be longer than six years and may not include dates before March 1, 2005. Your request should indicate in what form you want the list (for example, on paper, electronically).

Right to Request Restrictions

You have the right to request a restriction or limitation on the medical information we use or disclose about you for treatment, payment or health care operations. You also have the right to request a limit on the medical information we disclose about you to someone who is involved in your care or the payment for your care, like a family member or friend.

We are not required to agree to your request. If we do agree, we will comply with your request unless the information is needed to provide you emergency treatment. To request restrictions, you must make your request in writing, to the Pharmacy Manager. 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 medical matters in a certain way or at a certain location. To request confidential communications, you must make your request, in writing, to the Pharmacy Manager. We will not ask you the reason for your request. We will accommodate all reasonable requests. Your request must specify how or where you wish to be contacted.

Right to 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 still entitled to a paper copy of this Notice. You may obtain a copy of this Notice at our Pharmacy website, <http://www.fau.edu/shs/additional/pharmacy.php>. To obtain a paper copy of this Notice, go to FAU Pharmacy, 777 Glades Road, SS-8, Room 223, Boca Raton, Florida.

Right to Contact the FAU Pharmacy Privacy Officer

The FAU Pharmacy Privacy Officer is the Pharmacy Manager. Contact information: FAU Pharmacy, 777 Glades Road, SS-8, Room 223, Boca Raton, Florida; phone (561) 297-0072.

CHANGES TO THIS NOTICE

We reserve the right to change this Notice. We reserve the right to make the revised or changed Notice effective for medical 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 FAU Pharmacy. The Notice will contain, on the first page, in the top right-hand corner, the effective date.

COMPLAINTS

If you believe your privacy rights have been violated, you may file a complaint with the FAU Pharmacy Manager or with the Secretary of the Department of Health and Human Services. To file a complaint with the FAU Pharmacy, contact the Pharmacy Manager, FAU Pharmacy, 777 Glades Road, SS-8, Room 223, Boca Raton, FL 33431. All complaints must be submitted in writing.

You will not be penalized for filing a complaint.

OTHER USES OF MEDICAL INFORMATION

Other uses and disclosures of medical information not covered by this Notice or the laws that apply to us will be made only with your written permission. If you provide us permission to use or disclose medical information about you, you may revoke that permission, in writing, at any time. If you revoke your permission, we will no longer use or disclose medical information about you for the reasons covered by your written authorization. You understand that we are unable to take back any disclosures we have already made with your permission and that we are required to retain our records of the care that we provided to you.

References:

“Standards for the Privacy of Individually Identifiable Health Information; Final Rule.” 45 CFR Parts 160 through 164. *Federal Register*, Vol. 65, No. 250 (December 28, 2000).

“Standards for the Privacy of Individually Identifiable Health Information; Final Rule.” 45 CFR Parts 160 through 164. *Federal Register*, Vol. 67, No. 157 (August 14, 2002).