



BOISE STATE UNIVERSITY

HEALTH SERVICES

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.

Protecting Your Personal and Health Information

Boise State University Health Services (“Health Services”) is required by applicable federal and state laws to maintain the privacy of your protected health information, and to notify affected individuals following a breach of unsecure health information. This notice explains our privacy practices, our legal duties, and your rights concerning your health information. Our duties and your rights are set forth more fully in 45 CFR Part 164. While this policy is in effect, we are required by law to abide by its terms.

Uses and Disclosures We May Make Without Written Authorization

For certain purposes Health Services may use and or disclose your health information without your written authorization. These include the following circumstances:

- **Treatment:** We may use and disclose your health information to provide treatment to you, or for continuation of treatment activities.

For Example: We may share your information with another healthcare provider so they may treat you.

- **Payment:** We may use and disclose your health information to obtain payment for services provided to you.

For Example: We may disclose information to your health insurance company or other payer to obtain pre-authorization or payment for treatment.

- **Health Care Operations:** We may use and disclose your health information for certain activities that are necessary to operate our practice and ensure that our patients receive quality care.

For Example: We may use information to train or review the performance of our staff or make decisions affecting the practice. We may also call you by name in the waiting room when Health Services staff is ready to see you.

Other Uses and Disclosures

Health Services may also use or disclose your information for certain other purposes as allowed by 45 CFR § 164.512 or other applicable laws and regulations, including the following:

- To avoid serious threat to your health or safety or the health and safety of others.
- As required by state or federal law such as reporting abuse, neglect or certain other events.
- For certain public health activities, such as reporting certain diseases.
- For certain public health oversight activities, such as audits, investigations, or licensure actions.



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- In response to a court order, warrant or subpoena in judicial or administrative proceedings.
- For certain specialized government functions, such as the military or correctional institutions.
- For research purposes if certain conditions are satisfied.
- In response to certain requests by law enforcement, such as to locate a fugitive, victim or witness, or to report deaths or certain crimes.
- To coroners, funeral directors, or organ procurement organizations as necessary to allow them to carry out their duties.
- Scheduling and appointment reminders
- Plan Sponsors: If you are enrolled in the Student Health Insurance Plan (SHIP), we may disclose your health information to the sponsor to permit it to perform administrative activities.
- Underwriting: We may receive, use and disclose your health information for underwriting, premium rating or other activities relating to the creation, renewal or replacement of the contract for SHIP.
- If you are a minor: Some state laws concerning minors permit or require disclosure of protected health information to parents, guardian, and persons acting in a similar legal status. We will act consistently with the laws of Idaho and will make disclosures consistent with such laws.
- To your family and/or friends in the event of an emergency.

Disclosures We May Make Unless You Object:

Unless you notify us otherwise in writing, we may disclose your information as described below:

- For marketing purposes: Such as to inform you of health related products and services or about treatment alternatives that may be of interest to you. If we use or disclose your protected health information for fundraising activities, we will provide you with the choice to opt out of those activities. You may also choose to opt back in.
- To maintain a facility directory: If a person were to ask for you by name, we will only disclose if you were seen at Health Services.

Uses and Disclosures With Your Written Authorization:

Other uses and disclosures not described in this Notice will be made only with your written authorization, including most disclosures of psychotherapy notes (if the provider you saw kept psychotherapy notes), most marketing purposes, or if we seek to sell your information. You may revoke your authorization by submitting a written notice to the Privacy Contact identified below. The revocation will not be effective to the extent we have already taken action in reliance of the authorization.

Your Patient Rights Concerning Your Protected Health Information:

You have the following rights concerning your health information. To exercise any of these rights, you must submit a written request to the HIPAA Privacy Compliance Officer.



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- You may inspect and obtain a copy of your records that are used to make decisions about your care, or payment for your care. We may deny your request under certain circumstances. For example: if we determine that disclosure may result in harm to you or others.
- You may request that your protected health information be amended. We may deny your request for certain reasons such as: if we did not create the record or if we determine that the record is accurate and complete.
- You may request an accounting of disclosures we have made of your protected health information.
- You may request additional restrictions on the use or disclosure of information for treatment, payment or health care operations. However, we are not required to agree to the restrictions except in the limited situation in which you, or someone on your behalf pays for an item or service in full, and you request that the information concerning such item or service not be disclosed to a health insurer.
- We normally contact you by telephone, text message, email, or at your home address. You may request that we contact you by alternative means or at alternative locations. We will accommodate reasonable requests.
- You have the right to obtain a paper copy of this Notice upon your request. You have this right even if you have agreed to receive the Notice electronically.
- You have the right to receive notice of a breach. We will notify you if your unsecured protected health information has been breached.

Changes to this Notice of Privacy Practices

Boise State University Health Services reserves the right to amend this Notice of Privacy Practices at any time in the future and to make the new Notice provisions effective for all health information that it maintains. If we materially change our privacy practices, we will post a copy of the current Notice on our website and all other locations which this Notice is posted. Until such time, Boise State University Health Services is required by law to comply with the current version of this Notice.

Complaints

If you have any questions regarding this Notice or if you feel any of your rights listed in this Notice have been violated you may file a complaint with the Secretary of Health and Human Services or by notifying our HIPAA Privacy Compliance Officer. All complaints must be in writing. We will not retaliate against you for filing any complaints.

Attn: HIPAA Privacy Compliance Officer
Boise State University Health Services
1910 University Drive
Boise, ID 83725-1351
Phone (208) 426-1459
Fax (208) 426-3005

Office for Civil Rights, Region X-Seattle
U.S. Department of Health and Human Services
Linda Yuu Connor, Regional Manager
2201 Sixth Avenue – M/S: RX-11
Seattle, WA 98121-1831
Phone: (206) 615-2297
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