

# THE UNIVERSITY OF SOUTHERN MISSISSIPPI STUDENT HEALTH SERVICE PATIENT'S RIGHTS and RESPONSIBILITIES

As one of our patients, you have certain rights and responsibilities.

## YOU HAVE THE RIGHT

- To quality health care
- To be treated with dignity, consideration, respect and in a manner that does not discriminate against age, ancestry, color, disability or handicap, national origin, race, religious creed, sex , sexual orientation or veterans status
- To know the names and professional/malpractice status of people serving you
- To privacy to the best of our ability
- To confidentiality of your records
- To receive accurate information to the extent known about your health-related concerns
- To know the effectiveness, possible side effects, and problems of all forms of treatment
- To participate in choosing a form of treatment and decisions regarding your treatment
- To receive education and counseling
- To select and/or change your health care provider and for a second opinion or referral
- To choose who your medical information is shared with
- To review your medical records with a clinician
- To receive information about services and any related costs
- To develop an advanced directive

## YOU ALSO HAVE THE RESPONSIBILITY

- To be respectful of all health care providers, staff and other patients
- To inform your provider about any living will or advance directive
- To accept financial responsibility for charges not covered by insurance
- To seek medical attention promptly
- To be honest about your medical history, prescriptions (including over the counter), and allergies
- To follow health advice and medical instructions or accept responsibility for the outcome
- To provide a responsible adult to transport you home from this facility and remain with you for 24 hours if required by your provider
- To report any significant changes in symptoms or failure to improve
- To respect clinic policies
- To keep appointments or cancel in advance

- To seek nonemergency care during regular office hours
- To inform a staff member if you do not want any part of your visit filed on insurance
- To provide suggestions or grievances about Student Health Services

If you have suggestions, concerns, or questions, or to report a grievance, please contact the HIPAA Privacy Officer, 601-266-5390.

**UNIVERSITY OF SOUTHERN MISSISSIPPI  
STUDENT HEALTH SERVICE**

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**Notice of Privacy Practices**

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Effective Date July 1, 2003

**This notice describes how medical information about you may be used and disclosed and how you can get access to this information. Please read it carefully.**

USM SHS creates a record of the care and services you receive from us. We call this record your health information. We are required by law to keep your health information private. We are also required to provide you with this notice so that you will know how we use and release your health information. This notice also lists the rights you have regarding your health information. We will abide by the terms of the notice. This notice covers all healthcare providers who are affiliated with USM SHS and who may provide you with care at this facility.

We reserve the right to change the terms of this notice and our privacy practices at any time. Any changes will apply to the health information we already have. When we make changes to our privacy practices, we will post an updated notice in the places where you may get treatment from USM SHS. You can also request a copy of this notice at any time, any you may view a copy of the notice on our web site at [www.healthservice.usm.edu](http://www.healthservice.usm.edu).

**HOW USM SHS MAY USE AND RELEASE YOUR HEALTH INFORMATION**

**Uses and Releases Relating to Treatment, Payment or Health Care Operations**

**For Treatment.** For example, a doctor treating you for chest pain may need to know if you have any existing heart problems so that he/she can make an informed decision concerning your treatment. Additionally, we will/may contact you to (1) discuss treatment alternatives or other health related benefits that may be of interest to you as a patient.

**To Obtain Payment for Treatment.** For example, we will release some of your health information to your health insurance company in order to receive payment for your treatment.

**For Health Care Operations.** For example, administrative personnel reviewing the quality and appropriateness of the care you receive may use your health information. Additionally, we may contact you to participate in fundraising activities. You may request to opt out of fundraising activities by contacting the USM SHS Privacy Officer.

**USES AND RELEASES THAT DO NOT REQUIRE YOUR PERMISSION:**

**Emergencies.** We may use or release your health information in an emergency treatment situation.

**Payment.** We may use or release your health information to collect payment for services by a health plan or insurer.

**Food and Drug Administration.** We may use and release your health information to a person or company required by the Food and Drug Administration to track adverse events and as otherwise required.

**Workers' Compensation.** We may use and release your health information as necessary to comply with workers' compensation laws and other similar legally established programs.

**Federal, State or Local Law.** We may use and release your health information when required by law.

**Government Agencies and Law Enforcement.** We may release your health information to government agencies and law enforcement.

**Ordered by a Court, Tribunal or Other Judicial Proceeding.** We may release your health information when ordered by a court, tribunal or other judicial proceeding.

**Public Health Reasons.** We may use or release your health information of public health reasons.

**Coroners, Medical Examiners and Funeral Home Directors.** We may release your health information to a coroner, medical examiner, or funeral home director.

**Health Oversight Reasons.** We may release your health information to the government to be used to oversee the healthcare system.

**Organ and Tissue donation.** We may use and release your health information for organ and tissue donation.

**Research Reasons.** We may release your health information for reviews to prepare a research study and when approved by an institutional review board.

**Disaster Relief Reasons.** We may release your health information for the reason of coordinating disaster relief efforts.

**Specialized Government Functions.** We may release the health information of military personnel and veterans in certain situations to the government. We may also release your health information for national security reason.

**Avert a Serious Threat to Health or Safety.** We may release 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.

### **Uses and Releases to Which You Have the Opportunity to Object.**

**People Who Help Take Care of You.** We may provide your health information to a family member, friend or other person, if they help take care of you, or if they are responsible for paying for your care, unless you tell us not to. In emergencies, you will not be given the chance to tell us not to provide information to those who take care of you.

### **Other Uses and Releases Requiring Your Prior Written Permission**

Other uses and releases will be made, of your health information, only with your written permission. You may take back permission once you have given it and your refusal to provide permission will not be held against you; however, it may prevent us from completing a task you have requested, such as enrollment in a research study or to create a report for your attorney. The request to take back the permission must be made to USM SHS in writing. You cannot take back permission if USM SHS has already acted in reliance of the permission and as needed to maintain the integrity of a research study.

## **YOUR RIGHTS REGARDING YOUR HEALTH INFORMATION**

**You have the right to see and to get copies of your health information.** With only a few exceptions, you have the right to look at, or get copies of your health information that we have. You must make the request in writing. If we do not have your health information, but we know who does, we will tell you how to get it. We will respond to you within 30 to 90 days after receiving your written request. In certain

situations, we may deny your request. If we do, we will tell you, in writing, our reasons for the denial and explain your right to have the denial reviewed. If you request copies of your health information, we may charge you a fee based on our cost. Instead of providing the health information you requested, we may provide you with a summary or explanation of the health information as long as you agree to accept a summary and to the cost in advance.

**You have the right to request a correction to your health information.** If you believe that your health information is incorrect or information is missing, you may request that the information be changed or added. You must make the request in writing. You must also give us a reason for your request. We will let you know if we accept your request within 60 days of receiving your request. Under certain circumstances, we may deny the request. If we deny your request, we will let you know why. We will also explain your right to file a written statement of disagreement with the denial. If we approve your request, we will make the change to your information. We will let you know when the change is made. We will also let concerned parties know when the change is made.

**You have the right to request a listing of releases we have made of your health information.** You have the right to an accounting of all entities that obtained information unrelated to treatment, payment or healthcare operations without your permission, except as otherwise required by law. We will respond within 60 days of receiving your request. Your request must state the time period desired for the accounting, which must be less than a six-year period and starting after April 14, 2003. The list will contain the date of the release, the name of the recipient and address, if known, a description of the information released, and the reason for the release. If you make more than one request in the same year, you will be charged a fee based on cost for each additional request.

**You have the right to request limits on use and releases of your health information.** You have the right to request a limit on the health information we use or release about you for treatment, payment or health care operations. We will consider your request but are not legally required to accept it. If we accept your request, we will put any limits in writing and abide by them, except in some situations, such as during emergencies. You may not limit the uses and releases that we are legally required or allowed to make.

**You have the right to choose how we communicate with you.** You have the right to receive confidential communications of your personal health information. We may require written requests. We may condition the provision of confidential communications on you providing us with information as to how payment will be handled and specification of an alternative address or other method of contact. We may require that a request contain a statement that disclosure of all or a part of the information to which the request pertains could endanger you. We may not require you to provide an explanation of the basis for your request as a condition of providing communications to you on a confidential basis. We must permit you to request and must accommodate reasonable request by you to receive communications of personal health information from us by alternative means or at alternative locations. If we are a health care plan, we must permit you to request and must accommodate reasonable request by you to receive communications of personal health information from us by alternative means or at alternative locations if you clearly state that the disclosure of all or part of that information could endanger you.

If you would like more information on accessing, obtaining a copy or obtaining a listing of the releases that we have made of your health information, you may call the following number:

USM Student Health Service  
601-266-5390

## **AMENDMENTS TO THIS PRIVACY POLICY:**

July 2013

We reserve the right to revise or amend this Privacy Policy at any time. These revisions or amendments may be made effective for all personal health information we maintain even if created or received prior to the effective date of the revision or amendment. We will provide you with notice of any revisions or amendments to this Privacy Policy or changes in the law affecting this Privacy Notice, by mail or electronically within 60 days of the effective date of such revision, amendment or change.

**FILING A COMPLAINT**

If you have any questions about this notice, complaints about our privacy practices or would like information on how to file a complaint with USM SHS or the Secretary of the Department of Health and Human Services, please contact: the USM SHS Privacy Officer, at the USM Student Health Services, Box 5066, Hattiesburg, MS 39406 or call 601-266-5390. You will not be penalized or retaliated against for filing a complaint.