

# Modesto Junior College Health Service's Notice of Privacy Practices

## In accordance with the Family Educational Rights and Privacy Act (FERPA) and the Health Insurance Portability and Accountability Act (HIPAA)

MJC Health Services is covered by both FERPA and HIPAA regulations. Under FERPA the records maintained by MJC Health Services (MJCHS) are either "treatment records" or "education records." The majority of records maintained at MJC Health Services are considered to be treatment records, and include records that are made or maintained by a health care professional, are used only for your medical or mental health care, and are available only to treatment providers. If MJCHS discloses a student's treatment records for purposes other than treatment, the records are considered "education records" and are subject to all other FERPA requirements.

Federal regulations make clear that education records and treatment records are excluded from coverage under the HIPAA Privacy and Security Rules. Accordingly, FERPA regulations prescribe the federal rules that MJCHS staff must follow in protecting the privacy of a student's medical and therapy records.

MJC must comply with HIPAA with respect to its transactions and maintenance of the electronic medical record system (EMR), overseen by the Yosemite Community College District. All contact and medical information utilized by the nurse, physician, and/or mental health practitioner is created and maintained in the EMR.

HIPAA regulations apply to non-student health records.

For more information about FERPA and HIPAA, visit <http://www.ed.gov/policy/gen/guid/fpco/index.html> and <https://www2.ed.gov/policy/gen/guid/fpco/doc/ferpa-hipaa-guidance.pdf>

*This Notice describes how medical information about you may be used and disclosed and how you can get access to this information. It also describes your rights and certain obligations we have regarding the use and disclosure of your medical information.*

### **1.) OUR LEGAL DUTY**

MJCHS is legally required to:

- \* make sure that your medical information is protected;
- \* give you this Notice describing 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.

### **2.) HOW WE MAY USE AND DISCLOSE MEDICAL INFORMATION ABOUT YOU.**

MJCHS may disclose your records to other healthcare providers who are providing you with treatment. Under most circumstances, you will need to sign a written consent before we disclose your records, but FERPA regulations also list some circumstances under which your records may be disclosed without your prior written consent. Additionally, state and federal laws require that healthcare providers disclose your information under specific circumstances:

#### **2a. For Treatment**

MJCHS staffs registered nurses at two separate campuses. MJCHS staff collaborate with physicians, dentists, optometrists, marriage and family therapists, (MFT), insurances, administration, staff, risk management, ambulance services and community health clinic providers. In the interest of providing continuity of care, information may be shared among these providers and with other providers to whom you are referred, only to the extent that it ensures appropriate treatment. Information may be shared by paper mail, fax, or other confidential methods.

#### **2b. For Payment**

We may use and disclose medical information about you so that the treatment and services you receive at MJCHS or from other entities, such as an ambulance company, may be billed to and payment may be collected from you, an insurance company or a third party.

#### **2c. For Health Care Operations**

We may use and disclose medical information about you for MJCHS operations. Your medical information may be used or disclosed to comply with laws and regulations, contractual obligations, licensing agencies, accrediting agencies, patients' claims, grievances, insurance activities, audits, medical records database management, and health or safety emergencies. We may also disclose information to health system personnel for performance improvements and educational purposes.

#### **2d. Appointment Reminders**

We may contact you via phone, text, and/or email to remind you that you have an appointment at MJCHS.

#### **2e. Health-Related Benefits and Services**

We may contact you about benefits or services that we provide.

## **2f. Fundraising Activities**

We may contact you to provide information about MJCHS-sponsored activities. We would only use information about the services you received in MJCHS.

## **2g. News Gathering Activities**

MJCHS staff may contact you or one of your family members to discuss whether or not you want to participate in a media or news story.

## **2h. Disaster Relief Efforts**

We may disclose medical information about you to an entity assisting in a disaster relief effort so that your family can be notified about your condition, status and location.

## **2i. To Avert a Serious Threat to Health or Safety**

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

## **2j. Research**

On occasion, researchers contact students regarding their interest in participating in certain research studies. Enrollment in those studies can only occur after you have been informed about the study, had an opportunity to ask questions, and indicated your willingness to participate by signing a consent form. Any data reports/surveys obtained from MJCHS will be aggregated data and will not contain student name or other information that can identify individuals.

## **2k. As Required By Law**

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

## **2l. Military and Veterans**

If you are or were a member of the armed forces, we may release medical information about you to military command authorities as authorized or required by law. We may also release medical information about foreign military personnel to the appropriate military authority as authorized or required by law.

## **2m. Workers' Compensation**

We may use or disclose medical information about you for Workers' Compensation or similar programs as authorized or required by law. These programs provide benefits for work-related injuries or illness.

## **2n. Public Health Disclosures**

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

- preventing or controlling disease (such as tuberculosis), injury or disability;
- reporting vital events such as births and deaths; reporting child abuse or neglect;
- reporting adverse events or surveillance related to food, medications or defects or problems with products;
- notifying persons of recalls, repairs or replacements of products they may be using;
- notifying a person who may have been exposed to a disease or may be at risk of contracting or spreading a disease or condition;
- reporting to the employer findings concerning a work-related illness or injury or workplace-related medical surveillance;
- notifying the appropriate government authority if we believe a patient has been the victim of abuse, neglect or domestic violence and makes this disclosure as authorized or required by law;

## **2o. E-mail and Facsimile transmission**

E-mail and faxing is fast and may be appropriate for emergencies or time-sensitive issues. At this time no one can guarantee the privacy of these messages. Employers generally have the right to access any e-mail received or sent by a person at work. Any use of these transmissions includes a specific addressee and sender and includes a confidentiality notice that states something like this:

This transmission contains confidential information belonging to the sender that is legally privileged and confidential. This information is intended only for the use of the individual or entity named above. If you are not the intended recipient, you are hereby notified that any disclosure, copying, distribution, or action taken in reliance on the contents of these documents is strictly prohibited. If you have received this telecopy in error, please notify the sender immediately to arrange for return of these documents.

## **2p. Legal Proceedings**

We may disclose medical information to courts, attorneys, and court employees in the course of conservatorship and certain other judicial or administrative proceedings.

## **2q. Lawsuits and Other Legal Actions**

In connection with lawsuits or other legal proceedings, we may disclose medical information about you in response to a court or administrative order, or in response to a subpoena, discovery request, warrant, summons, or other lawful process.

## **2r. Law Enforcement**

If asked to do so by law enforcement, and as authorized or required by law, we may release medical information:

- To identify or locate a suspect, fugitive, material witness, or missing person;
- About a suspected victim of a crime if, under certain limited circumstances, we are unable to obtain the person's agreement.

- About a death suspected to be the result of criminal conduct;
- About criminal conduct at MJC;
- In case of a medical emergency, to report a crime; the location of the crime or victims; or the identity, description or location of the person who committed the crime.

### **2s. National Security and Intelligence Activities**

We may disclose medical information about you to authorized federal officials for intelligence, counterintelligence, and other national security activities, or to provide protective services to the President and others to conduct related investigations.

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### **2t. Inmates**

If you are an inmate of a correctional institution or under the custody of law enforcement officials, we may release medical information about you to the correctional institution as authorized or required by law.

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## **3.) YOUR RIGHTS REGARDING MEDICAL INFORMATION ABOUT YOU**

You may make a written request to see your Health Services records. We may provide you with copies of the records or arrange for a healthcare provider to be with you when you review them in order to explain the records and/or answer your questions.

Your medical information is the property of MJCHS. You have the following rights, however, regarding medical information we maintain about you:

With certain exceptions, you have the right to inspect and/or receive a copy of your medical information for a fee. To inspect and/or to receive a copy of your medical information, you must submit your request in writing to Modesto Junior College Health Services 435 College Ave. Modesto, CA 95350. If you request a copy of the information, there is a fee for these services.

We may deny your request to inspect and/or to receive a copy in certain limited circumstances. If you are denied access to medical information, in most cases, you may have the denial reviewed. Another licensed health care professional chosen by MJCHS will review your request and the denial. The person conducting the review will not be the person who denied your request. We will comply with the outcome of the review.

### **3a. Right to Request an Amendment or Addendum**

If you feel that medical information we have about you is incorrect or incomplete, you may ask us to amend the information or add an addendum (addition to the record) as long as the information is kept by MJCHS.

Amendment. To request an amendment, your request must be made in writing and submitted to the Modesto Junior College Health Services Director, 435 College Ave. Modesto, CA 95350. 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 MJCHS;
- Is not part of the medical information kept by or for MJCHS;
- Is not part of the information which you would be permitted to inspect and copy; or
- Is accurate and complete in the record.

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Addendum. To submit an addendum, the addendum must be made in writing and submitted to the Modesto Junior College Health Services Director, 435 College Ave, Modesto, CA 95350. An addendum must not be longer than 250 words per alleged incomplete or incorrect item in your record.

### **3b. Right to an Accounting of Disclosures**

You have the right to review certain disclosures we have made of your medical information.

To request this accounting of disclosures, you must submit your request in writing to the Modesto Junior College Health Services 435 College Ave. Modesto, CA 95350. Your request must state a time period that may not be longer than the six previous years. You are entitled to one accounting within any 12-month period at no cost. If you request a second accounting within that 12-month period, there will be a charge for the cost of compiling the accounting. We will notify you of the cost involved and you may choose to withdraw or modify your request at that time before any costs are incurred.

### **3c. 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, such as a family member or friend. For example, you could ask that we not use or disclose information to a family member about a treatment you had.

To request a restriction, you must make your request in writing to Modesto Junior College Health Services 435 College Ave. Modesto, CA 95350. 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, for example, only to you and your spouse. We are not required to agree to your request.

If we do agree, our agreement must be in writing, and we will comply with your request unless the information is needed to provide you emergency

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### **3d. 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. For example, you may ask that we contact you only at home or only by mail.

To request confidential communications, you must make your request in writing to Modesto Junior College Health Services 435 College Ave. Modesto, CA 95350. We will accommodate all reasonable requests. Your request must specify how or where you wish to be contacted.

### **3e. 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 still entitled to a paper copy of this Notice. Copies of this Notice are available in Health Services.

### **4.) CHANGES TO MJCHS PRIVACY PRACTICES AND THIS NOTICE**

We reserve the right to change MJCHS' privacy practices and 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 have a copy of the current Notice available at MJCHS. The Notice will contain the effective date in the footnotes. At any time you may request a copy of the current Notice in effect.

### **5.) QUESTIONS OR COMPLAINTS**

If you have any questions about this Notice, please contact Modesto Junior College Health Services 435 College Ave. Modesto, CA 95350, (209) 575-6037.

If you believe your privacy rights have been violated, you may file a complaint with MJCHS or with the Vice President of Student Services. To file a written complaint with MJCHS, contact Health Services 435 College Ave. Modesto, CA 95350, (209) 575-6037.

*You will not be penalized for filing a complaint.*

### **6.) OTHER USES OF MEDICAL INFORMATION**

Other uses and disclosures of medical information not covered by this Notice 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 permission. You understand that we are unable to take back any disclosures we have already made with your permission, and that we will retain our records of the care provided to you as required by law.