This Privacy Notice Describes How Health Information About You May Be Used And Disclosed And How You Can Get Access To This Information. Please Review It Carefully.

Xavier University of Louisiana Student Health Services is required under the federal health care privacy act (HIPAA – Effective April 14, 2003) to protect the privacy of your health information. By law, we must provide to you a copy of the Privacy Notice regarding our legal duties, policies and procedures to protect and maintain the privacy of your health information. You can always obtain a copy of our current privacy notice from our office.

1. PERMITTED USES AND DISCLOSURES
   - **Treatment** - Xavier University of Louisiana Student Health Services providers and staff may use and disclose your health information for coordination or management of your health care, including consultations between health care providers regarding your care and referrals for health care from one health care provider to another. For example, other health care providers may share health information about you in order to coordinate the different things you may need, i.e. prescriptions, lab work, and/or x-rays.
   - **Payment** - We may disclose to your insurance carrier (or other third party payor) personal identifying information along with information about your medical condition for the purpose of determining whether your medical plan will cover your medical bills for services rendered.
   - **Health Care Operations** – Xavier University of Louisiana Student Health Services have multiple independent contracted physicians providing medical services. We may use and disclose your health information for our daily health care operations, including, but not limited to receiving and responding to patient complaints, quality assurance, compliance programs, audits, and for educational purposes.

2. DISCLOSURES RELATED TO COMMUNICATIONS WITH YOU OR YOUR FAMILY
   - We may contact you to provide appointment reminders or information about treatment alternatives or other health-related benefits and services that may be of interest to you or relate specifically to your medical care through our office.
   - We may disclose your protected health information to your family or friends or any other individual identified by you when they are involved in your care or the payment for your care. We will only disclose the protected health information directly relevant to their involvement in your care or payment.

3. OTHER SITUATIONS
   - As required by law, we may use and disclose health information for the following types of entities, including but not limited to:
     - Organ and Tissue Donation Organization
     - Military and Veterans
     - Public Health Risks
     - Health Oversight Activities
     - Coroners, Medical Examiners and Funeral Directors
     - Correctional Institutions
     - Business Associates
- **Law Enforcement/ Legal Proceedings** - We may disclose medical information in response to a court order, subpoena, warrant, summons, etc.
- **Workman’s Compensation** – We may disclose your health information to your employer to comply with Louisiana laws relating to workman’s compensation.
- **Serious Threats** - As permitted by applicable law and standards of ethical conduct, we may use and disclose protected health information if we, in good faith, believe that the use of disclosure is necessary to prevent or lessen a serious and imminent threat to the health or safety of a person or the public.
- **Disaster Relief** - When permitted by law, we may coordinate our uses and disclosures of protected health information with public or private entities authorized by law or by charter to assist in disaster relief efforts.

4. **USES / DISCLOSURES OF HEALTH INFORMATION THAT REQUIRE WRITTEN AUTHORIZATION**

- Other uses and disclosures of health information not covered by this notice or the laws that apply to us will require your written permission. If you provide us permission, you may revoke that permission, in writing, at any time.

5. **YOUR RIGHTS**

- You have the right to:
  - Restrict or limit how we use and disclose your protected health information for treatment, payment and/or healthcare operations.
  - Request 🔄 An accounting of disclosures
    🔄 Confidential Communications
    🔄 To inspect and obtain a copy of your health information for a nominal fee.

  🖹 However, we are not required to agree to your request.

6. **CHANGES TO NOTICES**

We reserve the right to change the terms of this notice and the revised or changed notice will be effective for the health information we maintain and use, as well as any information we receive in the future. Should the terms of this Privacy Notice change we will make a revised copy available to you.

7. **COMPLAINTS**

If you believe your privacy rights were violated you should immediately file a complaint with our office, Xavier University of Louisiana, Office of Student Health Services, 1 Drexel Drive – Box 36, New Orleans, La. 70125, (504)520-7396 and/or you may file complaints with the Secretary of the Department of Health and Human Services. All complaints have to be in writing.