

**PACE UNIVERSITY**

**UNIVERSITY HEALTH CARE**

**NOTICE OF PRIVACY PRACTICES**

**This Notice is effective on April 14, 2003**

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**THIS NOTICE DESCRIBES HOW YOUR MEDICAL INFORMATION ABOUT YOU MAY BE USED AND DISCLOSED AND HOW YOU CAN GET ACCESS TO THIS INFORMATION.**

**PLEASE REVIEW IT CAREFULLY.**

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We are required by law to protect the privacy of any medical information that identifies you. This medical information may be about health care we provide to you or payment for health care provided to you. It may also be information about your past, present, or future medical condition. As personally identifiable health information, under this rule it becomes protected health information.

We are also required by law to provide you with this Notice of Privacy Practices explaining our legal duties and privacy practices with respect to your protected health information. We are legally required to follow the terms of this Notice. In other words, we are only allowed to use and disclose your protected health information in the manner that we have described in this Notice.

We may change the terms of this Notice in the future. We reserve the right to make changes and to make the new Notice effective for all protected health information that we maintain. If we make changes to the Notice, we will:

- Post the new Notice in our waiting area

- Have copies of the new Notice available upon request (you may always contact our Privacy Official at 914-773-3978 to obtain a copy of the current Notice).

The rest of this Notice will:

- Discuss how we may use and disclose your protected health information

- Explain your rights with respect to your protected health information

- Describe how and where you may file a privacy-related complaint

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**WE MAY USE AND DISCLOSE PROTECTED HEALTH INFORMATION  
IN SEVERAL CIRCUMSTANCES**

This section of our Notice explains in some detail how we may use and disclose your protected health information in order to provide health care, obtain payment for that health care, and operate our business efficiently. This section then briefly mentions other circumstances in which we may use or disclose your protected health information.

**1. Treatment**

We may use and disclose your protected health information to provide health care treatment to you. In other words, we may use and disclose your protected health information to provide, coordinate or manage your health care and related services. This may include communicating with other health care providers on or off campus regarding your treatment to coordinate and manage your health care.

## **2. Payment**

We may use and disclose your protected health information to obtain payment for health care services that you received. This means that, within the department, we may use your protected health information to arrange for payment (such as preparing bills and managing accounts). We also may disclose your protected health information to others (such as insurers, collection agencies, and consumer reporting agencies). In some instances, we may disclose your protected health information to an insurance plan before you receive certain health care services because, for example, we may want to know whether the insurance plan will pay for a particular service.

## **3. Health care operations**

We may use and disclose your protected health information in performing a variety of business activities that we call “health care operations.” These “health care operations” activities allow us to, for example, improve the quality of care we provide and reduce health care costs. For example, we may use or disclose your protected health information in performing the following activities:

- Reviewing and evaluating the skills, qualifications, and performance of our staff
- Providing training programs for students, trainees, health care providers or non-health care professionals to help them practice or improve their skills.
- Cooperating with outside organizations in evaluations of the treatment and services we provide, and the certification and licensing of providers, staff or facilities.
- Reviewing and improving the quality, efficiency and cost of care that we provide.
- Planning for our organization’s future operations.
- Resolving grievances within our organization.
- Working with others (such as lawyers, accountants and other providers) who assist us to comply with this Notice and other applicable laws.

## **4. Persons involved in your care**

We may disclose your protected health information to a relative, close personal friend or any other person you identify if that person is involved in your care and the information is relevant to your care. If the patient is a minor, we may disclose protected health information about the minor to a parent, guardian or other person responsible for the minor except in limited circumstances.

We may also use or disclose your protected health information to a relative, another person involved in your care or possibly a disaster relief organization (such as the Red Cross) if we need to notify someone about your location or condition.

You may ask us at any time not to disclose your protected health information to persons involved in your care. We will agree to your request and not disclose the information except in certain limited circumstances (such as emergencies) or if the patient is a minor. If the patient is a minor, we may or may not be able to agree to your request.

## **5. Required by law**

disclose your protected health information in the following circumstances when we are permitted to do so by law. Below are brief descriptions of the “national priority” activities recognized by law.

**Threat to health or safety:** We may use or disclose your protected health information if we believe it is necessary to prevent or lessen a serious threat to health or safety.

**Public health activities:** We may use or disclose your protected health information for public health activities. Public health activities require the use of your protected health information for various activities, including, but not limited to, activities related to investigating diseases, reporting child abuse and neglect, monitoring drugs or devices regulated by the Food and Drug Administration, and monitoring work-related illnesses or injuries. For example, if you have been exposed to a communicable disease (such as a sexually transmitted disease), we may report it to the New York State Department of Health and take other actions to prevent the spread of the disease.

**Abuse, neglect or domestic violence:** We may disclose your protected health information to a government authority (such as the Department of Social Services) if you are an adult and we reasonably believe that you may be a victim of abuse, neglect or domestic violence.

**Health oversight activities:** We may disclose your protected health information to a health oversight agency – which is basically an agency responsible for overseeing the health care system or certain government programs. For example, a government agency may request information from us while they are investigating possible insurance fraud.

**Court proceedings:** We may disclose your protected health information to a court or an Official of the court (such as an attorney). For example, we would disclose your protected health information to a court if a judge orders us to do so.

**Law enforcement:** We may disclose your protected health

## **10. Authorization**

Other than the uses and disclosures described above (#1-9), we will not use or disclose your protected health information without the “authorization” – or signed permission – of you or your personal representative. In some instances, we may wish to use or disclose your protected health information and we may contact you to ask you to sign an authorization form. In other instances, you may contact us to ask us to disclose your protected health information and we will ask you to sign an Authorization Request For Use or Disclosure of Protected Health Information form.

If you sign a written authorization allowing us to disclose your protected health information, you may later revoke (or cancel) your authorization in writing (except in very limited circumstances related to obtaining insurance coverage). If you would like to revoke your authorization, you may write us a letter revoking your authorization or fill out a Request To Revoke Authorization form, which

#### **4. Right to an accounting of disclosures we have made**

You have the right to receive an accounting (which means a detailed listing) of disclosures for a period not to exceed six (6) years made by us of your protected health information after April 14, 2003. Requests must be made in writing and signed by you or your representative. The accounting will not include disclosures for treatment, payment or health care operations. A Request For Accounting of Disclosures form is available in the department or from our Privacy Official. If you request an accounting more than once every twelve (12) months, we will charge you a fee of \$25.00 to cover the costs of preparing the accounting.

#### **5. Right to request restrictions on use and disclosure**

You have the right to request that we limit the use and disclosure of your protected health information for treatment, payment and health care operations. We are not required to agree to your request. If we do agree to your request, we must follow your restrictions (except if the information is necessary for emergency treatment). You may cancel the restrictions at any time. In addition, we may cancel a restriction at any time as long as we notify you of the cancellation and continue to apply the restriction to information collected before the cancellation. Request must be made in writing or a Request for Restrictions on Use and Disclosure of Protected Health Information form is