University Health Center University of Nebraska Lincoln
Notice of Privacy Practices for Students 27.33a
Understanding Your Health Record Information

We understand that medical information about you is personal and we are committed to protecting that information. The use of your health information is protected according to State Law and ethical standards that govern medical providers. The disclosure of a student’s protected health information is protected as described in the Family Educational Rights and Privacy Act (FERPA).

Each time you visit a provider at the University Health Center a record of your visit is made. During your visit personal information about you is collected and recorded. Typically, this record contains your demographic information (including your social security number), your symptoms, examination and test results, diagnoses, treatment, and a plan for future care or treatment. This information serves as a means of communication among the many authorized health professionals who enter or use the information. Your information is:

- a basis for planning your care and treatment.
- a legal document describing the care you received.
- a means by which you or a third party payer (insurance company) can verify that services billed were actually provided.
- a source of information for public health officials charged with improving the health of the nation, as required by law.
- a tool with which we can assess and continually work to improve the care we render and the outcomes we achieve.

Your Rights Regarding Your Medical Information

All medical records compiled at the University Health Center are the physical property of the University Health Center, the information belongs to you and you have the right to:

- Expect that your health information will be kept secure and used for legitimate purposes.
- Inspect and review a copy your health record.
- Request a restriction on certain uses and disclosures of your health information.
- Request an amendment to your health record.
- Revoke your authorization to use or disclose health information except to the extent that action has already been taken.

University Health Center Responsibilities

The University Health Center will:

- Maintain the privacy of your health information.
- Abide by the terms of this notice.
- Notify you if we are unable to agree to a requested restriction.
- Accommodate reasonable requests you may have to communicate health information by alternative means or at alternative locations.

Uses and Disclosures of Health Information Without Your Authorization

- Appointment reminders - We may use and disclose personal health information to contact you as a reminder that you have or need an appointment for treatment or medical care.
- Lawsuits and Disputes - If you are involved in a lawsuit or a dispute, we may disclose medical information about you in response to a court or administrative order. We may disclose medical information in response to a subpoena, discovery request or other lawful process by someone else involved in the dispute, but only if efforts have been made to tell you about the request or to obtain an order protecting the information requested.
- Marketing - We may contact you to provide information about treatment alternatives or other health related benefits and services that may be of interest to you.
- Workers compensation - We may disclose health information to the extent authorized by and to the extent necessary to comply with laws relating to workers compensation or other similar programs established by law.
- Public health - As required by law, we may disclose your health information to public health or legal authorities charged with preventing or controlling disease, injury, or disability (in accordance with CFR Title 34 Part 99.36 a and c).
- To Avert a Serious Threat To Health or Safety - We may use and disclose health information necessary to prevent a serious threat to your health and safety and the health and safety of other individuals.
- Law enforcement - We may disclose health information for law enforcement purposes as required by law.
- Incidental – That occur while providing care. For example we may need to use your name to identify you in the waiting area.
- Research – Conducted under strict UNL guidelines designed to protect the subjects of research.
- Fundraising – We may contact you as part of a fundraising effort.
- Communication with family and others – Those involved in your care, if you do not object, or if in our opinion it is in your best interest.
- Business Associates – certain services are provided through contracts and for them to provide services information is shared.
- As required by law – for Federal State or local law or for national security and intelligence activities.

Uses and disclosures of medical information not covered by this notice or the laws that apply to us will be made only with your authorization. If you provide us authorization to use or disclose your medical information you may revoke that authorization, in writing, at any time. If you revoke your authorization we will no longer use or disclose medical information for the reasons covered by your written authorization. You understand that we are unable to take back any disclosures we have already made with your authorization and that we are required to retain records of the care provided. We reserve the right to change our practices and to make the new provisions effective for all protected health information we maintain. Should our information practices change.

If you believe your privacy rights have been violated, you can file a complaint with James Guest, MD, University Health Center Director, phone 402-472-7411 or Family Policy Compliance Office U.S. Department of Education. There will be no retaliation for filing a complaint.