

# UAF STUDENT HEALTH AND COUNSELING CENTER

## Notice of Privacy Practices

### **Confidentiality of Health Records Under the Family Educational Rights & Privacy Act (FERPA)**

The privacy of your health information is important to all of us at UAF Student Health and Counseling Center (SHCC). This Notice will tell you about the ways we utilize and disclose your health information and how we protect your privacy by complying with the Family Educational Rights and Privacy Act (FERPA).

### **What is FERPA?**

FERPA is a federal law that protects the privacy of students' "education records." The University of Alaska Fairbanks follows FERPA regulations because it receives funds that are administered by the U.S. Department of Education. Under FERPA, "education records" are very broadly defined as records that are directly related to a student and are kept by an educational agency or institution, or someone acting for the agency or institution.

### **Does UAF have a policy that describes how it complies with FERPA?**

Yes. UAF's FERPA policy can be found at the following webpage: <https://www.alaska.edu/student-services/ferpa/>.

### **How does FERPA apply to my records at the Student Health and Counseling Center?**

Under FERPA, the records maintained by the SHCC are either "treatment records" or "education records." The majority of records maintained at the SHCC are considered to be "treatment records" under FERPA, including the records created by your healthcare provider while providing you with care. "Treatment records" are records that are made or maintained by a health care professional, are used only for your medical treatment, and are only available to treatment providers. We do not disclose your treatment records without your authorization except for situations described below.

### **How does the Student Health and Counseling Center use my Treatment Records?**

The SHCC uses your treatment records to provide you with healthcare services. We may disclose your records to other healthcare providers who are also providing you with treatment without your consent. In general, however, we will ask you to sign a written consent form before we provide your information to another healthcare provider that is outside of this facility. In addition, if there is an emergency situation, we may provide this information to other providers for your treatment without having you sign a written consent.

Medical information about you may be used or disclosed by the SHCC for treatment, payment, and health care operations. Treatment includes consultation, diagnosis, provision of care, and referrals. Payment includes all those things necessary for billing and collection, such as claims processing. Health care operations include things the SHCC does to assess quality of care, train staff, and manage SHCC business. Some examples of disclosures and use are as follows:

- *Example of Treatment Disclosure.* We may disclose medical information about you to your treating health care provider, a hospital or other providers to help them diagnose and treat an injury or illness.
- *Example of Payment Disclosure.* We may disclose medical information about you when health plans or insurers, Medicare, Medicaid, or other payers require the information before paying for your health care services.
- *Example of Health Care Operations Use.* We may use medical information about you for internal quality improvement studies to review the quality of care delivered by our staff.

The SHCC may also contact you to provide appointment reminders or cancellations or to ask you to contact us for purposes related to your health care. We may leave this limited information on an answering machine, voicemail, or text message at the numbers you provided or at an e-mail address you provided unless you request a restriction regarding these methods of communicating with you. In addition, our electronic records system allows us to send you secure messages via email which are accessible to you only after you enter appropriate credentials.

### **Can my Student Health Center treatment records be shared with people other than healthcare providers without my consent?**

FERPA regulations list some circumstances under which your records may be disclosed without your prior written

consent. In the following circumstances, we may disclose your SHCC records without your written consent: (a) as required by law including complying with subpoenas or court orders or in connection with a legal proceeding involving the University and you or your parents; (b) disclosure in connection with a health or safety threat or emergency if knowledge of the information is necessary to protect the health and safety of you or other persons; (c) issues of public health such as communicable diseases, assisting with product recalls, and reporting adverse reactions to medications; (d) to report suspected cases of abuse or neglect as required by law; (e) for law enforcement purposes, health oversight agencies and other government requests by authorized agencies and (f) access to protected health information by a contractor (e.g. electronic records software vendor) after such contractor signs a confidentiality agreement pledging to protect the confidentiality of any protected health information. FERPA regulations also list other, less common, situations in which we may disclose your SHCC records without your prior written consent.

### **Can I make a request to see my SHCC records?**

Yes, you may make a written request to see your SHCC treatment 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. However, when your records are disclosed to you in this manner, they are considered education records (and no longer treatment records) and are covered by FERPA regulations governing education records.

### **Aren't some types of information afforded extra protection from disclosure?**

In addition to FERPA, there are Alaska state laws that place additional privacy protections and disclosure restrictions on certain mental health and counseling records. In addition to providing special protection regarding information about genetic testing, we also specifically protect your records involving sexually transmitted diseases, HIV/AIDS, substance use, and psychotherapy notes subject to the exceptions noted elsewhere in this document. If you desire to have these records released, you will indicate this specifically when you complete the authorization to release information. We never share your information for marketing purposes or sell your information unless you ask us to do so via written instruction.

### **Can I ask the SHCC to limit what you use or share about me?**

You can ask us not to use or share certain health information for treatment, payment, or our operations, however we may deny this request if it would affect your care or if it is not in compliance with relevant state or federal law. If you pay for a service or item in full at the time a service is rendered, we will not share that information for the purpose of payment from your health insurer.

### **Can I ask you to correct my health record?**

Yes. You can ask us to amend information in your record if you believe it is incorrect or incomplete. We may refuse to amend information if we feel it is accurate or if it was created by another entity.

### **Can I get a list of those with whom you've shared my information?**

You can ask for a list (accounting) of the disclosures of health information made about you. This list will not include disclosures made for the following: treatment, payment, and health service operations.

### **What if there is a breach in which my health information is compromised?**

We will notify you in the event a breach of privacy of your protected health information occurs.

### **Can I have a copy of this notice?**

You have a right to receive a copy of this notice at any time.

### **Where may I direct any questions or complaints I may have about the privacy protections for my SHCC records?**

You may contact the Office Manager or Director of the UAF SHCC at 907-474-7043. If you wish to contact The U.S. Department of Education please access the information provided in the FERPA website noted on page 1 of this document.

**Effective date:** 3/2/17 Note: This notice is subject to change in which case you will be provided with the new version.