

# Notice of Privacy Practices

Effective Date: April 14, 2003; Revised as of March 6, 2023

NYU Student Health Center is committed to protecting the privacy of your health information. **THIS NOTICE OF PRIVACY PRACTICES (“NOTICE”) DESCRIBES HOW MEDICAL INFORMATION ABOUT YOU MAY BE USED AND DISCLOSED AND HOW YOU CAN GET ACCESS TO THIS INFORMATION. PLEASE REVIEW IT CAREFULLY.**

NYU Student Health Center (“SHC”) is required by federal and state law to maintain the privacy of your health information. If you are a student, treatment of your health information is governed by the Family Educational Rights and Privacy Act (“FERPA”) and requirements of applicable New York State law. The health information of all others is governed by regulations under the Health Insurance Portability and Accountability Act (“HIPAA”), as amended, and the requirements of applicable New York State law. For health information covered by HIPAA, SHC is required to provide you with this Notice and abide by this Notice with respect to health information covered by HIPAA.

*If you have questions about this Notice or would like further information, please contact our Privacy Officer at (212) 443-1058. We will ask you to sign an “acknowledgment” indicating that you have been provided with this Notice.*

## HEALTH INFORMATION TO WHICH THIS NOTICE APPLIES

This notice applies to your health information, which is defined as any written, oral, or electronic health information that meets the following three requirements:

- The information is created or received by SHC.
- The information includes specific identifiers that identify you or could be used to identify you.
- The information relates to one of the following:
  - Providing health care to you
  - Your past, present, or future physical or mental condition
  - The past, present, or future payment for your health care.

## USES AND DISCLOSURES OF YOUR HEALTH INFORMATION

SHC may use or disclosure your health information for the purposes of treatment, payment and health care operations. Your health information may be used or disclosed without your written authorization for these purposes. SHC has established a policy to guard against unnecessary uses and disclosures of your health information. The purposes for which your health information may be used and disclosed by SHC is summarized as follows:

1. **Treatment.** We may use your health information or share it with others for your treatment. For example, we may share your health information with providers in the Student Health Center who are involved in your care. They may, in turn, use that information to diagnose or treat you. A provider at SHC may share your health information with another provider inside SHC to determine how to treat you, or with another provider to whom you have been referred.
2. **Payment.** We may use your health information or share it with others in connection with the payment of your health care services. For example, we may share information concerning your health with your insurance company in order to assist us in obtaining reimbursement for your treatment or to obtain pre-certification for your treatment. We may ask for your consent to use or disclose your health information for some or all of these payment activities.
3. **Health Care Operations.** We may use your health information or share it with others in order to conduct our business operations. For example, we may use your health information to evaluate the performance of our staff, or to educate our staff on how to improve the care they provide.
4. **Appointment Reminders, Treatment Alternatives, or Distribution of Health-Related Benefits and Services.** In the course of providing treatment to you, we may use your health information to contact you with a reminder that you have an appointment for treatment or services at our facility. We may also use your health information in order to recommend possible treatment alternatives or health-related benefits and services, such as health promotion activities, disease awareness or case management that may be of interest to you. However, to the extent a third party provides financial remuneration to us so that we make these treatment or healthcare operations related communications to you, we will secure your authorization in advance as we would with any other marketing communication (as described later in this Notice).
5. **Contractors, Agents and Other Business Associates.** We may also disclose your health information to contractors, agents and other business associates who need the information in order to assist us with obtaining payment or carrying out our business operations. For example, we may share your health information with a billing company that helps us obtain payment.
6. **Fundraising.** To support our business operations, SHC may also use demographic information about you in order to contact you to raise money to help us operate. Examples of demographic information include information about your age and gender, and where you live or work. However, you have the right to opt-out of future communications and can do so by following the opt-out instructions provided as part of the fundraising communication. Fundraising is a communication from SHC or one of its business associates for the purpose of raising funds for SHC, including appeals for money or sponsorship of events.

## Other Uses and Disclosures of Your Health Information

SHC may use or disclose your health information without your written authorization for other purposes:

1. **Family and Friends Involved in Your Care.** If you do not object, we may share your health information with a family member, relative, or close personal friend who is involved in your care or payment for that care. We may also notify a family member, personal representative or another person responsible for your care about your general condition here at SHC, or about the unfortunate event of your death. In some cases, we may need to share your information with a disaster relief organization that will help us notify these persons.
2. **Emergencies.** We may use or disclose your health information if you need emergency treatment or if we are required by law to treat you but are unable to obtain your written consent. If this happens, we will try to obtain your written consent as soon as we reasonably can after we treat you.
3. **Public Need:**
  - **As Required By Law.** We may use or disclose your health information if we are required by law to do so. We will also notify you of these uses and disclosures if notice is required by law.
  - **Public Health Activities.** We may disclose your health information to authorized public health officials (or a foreign government agency collaborating with such officials) so they may carry out their public health activities. For example, we may share your health information with government officials that are responsible for controlling disease, injury or disability. We may also disclose your health information to a person who may have been exposed to a communicable disease or be at risk for contracting or spreading the disease if a law permits us to do so.
  - **Victims of Abuse, Neglect or Domestic Violence.** We may release your health information to a public health authority or other authorized governmental authority if we reasonably believe you have been a victim of abuse, neglect or domestic violence. We will try to obtain your permission before releasing this information, but in some cases we may be required or authorized to act without your permission.
  - **Health Oversight Activities.** We may release your health information to government agencies authorized to conduct audits, investigations, and inspections of our facility. These government agencies monitor the operation of the health care system, government benefit programs such as Medicare and Medicaid, and compliance with government regulatory programs and civil rights laws.
  - **Product Monitoring, Repair and Recall.** We may disclose your health information to a person or company that is regulated by the Food and Drug Administration for the purpose of: (i) reporting or tracking product defects or problems (ii) repairing, replacing, or recalling defective or dangerous products; or (iii) monitoring the performance of a product after it has been approved for use by the general public.
  - **Lawsuits and Disputes.** We may disclose your health information if we are ordered to do so by a court or administrative tribunal that is handling a lawsuit or other dispute.
  - **Law Enforcement.** We may disclose your health information to law enforcement officials for the following reasons: (i) To comply with court orders or laws that we are required to follow; (ii) To assist law enforcement officers with identifying or locating a suspect, fugitive, witness, or missing person; (iii) If you have been the victim of a crime and we determine that: (a) we have been unable to obtain your agreement because of an emergency or your incapacity; (b) law enforcement officials need this information immediately to carry out their law enforcement duties; and (c) in our professional judgment disclosure to these officers is in your best interests; (iv) If we suspect that your death resulted from criminal conduct; (v) If necessary to report a crime that occurred on our property; or (vi) If necessary to report a crime discovered during an offsite medical emergency (for example, by emergency medical technicians at the scene of a crime).
  - **To Avert a Serious and Imminent Threat to Health or Safety.** We may use your health information or share it with others when necessary to prevent a serious and imminent threat to your health or safety, or the health or safety of another person or the public. In such cases, we will only share your information with someone able to help prevent the threat. We may also disclose your health information to law enforcement officers if you tell us that you participated in a violent crime that may have caused serious physical harm to another person (unless you admitted that fact while in counseling), or if we determine that you escaped from lawful custody (such as a prison or mental health institution).
  - **National Security and Intelligence Activities or Protective Services.** We may disclose your health information to authorized federal officials who are conducting national security and intelligence activities or providing protective services to the President or other important officials.
  - **Military and Veterans.** If you are in the Armed Forces, we may disclose health information about you to appropriate military command authorities for activities they deem necessary to carry out their military mission. We may also release health information about foreign military personnel to the appropriate foreign military authority.
  - **Inmates and Correctional Institutions.** If you are an inmate or you are detained by a law enforcement officer, we may disclose your health information to the prison officers or law enforcement officers if necessary to provide you with health care, or to maintain safety, security and good order at the place where you are confined.
4. **Workers' Compensation.** We may disclose your health information for Workers' Compensation or similar programs that provide benefits for work-related injuries.

5. **Coroners, Medical Examiners, and Funeral Directors.** In the unfortunate event of your death, we may disclose your health information to a Coroner or Medical Examiner. We may also release this information to funeral directors as necessary to carry out their duties.
6. **Organ and Tissue Donation.** In the unfortunate event of your death, we may disclose your health information to organizations that procure or store organs, eyes or other tissues so that these organizations may investigate whether donation or transplantation is possible under applicable laws.
7. **Research.** In most cases, we will ask for your written authorization before using your health information or sharing it with others in order to conduct research. However, under some circumstances, we may use and disclose your health information without your written authorization if we obtain approval through a special process to ensure that research without your written authorization poses minimal risk to your privacy. Under no circumstances, however, would we allow researchers to use your name or identity publicly. We may also release your health information without your written authorization to people who are preparing a future research project, so long as any information identifying you does not leave our facility. In the unfortunate event of your death, we may share your health information with people who are conducting research using the information of deceased persons, as long as they agree not to remove from our facility any information that identifies you.
8. **Completely De-identified or Partially De-identified Information.** We may use and disclose your health information if we have removed all information that has the potential to identify you so that the health information is "completely de- identified." We may also use and disclose "partially de-identified" health information about you for certain purposes if the person who will receive the information signs an agreement to protect the privacy of the information as required by federal and state law.
9. **Incidental Disclosures.** While we will take reasonable steps to safeguard the privacy of your health information, certain disclosures of your health information may occur during or as an unavoidable result of our otherwise permissible uses or disclosures of your health information. For example, during the course of a treatment session, other patients in the treatment area may see, or overhear discussion of your health information.

#### **Uses and Disclosures of Your Health Information Requiring Authorization**

Other than as stated above, SHC will not use or disclose your health information without your written authorization. We will obtain your written authorization to use or disclose your health information for certain marketing purposes, for the sale of health information, or with respect to psychotherapy notes, except for limited health care operations purposes.

If you authorize us to use or disclose your health information, you may revoke that authorization in writing at any time. If you revoke the authorization, we will no longer use or disclose your health information for the reasons covered by your written authorization. Your revocation will not affect any uses or disclosures we have already made prior to the date we receive notice of the revocation.

#### **SPECIAL PROTECTIONS FOR CERTAIN TYPES OF INFORMATION**

The following kinds of health information are considered so sensitive that state or federal laws provide special protections for them: information about genetic testing or the results of genetic testing, information about HIV testing or test results, information about substance abuse rehabilitation treatment, information about mental health treatment or status, and information contained in certain confidential psychotherapy notes. We may be required to, and will when required, obtain your written authorization before we can use or disclose these types of information to the government, in some instances in which we could use or disclose other types of information without your written authorization as described in this Notice. *If you have questions about the ways that these types of information can be used or disclosed, please contact the Privacy Officer at 212-443-1058 or speak to your doctor, counselor, social worker or therapist.*

*In all other circumstances, uses and disclosures of your health information will only be made with your written authorization. You may revoke your authorization at any time except to the extent that we have already relied on it. To revoke an authorization, please write to the Privacy Officer, NYU Student Health Center, 726 Broadway, Suite 474, New York, NY 10003.*

#### **YOUR RIGHTS TO ACCESS AND CONTROL YOUR HEALTH INFORMATION**

This section of the Notice describes your rights to access and control your health information and a brief description of how you may exercise these rights.

##### **Right to Request Confidential Communications**

You may request that we communicate with you by alternative means or at alternative locations. For example, you may wish to receive communications at your work location rather than your home. To request more confidential communications, please contact the Privacy Officer, NYU Student Health Center, 726 Broadway, Suite 474, New York, NY 10003, (212) 443-1058. We will not ask you for the reason for your request, and we will try to accommodate all reasonable requests. Please specify in your request how or where you wish to be contacted, and how payment for your health care will be handled if we communicate with you through this alternative method or location.

##### **Inspecting and Obtaining Copies of Your Health Information**

You have a right to inspect and obtain a copy of your health information for as long as we maintain the information. To inspect or obtain a copy of your health information, please submit your request in writing to Manager, Health Information Management Services, or Privacy Officer, NYU Student Health Center, 726 Broadway, Room 340, New York, NY 10003. A request to inspect or obtain a copy of your health information must include: (1) the desired form or format of access; (2) a description of the health information to which the request applies; and (3) appropriate contact information. If you request a copy of the information, we may charge a fee, which must generally be paid before or at the time we give you the copies.

We will respond to your request for inspection of records within 10 days of receiving your request. We ordinarily will respond to a request for copies within 30 days if the information is maintained and accessible on-site and within 60 days otherwise. If we need additional time to respond

to a request for copies, we will notify you in writing within the time frame above to explain the reason for the delay and when you may expect to have a final answer to your request.

If the information you request is stored electronically, we will provide the information in the form and format you request if the information is readily producible in that format, or, if not, we will reach an agreement with you as to alternative readable electronic format.

Under very limited circumstances, we may deny your request for access to your health information. If your request is denied, we will provide you with a summary of the information instead and will also send you a written notice that explains our reason for the denial, your review rights if any, and how you can exercise those rights. The notice will also include information on how to file a complaint with SHC or the Secretary of the Department of Health and Human Services.

### **Amending Your Health Information**

You have the right to request that we amend your health information if you believe the information is incorrect or inaccurate. You have the right to request an amendment for as long as the health information is kept by SHC. To request an amendment, please write to Privacy Officer, NYU Student Health Center, 726 Broadway, Suite 474, New York, NY 10003. A request to amend your health information must include a description of the amendment requested and should include the reasons why you think we should make the amendment.

Ordinarily, we will respond to your written request to amend your health information within 60 days of the request. If we need additional time to respond, we will notify you in writing within 60 days to explain the reason for the delay and when you can expect a final answer to your request.

Your request for an amendment may be denied if you request an amendment of health information that the we determine: (1) was not created by SHC, unless the originator of the health information is no longer available to make the amendment; (2) is not part of SHC's records; (3) is not health information that you would be permitted to inspect or copy; or (4) is accurate and complete.

If your request for the amendment is denied, we will provide you with written notice explaining the reason for the denial, your right to have certain information related to your requested amendment included in your records, and your right to file a complaint with SHC, or the Secretary of Health and Human Services. These procedures will be explained in more detail in any written notice we send you.

### **Requesting an Accounting of Disclosures**

You have the right to request an accounting of the disclosures of your health information that identifies other persons or organizations to whom we have disclosed your health information in accordance with applicable law and this Notice. An accounting of disclosures will not include the following disclosures:

- Disclosures for treatment, payment and business operations
- Disclosures to you or your personal representative
- Disclosures we made pursuant to your written authorization
- Disclosures made to your friends and family involved in your care or payment for your care
- Disclosures that were incidental to permissible uses and disclosures of your health information
- Disclosures for purposes of research, public health, or our business operations of limited portions of your health information that do not directly identify you
- Disclosures for national security or intelligence purposes
- Disclosures about inmates to correctional institutions or law enforcement officials; and

To request an accounting of disclosures, please write to the Privacy Officer, NYU Student Health Center, 726 Broadway, Suite 474, New York, NY 10003. Your request must state a time period within the past six years for the disclosures you want us to include. You have a right to receive one accounting within every 12-month period for free. However, we may charge you for the cost of providing additional accountings in the same 12-month period. We will always notify you of the cost involved so you may choose to withdraw or modify your request before costs are incurred.

Ordinarily, we will respond to your request for an accounting within 60 days. If we need additional time to prepare the accounting you have requested, we will notify you in writing about the reason for the delay and the date when you may expect to receive the accounting. In rare cases, we may have to delay providing you with the accounting without notifying you because a law enforcement official or government agency has asked us to do so.

### **Requesting Additional Privacy Protections, Including Restriction on Disclosures to Health Plans**

You have a right to request further restrictions on how SHC uses and discloses your health information for treatment, payment or business operations. You may also request that SHC limit disclosure of information to your family or friends involved in your care. For example, you may request that we not disclose information regarding a surgical procedure. You have the right to restrict certain disclosures of protected health information to a health plan where you pay, or another person on your behalf pays, out of pocket in full for the health care item or service.

To request restrictions please contact the Privacy Officer, NYU Student Health Center, 726 Broadway, Suite 474, New York, NY 10003, (212) 443-1058. The request should include what should be limited; whether you want SHC to limit our use of the information, how we share it with others or both; and to whom you want the limits to apply.

SHC is always not required to agree to your request for a restriction. In some cases the restriction may not be permitted under the law. We do not need to agree to the restriction unless (i) the disclosure is for the purpose of carrying out payment or health care operations and is not otherwise required by law, and (ii) the health information relates only to a health care item or service that you or someone on your behalf has

paid for out of pocket and in full. *However, if SHC does agree to the restriction, we will be bound by the agreement, unless the information is needed to provide you with emergency treatment or comply with the law.* Once SHC has agreed to a restriction, you may revoke the restriction at any time. Under some circumstances, SHC will also have the right to revoke the restriction as long as we notify you before doing so; in other cases, we will need your permission before we may revoke the restriction.

### **Other Obligations of the SHC**

In addition to the other obligations set forth in this Notice, SHC is required to

- maintain the privacy and security of your health information in a manner consistent with HIPAA and the Privacy and Security Rules.
- provide you with this Notice of SHC's legal duties and privacy practices with respect to your health information, abide by the terms of this Notice, and
- notify you if there is a breach of your unsecured health information.

### **Complaints**

If you believe your privacy rights have been violated, you may file a complaint with us or with the Secretary of the Department of Health and Human Services. To file a complaint with the NYU Student Health Center, please contact our SHC Privacy Officer at (212) 443-1058. No one will retaliate or take action against you for filing a complaint.

### **Changes to Our Privacy Practices**

We may change our privacy practices from time to time. If we do, we will revise the Notice of Privacy Practices, which will apply to all health information.

If you have not already received a paper copy of this Notice of Privacy Practices, you have the right to obtain one. You may also obtain a copy of all revised Notices by contacting the NYU Student Health Center. We will also post all revised Notices at the NYU Student Health Center.

### **Contact Information**

If you have any questions about this Notice, please write to Privacy Officer at: **NYU Student Health Center, Privacy Officer** 726 Broadway, Suite 474, New York, NY 10003, (212) 443-1058.

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