

University of Mary Washington

Student Health Center

1301 College Avenue, Fredericksburg VA 22401
540.654.1040 FAX 540.654.1077

Privacy Notice

*This notice describes how private health information about you may be used and disclosed and how you can get access to this information.
Please review it carefully and sign on the last page.*

The Student Health Center is required by law to ensure the right of privacy to each person under its care. Each time you visit the Student Health Center a record of your visit is made. This record contains information necessary to your treatment such as: allergies, medications you take, symptoms, treatment prescribed and continuing plan of care. Also included is a record of any allergy or birth control/women's health visits you have made. Your health care providers rely on this information to provide you with appropriate health care. The information in your health record is private, as is any information that can identify an individual, and there are state and federal laws to protect this privacy. This is called your PROTECTED HEALTH INFORMATION (PHI).

This information is posted in the Health Center lobby. You may obtain additional copies at the reception desk.

How your information will be used

We will use your protected health information (PHI) in treating you. Our physician, nurse practitioner, nurses and clerical staff involved in your care will have access to and document in or file your PHI. This is necessary to be sure that all your care in the Student Health Center can be continued appropriately by any practitioner you see.

If we refer you to an outside physician, lab, or x-ray, certain information pertaining to your care will be sent with you so that appropriate care will be given. If your private physician asks us to coordinate care while you are at the University, we will send reports containing PHI to him/her.

Students Accounts will be sent notice including only your name, student ID number and the amount to be charged to your account for medication or services. No other information will be given.

Patient's Rights

You have the right to request a restriction on certain uses and disclosures of your information. You may ask that the information of an accident you had not be disclosed to a family member or friend, for example. The request must be in writing. We are not required to agree to your request. If we agree, we will comply with your request unless the information is needed to provide you emergency treatment.

You may request an amendment to your health record. This request must be in writing. If we deny the request, we must provide an explanation and allow you to provide a statement of disagreement that will become part of your medical record.

You may request an accounting of disclosures of your health information.

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Access to your Private medical Information

You have the right to see your private health information. You need to make an appointment for that purpose and we must give you one within 10 working days. However, a member of our staff must be present whenever you have the original medical record. You have the right to have any or all of your medical record copied at no cost.

You may allow anyone to see your medical record by giving us written permission stating who is to see what specific (or general) information. We can only talk with your parents with your permission. This permission must be in writing and document what we may discuss. You may revoke it at any time.

You may give permission to another person to pick up a prescription, supplies, copies of x-rays or other similar materials. This permission must be in writing and contain the date, your Social Security number, what is being picked up and your signature.

By law, certain medical conditions must be reported to the State Health Department, law enforcement officers or regulatory officials. These include certain illness, some injuries, domestic violence and information necessary to avert a serious threat to the health and/or safety of you or others. Courts and/or attorneys may receive medical information in accordance with a valid subpoena.

Our Duties to you

We will exercise diligence to avoid being overheard when discussing your PHI. There will be no talk identifying you or your medical information in halls or other common areas.

All records will be kept secure. When the Student Health Center is open, exposed medical records will not be left unattended. When the Health Center is closed, it is locked and all files are either in file cabinets or in locked offices.

We are required to abide by the terms of this notice. If you are concerned that we may have violated your privacy rights, or if you disagree with a decision we made about your health information you may send a complaint to Dr. Nancy Wang, Student Health Center, University of Mary Washington, 1301 College Avenue, Fredericksburg, VA 22401.



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Acknowledgement of receipt of the Notice of Privacy Policy

I understand and have been provided with a copy of the PRIVACY POLICY that provides a more complete description of medical information uses and disclosures.

I understand that I have the right to review the notice prior to signing the form.

I understand that the Student Health Center reserves the right to change their notice and practices and that and changes will be posted in the office and available to me on the Student Health Center website.

I understand that I have the right to request restrictions as to how my health information may be used or disclosed to carry out treatment, payment or healthcare operations. I understand that the Student Health Center is not required to agree to the restrictions requested.

I understand that I may revoke this acknowledgement in writing at any time and the Health Center will comply except to the extent that the organization has already taken action in the reliance thereon.

Printed Name

Date

Signature

Witness

Date

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Fredericksburg, VA 22401-5300

Telephone (540) 654-1040
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www.umw.edu/healthcenter