

## **Notice of Privacy Practices**

The Family Educational Rights and Privacy Act (FERPA) (20 U.S.C. § 1232g; 34 CFR Part 99) is a Federal law that protects the privacy of student education records. The law applies to all schools that receive funds under an applicable program of the U.S. Department of Education.

FERPA gives parents certain rights with respect to their children's education records. These rights transfer to the student when he or she reaches the age of 18 or attends a school beyond the high school level. Students to whom the rights have transferred are "eligible students."

THIS NOTICE DESCRIBES HOW HEALTH INFORMATION ABOUT YOU AS A PATIENT OF THE AUGUSTA UNIVERSITY STUDENT HEALTH CLINIC MAY BE USED AND DISCLOSED.

*PLEASE REVIEW THIS NOTICE CAREFULLY.*

### **OUR COMMITMENT TO YOUR PRIVACY**

Student Health Services (SHS) is dedicated to maintaining the privacy of your protected health information (PHI). In conducting business, SHS will create medical records regarding you and the treatment and services provided to you as a patient. SHS is required by FERPA regulations to maintain the confidentiality of health information that identifies you, such as date of birth and social security number. Since the Augusta University Student Health Clinic exclusively serves students, patient records are considered student educational records that are protected under FERPA.

Your PHI will not be shared with family members, University officials, faculty members, friends, students, or other entities within the University or in the community, without your written consent unless required by law.

The terms of this notice apply to all records containing your PHI that are created or retained by the Student Health Clinic. SHS reserves the right to revise or amend this Notice of Privacy Practices at any time. Any revision or amendment to this notice will be effective for all of your records that the Student Health Clinic has created or maintained in the past, and for any of your records that may be created or maintained in the future. Our practice will post a copy of our current Notice in our offices in a visible location at all times, and you may request a copy of our most current Notice at any time.

### **WE MAY USE AND DISCLOSE YOUR PROTECTED HEALTH INFORMATION (PHI) IN THE FOLLOWING WAYS:**

1. **Medical care.** The Student Health Clinic may use your PHI as part of your medical care. For example, SHS medical providers may order certain laboratory tests (such as blood or urine tests) in order to use the results to help reach a diagnosis. SHS might disclose your PHI to a pharmacy when writing or electronically sending a prescription for you. Only Student Health Clinic staff with a legitimate need to know, including but not limited to, medical providers, nurses, and other healthcare practitioners and administrators – may use or disclose your PHI in order to treat you or to assist others in your care. With your written consent, SHS may also disclose your PHI to other health care providers for purposes related to your medical care (diagnosis, treatment, prevention).
2. **Payment.** SHS may use and disclose your PHI in order to bill and collect payment for the services and items you may receive from the Student Health Clinic. For example, SHS may contact your health

insurer to certify that you are eligible for benefits and may provide your insurer with details regarding your medical care to determine if your insurer will cover such services. SHS also may use and disclose your PHI to obtain payment from third parties that may be responsible for such costs, such as family members. Also, SHS may use your PHI to bill you directly for services and items. SHS may disclose your PHI to other health care providers and entities to assist in their billing efforts.

3. **Health Care Operations.** The Student Health Clinic may use and disclose your PHI as part of clinic operations. For example, we may use your PHI to evaluate the quality of care you received from SHS medical providers or other quality improvement activities. SHS may disclose your PHI to other health care providers and entities to assist in their health care operations.
4. **Appointment Reminders.** The Student Health Clinic may use and disclose your PHI to contact you and remind you of an appointment.
5. **Treatment Options.** The Student Health Clinic may use and disclose your PHI to inform you of potential treatment options or alternatives.
6. **Disclosures Required By Law.** The Student Health Clinic will use and disclose your PHI when required to do so by federal, state or local law.

#### **According to FERPA:**

- Parents or eligible students have the right to inspect and review the student's education records maintained by the school. Schools are not required to provide copies of records unless, for reasons such as great distance, it is impossible for parents or eligible students to review the records. Schools may charge a fee for copies. See below.
- Parents or eligible students have the right to request that a school correct records which they believe to be inaccurate or misleading. If the school decides not to amend the record, the parent or eligible student then has the right to a formal hearing. After the hearing, if the school still decides not to amend the record, the parent or eligible student has the right to place a statement with the record setting forth his or her view about the contested information. See below.
- Generally, schools must have written permission from the parent or eligible student in order to release any information from a student's education record. However, FERPA allows schools to disclose those records, without consent, to the following parties or under the following conditions (34 CFR § 99.31):

- School officials with legitimate educational interest;
- Other schools to which a student is transferring;
- Specified officials for audit or evaluation purposes;
- Appropriate parties in connection with financial aid to a student;
- Organizations conducting certain studies for or on behalf of the school;
- Accrediting organizations;
- To comply with a judicial order or lawfully issued subpoena;
- Appropriate officials in cases of health and safety emergencies; and
- State and local authorities, within a juvenile justice system, pursuant to specific State law.

Schools may disclose, without consent, "directory" information such as a student's name, address, telephone number, date and place of birth, honors and awards, and dates of attendance. However, schools must tell parents and eligible students about directory information and allow parents and eligible students a reasonable amount of time to request that the school not disclose directory

information about them. Schools must notify parents and eligible students annually of their rights under FERPA. The actual means of notification (special letter, inclusion in a PTA bulletin, student handbook, or newspaper article) is left to the discretion of each school.

### **RIGHTS REGARDING YOUR PHI**

You have the following rights regarding your PHI:

1. **Confidential Communications.** You have the right to request for appropriate representatives from the Student Health Clinic to communicate with you about your health and related issues. To request a confidential communication, you must make a written request to the AU Student Health Services via fax (706) 721-7468 or email: [studenthealth@augusta.edu](mailto:studenthealth@augusta.edu). Please specify how and when you would like to be contacted. We will accommodate reasonable requests and a reason for the request does not have to be specified.
2. **Requesting Restrictions.** You have the right to request a restriction in the Student Health Clinic's use or disclosure of your PHI for treatment, payment, or health care operations. Additionally, you have the right to request that the clinic restrict disclosure of your PHI to only certain individuals involved in your care or the payment for your care, such as family members and friends. The Student Health clinic is not required to agree to your request. However, if the request is agreed upon, the clinic is bound by the agreement except when otherwise required by law, in emergencies, or when the information is necessary to treat you. In order to request a restriction in the use or disclosure of your PHI, you must make your request in writing to the Privacy Coordinator, AU Student Health Services (see below).
3. **Inspection and Copies.** You have the right to inspect and obtain a copy of your PHI, including medical records and billing records, but not including psychotherapy notes. You must submit your request in writing and realize that there may be a reasonable fee charged for the costs of copying, mailing, and handling your request. You may email your request to: [shsrecords@augusta.edu](mailto:shsrecords@augusta.edu).
4. **Amendment.** You may ask the Student Health Clinic to amend your health information if you believe it is incorrect or incomplete, and you may request an amendment for as long as the information is kept by or for the clinic. To request an amendment, your request must be made in writing and submitted to the Privacy Coordinator, AU Student Health Services (see below).
  - a. You must provide a reason that supports your request for amendment. The clinic will deny your request if it is not submitted in writing, and/or if the reason supporting your request is not provided in the written request. Also, your request may be denied if you ask the Student Health clinic to amend information that is deemed:
    - (a) accurate and complete;
    - (b) not part of the PHI kept by or for the Student Health Clinic;
    - (c) not part of the PHI which you would be permitted to inspect and copy; or
    - (d) not created by the Student Health Clinic.
5. **Right to a Paper Copy of This Notice.** You are entitled to receive a paper copy of this notice of privacy practices by contacting the Privacy Coordinator, AU Student Health Services (see below).



6. **Right to File a Complaint.** If you believe your privacy rights have been violated, you may file a complaint by contacting the Privacy Coordinator, AU Student Health Services (see below). All complaints must be submitted in writing. You will not be penalized for filing a complaint.
  
7. **Right to Provide an Authorization for Other Uses and Disclosures.** Student Health Services will obtain your written authorization for uses and disclosures that are not identified by this notice or permitted by applicable law. Any authorization you provide to the Student Health Clinic regarding the use and disclosure of your PHI may be revoked at any time in writing. After you revoke your authorization, the clinic will no longer use or disclose your PHI for the reasons described in the authorization. Please note, Student Health Services is required to retain records of your care.

Your signature on this [Privacy Policy Acknowledgement](#) indicates that you have been notified of this policy.

**IF YOU HAVE QUESTIONS ABOUT THIS NOTICE, PLEASE CONTACT:**

Privacy Coordinator  
AU Student Health Services  
Pavilion II, AF 1040  
Augusta, Georgia 30912  
(706) 721-3448  
Email: [studenthealth@augusta.edu](mailto:studenthealth@augusta.edu)

**For more information about FERPA:**

- Phone: 1-800-USA-LEARN (1-800-872-5327)
- Mail: Family Policy Compliance Office  
U.S. Department of Education  
400 Maryland Avenue, SW  
Washington, D.C. 20202-8520

Signature: \_\_\_\_\_ Student ID #: \_\_\_\_\_

Date: \_\_\_\_\_