
Class Absence Illness/Injury Notification Policy

- It is the policy of Student Health Services not to provide students with a written explanation of their illness or a class absence slip.
 - Our policy asserts it is the responsibility of the student to provide verification of illness to excuse an absence.
-

Patient Rights and Responsibilities Policy:

Patient Rights:

- Receive information about how medical information is used and disclosed, obtain access to this information, request restrictions on how information may be used or disclosed, request amendments to the medical record, and review the medical record with a provider.
- Discuss the physical, psychological, spiritual, educational and cultural variables that influence perceptions of illness.
- Obtain confidential disclosure of medical information, except when required by law, with the opportunity to approve or refuse the release of these disclosures.
- Receive care without discrimination on the basis of race, color, national origin, age, disability, sex, sexual orientation, gender identity or expression and be treated with respect, consideration, and dignity.
- Receive an explanation, to the degree known, of the diagnosis, evaluation, treatment options, and prognosis.
- Participate in decisions involving health care, including the choice of the treatment plan, as well as the right to refuse treatment.
- Receive information about the rules and regulations that apply to patient care and conduct, provisions for after-hours and emergency care, statement of patient rights and responsibilities, the mechanism for resolution of patient complaints, the procedure for expressing grievances and/or external appeals, and the right to express suggestions.

Patient Responsibilities:

- Pursue a healthy lifestyle to improve academic success and overall health.
- Provide the health providers with complete and accurate information to the best of one's ability about general health, allergies, and medications, including over-the-counter products and recreational drug use.
- Treat all Student Health Services' personnel and other patients with dignity and respect.
- Ask questions about treatment plan and expected outcome in order to fully comprehend and participate in decisions involving your own healthcare.
- Follow the treatment plan recommended by your provider.
- Protect yourself and others against infections.
- Respect others by silencing your cell phones in the treatment rooms and waiting areas.

Communicating Patient Rights and Responsibilities:

Patients' Rights and Responsibilities is communicated to patients in writing through the Patient Rights and Responsibilities section on the Health Services' website.

Patient Grievances:

Patients are encouraged to express grievances, suggestions and other comments regarding one's experiences with the Health Center by contacting Student Health Services at healthservices@hssu.edu.

Notice of Privacy Practice Policy

This notice describes how medical information about you may be used and disclosed and how you can gain access to this information. Please review it carefully.

The terms of this Notice of Privacy Practices apply to the Student Health Services on the Harris-Stowe University Campus. In order to provide you with health care,

Student Health Services collects and maintains personal health information about data about you. The information in this notice will be adhered to by:

- all healthcare professionals, employees, associates, staff, volunteers, medical students, nursing students and other trainees of our organization
- all departments of HSSU and any area so designated as a treatment facility
- any business associate or partner with whom we may share information

Our Requirements

We are required by law to maintain the privacy of our patients' personal health information and to provide patients with notice of our legal duties and privacy practices with respect to your personal health information. We are required to abide by the terms of this notice so long as it remains in effect.

Information Disclosures

Except as outlined below, we will not use or disclose your personal health information for any purpose unless you have previously signed a form authorizing the use or disclosure. Missouri law requires that we obtain consent for release of information for drug/alcohol abuse, HIV test results and/or diagnosis, and all mental health services. You have the right to revoke that authorization in writing unless we have acted in reliance on the authorization.

For Treatment

We make uses and disclosures of your personal health information as necessary to provide you with treatment. For instance, doctors, nurses and other professionals involved in your care will use information in your medical record and information that you provide about your symptoms and reactions to plan a course of treatment for you that may include procedures, medications, tests, etc. We may also release your personal health information to another health care facility or professional who is not affiliated with our practice but who is or will be providing treatment to you.

Health Care Operations

We may also use and disclose your personal health information as necessary and as permitted by law, for clinical improvement, professional peer review, clinical

teaching, accreditation and licensing, insurance case management and care coordination, business management, data and information systems management.

Disclosure to Family and Friends

With your approval, we may, from time to time, disclose your personal health information to designated family and friends and others who are involved in your care or payment for your care in order to facilitate that person's involvement in caring for you or paying for your care. If you are unavailable, incapacitated or facing an emergency medical situation and we determine that a limited disclosure may be in your best interest, we may share limited personal health information with individuals without your approval. We may also disclose limited personal health information to a public or private entity that is authorized to assist in disaster relief efforts in order for that entity to locate a family member or other person that may be involved in some aspect of caring for you.

To Business Associates

We may disclose medical information with written agreement to business associates who assist us with our healthcare operations, such as audits, accreditation, legal services and to technology contractors.

Other Uses and Disclosures

We are permitted or required by law to make certain other uses and disclosures of your personal health information without your consent or authorization, including:

- For any purpose required by law
- For required public health activities: reporting of disease, injury, birth and death and public health investigations
- For suspicion of child abuse or neglect or if we believe you to be a victim of abuse, neglect or domestic violence
- To the Food and Drug Administration if necessary to report adverse events, product defects or product recalls
- If required by a court or administratively ordered subpoena or discovery request

Rights that You Have

You may request a copy and/or inspect much of the personal health information that we retain on your behalf. Copies will be made available to you upon request.

You may amend or correct personal health information we maintain about you, but we are not obligated to make all requested amendments. We will give each request careful consideration.

You will be notified following any breach of unsecured PHI via certified letter with an address on file.

You may request restrictions on certain uses and disclosures of your personal health information for treatment, payment, or health care operations. We are not required to agree to your restriction request but will attempt to accommodate reasonable requests and we retain the right to terminate an agreed-to restriction if we believe such termination is appropriate. In the event of a termination by us, we will notify you of such termination. You also have the right to terminate an agreed-to restriction by emailing such written termination notice to email your statement healthservices@hssu.edu.

Note: All requests must be made in writing and signed by you or a representative.

Complaints

If you believe your privacy rights have been violated, you can file a complaint with our administrative office. You may also file a complaint with the Secretary of the U.S. Department of Health and Human Services in Washington D.C. in writing within 180 days of violation of your rights. There will be no retaliation for filing a complaint. Our administrative office can provide you with the address.

Changes to this Notice

We reserve the right to change the terms of this Notice of Privacy Practices as necessary and to make the new notice effective for all personal health information maintained by us. You may receive a copy of any revised notices on our website. If you have questions or need further assistance regarding this notice, you may email healthservices@hssu.edu. As a patient, you retain the right to a paper copy of

the Notice of Privacy Practices, even if you have requested a copy by e-mail or other electronic means.
