

USC Student Health Services

Privacy Information

UNDERSTANDING YOUR HEALTH INFORMATION

USC Student Health Services (USCSHS) health care providers (physicians, nurses, counselors, psychologists, etc.), create and maintain records of patient interactions, which include treatment and diagnosis information, treatment plans, demographic and financial information. This record is often referred to as your “medical record,” or “health information,” and may consist of both paper and electronic records.

Your health information is used:

- To plan for your care and treatment;
- For communication among your health care professionals;
- As a legal document describing the care you received;
- As a way for you or your insurance company to verify the services provided;
- To help USCSHS health care providers review and improve health care and outcomes;
- As a source of information for important health research;
- To train health professionals and students;
- For other similar activities that allow USCSHS to operate efficiently and provide you with quality care.

How USCSHS May Use Your Health Information

As a general rule, you must give written permission before USCSHS can use or release your health information. There are certain situations where USCSHS is not required to obtain your permission. This section explains those situations where USCSHS may use or disclose your health information without your permission.

Except with respect to Highly Confidential Information (described below), USCSHS is permitted to use your health information for the following purposes:

- **Treatment:** We use and disclose your health information to provide you with treatment or services. This includes uses and disclosures to:
 - treat your illness or injury, including disclosures to other doctors, practitioners, nurses, technicians or other personnel involved in your treatment, or
 - contact you to provide appointment reminders, or
 - give you information about treatment options or other health related benefits and services that may interest you.
- **Payment:** We may use and disclose your health information to obtain payment for health care services that we or others provide to you. This includes uses and disclosures to:
 - submit health information and receive payment from your health insurer, HMO, or other company that pays the cost of some or all of your health care (payor), or
 - verify that your payor will pay for your health care.
- **Health Care Operations:** We may use and disclose your health information for our health care operations, such as internal administration and planning that improve the quality and cost effectiveness of the care we provide you. This also include uses and disclosures to:
 - evaluate the quality and competence of our health care providers, nurses and other health care workers,
 - to other health care providers to help them conduct their own quality reviews, compliance activities or other health care operations,
 - train students, residents and fellows, or
 - identify health-related services and products that may be beneficial to your health and then contact you about the services and products.

We may also disclose your health information to third parties to assist us in these activities (but only if they agree in writing to maintain the confidentiality of your health information).

In addition, USCSHS may use and disclose your health information under the following circumstances:

- **Health or Safety:** We may disclose health information to prevent or lessen a serious and imminent threat to your health and safety or the health and safety of the public or another person.
- **Organized Health Care Arrangement.** USC participates in organized health care arrangements (OHCA) with other providers, including but not limited to, Children’s Hospital Los Angeles and Los Angeles County+USC Medical Center (LAC+USC). USC may share information with its OHCA members for treatment, payment and joint health care operations.
- **Relatives, Caregivers and Personal Representatives:** Under appropriate circumstances, including emergencies, we may disclose your health information to family members, caregivers or personal representatives who are with you or appear on your behalf (for example, to pick up a prescription). Disclosure of highly confidential information, as described below, is generally restricted to situations where there is an imminent health and safety risk. We may also need to notify such persons of your location in our facility and general condition. If you object to such disclosures, please notify your USCSHS health care provider. If you are not present, or the opportunity to agree or object to a use or disclosure cannot practicably be provided because of your incapacity or an emergency circumstance, we may exercise professional judgment to determine whether a disclosure is in your best interests. If information is disclosed to a family member, other relative or a close personal friend, we would disclose only information believed to be directly relevant to the person’s involvement with your health care or payment related to your health care.
- **Public Health Activities:** We may disclose your health information for the following public health activities:
 - To report to public health authorities for the purpose of preventing or controlling disease, injury or disability;
 - To report child abuse and neglect, elder abuse, and/or abuse of a dependent adult to public health authorities or other government authorities authorized by law to receive such reports;
 - To report information to the U.S. Food and Drug Administration (FDA) about products and services under its jurisdiction;
 - To alert a person who may have been exposed to a communicable disease or may otherwise be at risk of contracting or spreading a disease; or
 - To report information to your employer as required under laws addressing work-related illnesses and injuries or workplace medical surveillance.
- **Victims of Abuse, Neglect or Domestic Violence:** If we reasonably believe that you are a victim of abuse, neglect or domestic violence, we may disclose your health information when required by law to a social services or other governmental agency authorized by law to receive such reports.
- **Health Oversight Activities:** We may disclose your health information to a health oversight agency that is charged with responsibility for ensuring compliance with the rules of government health programs such as Medicare or Medicaid.
- **Specialized Government Functions:** We may use and disclose your health information to units of the government with special functions, such as the U.S. military, under certain circumstances required by law.
- **Law Enforcement Officials, Judicial and Administrative Proceedings:** We may disclose health information to police or other law enforcement officials as authorized by law. We also may disclose health information in judicial or administrative proceedings, such as in response to a subpoena.
- **Coroners or Medical Examiners:** We may disclose health information to a coroner or a medical examiner as required by law.
- **Organ and Tissue Donation:** We may disclose health information to organizations that assist with organ, eye or tissue donation, banking or transplant.
- **Research:** We may disclose health information without your authorization for certain research purposes. For example, we may disclose your information to researchers preparing a research protocol or if our Institutional Review Board committee (which is charged with ensuring the protection of human subjects in research) determines that an authorization is not necessary if certain criteria are met. We also may provide health information about you (not including your name, address, or other direct identifiers) for research, public health or health care operations, but only if the recipient of such information signs an agreement to protect the information and not use it to identify you.
- **Workers’ Compensation:** We may disclose health information as authorized by and to the extent necessary to comply with laws relating to workers' compensation or other similar programs or as required under laws relating to workplace injury and illness.

- **As Permitted by FERPA:** We are permitted by FERPA to disclose health information contained in treatment records without your consent to the extent permitted by state law.
- **As Required by Law:** We may disclose health information when required to do so by any other law not already referred to in the preceding categories.

Highly Confidential Information

Federal and state law require special privacy protections for certain highly confidential information about you (“Highly Confidential Information”), including your health information that is maintained in psychotherapy notes or is about: (1) mental health and developmental disabilities services; (2) alcohol and drug abuse prevention, treatment and referral; (3) HIV/AIDS testing, diagnosis or treatment; (4) communicable disease(s); (5) genetic testing; (6) child abuse and neglect; (7) domestic or elder abuse; or (8) sexual assault. In order for your Highly Confidential Information to be disclosed for a purpose other than those permitted by law, your written authorization is required.

Your Rights Regarding Your Health Information

Right to Request Access to Your Health Information: You have the right to inspect and maintain a copy of the patient records we maintain to make decisions about your treatment and care, including billing records. All requests for access must be made in writing. Under limited circumstances, we may deny you access to your records. If you would like access to your records, please ask your healthcare provider for the appropriate form to complete. If you request copies, we will charge you a reasonable fee for copies. We also will charge you for our postage costs, if you request that we mail the copies to you. If you are a parent or legal guardian of minor, certain portions of the minor’s medical record may not be accessible to you under California law.

Right to Request Amendments to Your Health Information: You have the right to request that we amend your health information maintained in your medical record file or billing records. If you wish to amend your records, please obtain an amendment request form from your healthcare provider. All requests for amendments must be in writing. We will comply with your request unless we believe that the information that would be amended is already accurate and complete or other special circumstances apply.

Right to Revoke Your Authorization: You may revoke (take back) any written authorization obtained by us for use and disclosure of your protected health information, except to the extent that we have taken action in reliance upon it. Your revocation must be in writing and sent to the EHSC Office of Compliance or to whoever is indicated on your authorization.

Right to Request how Information is Provided to You: You may request, and we will try to accommodate, any reasonable written request for you to receive health information by alternative means of communication or at a different address or location.

Further Information; Complaints

If you would like additional information about your privacy rights, are concerned that we have violated your privacy rights or disagree with a decision that we made about access to health information, you may contact the USC Office of Compliance.