

STANFORD UNIVERSITY OCCUPATIONAL HEALTH CENTER

NOTICE OF PRIVACY PRACTICES

Effective Date: September 23, 2013

THIS NOTICE DESCRIBES HOW HEALTH INFORMATION ABOUT YOU MAY BE USED AND DISCLOSED AND HOW YOU CAN GET ACCESS TO THIS INFORMATION.
PLEASE REVIEW IT CAREFULLY.

OUR PLEDGE TO PROTECT YOUR PRIVACY

Stanford University Occupational Health Center (“SUOHC” for purposes of this Notice) is committed to protecting the privacy of health information we create or receive about you. As a patient of SUOHC, the care and treatment you receive is recorded in a healthcare record, which includes the records of your medical and psychological care. So that we can best meet your medical needs, we must share your healthcare record with the health care providers involved in your care. We share your medical information only to the extent necessary to provide and coordinate your care, arrange for payment for services provided to you, conduct our business operations, and comply with laws that govern healthcare. We will not use or disclose your information for any other purpose without your permission or permission provided under the law. We have a responsibility to safeguard the privacy and integrity of your records. This Notice explains our privacy practices and your rights regarding your health information. If you are a Stanford employee, protected health information *excludes* individually identifiable health information *held by Stanford University in its role as employer.* 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 California State law. For health information covered by HIPAA, SUOHC is required to provide you with this Notice and abide by this Notice with respect to health information covered by HIPAA.

We are required by law to:

- Make sure that your health information is kept private (with certain exceptions);
- Give you this Notice of our legal duties and privacy practices with respect to health information about you; and
- Follow the terms of the Notice currently in effect.

WHO WILL FOLLOW THIS NOTICE

The following parties share SUOHC’s commitment to protect your privacy and will comply with this Notice:

- Any health care professional authorized to update or create health information about you.
- All departments and units of the SUOHC, including our outpatient clinics.
- All employees, volunteers, trainees, contractors, and medical staff members of SUOHC.
- All affiliated entities, sites and locations.

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HOW WE MAY USE AND DISCLOSE HEALTH INFORMATION ABOUT YOU

The following sections describe different ways that we use and disclose your health information:

FOR TREATMENT

We may use health information to provide you with medical treatment or services. We may use and share health information about you with physicians, residents, nurses, technicians, or other medical and counseling personnel involved in your care. For example, a doctor treating you for a broken leg needs to know if you have diabetes because diabetes can slow the healing process.

We may also disclose your health information to providers not affiliated with SUOHC to facilitate care or treatment they provide you. For example, we may disclose your health information to your personal physician for care coordination purposes. In addition, we may provide access to your health information to affiliated entities and locations, such as affiliated provider groups for care coordination purposes.

Electronic exchange of health information helps ensure better care and coordination of care. SUOHC participates in health information exchange(s) that allow outside providers who need information to treat you to access your health information through a secure health information exchange.

FOR PAYMENT

We may use and disclose your health information to bill and receive 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 Stanford's workers' compensation program or other party that pays for some or all of your health care (payor) or to verify that your payor will pay for your health care. We may also tell your payor about a treatment you are going to receive to determine whether your payor will cover the treatment. We may also tell your Stanford department or supervisor in order to obtain payment for services related to the Stanford medical surveillance programs. For certain services, if your permission is needed to release health information to obtain payment, you will be asked for permission.

FOR HEALTH CARE OPERATIONS

We may use and disclose health information for health care operations. This includes functions necessary to run SUOHC or assure that all patients receive quality care, and includes many support functions such as appointment or procedure scheduling. We may also share your information with affiliated health care providers so that they may jointly perform certain business operations. We may combine health information about many of our patients to decide, for example, what additional services SUOHC should offer, what services are not needed, and whether certain new treatments are effective. We may share information with doctors, residents, nurses, technicians, clerks and other personnel for quality assurance and educational purposes.

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BUSINESS ASSOCIATES

SUOHC contracts with other departments that perform business services for us, such as financial consultants, quality assurance reviewers, attorneys, or information technology specialists. In certain circumstances, we may need to share your health information with a business associate so it can perform a service on our behalf. We will have a written contract in place with the business associate requiring protection of the privacy and security of your health information.

APPOINTMENT REMINDERS AND OTHER COMMUNICATION

We may use and disclose health information to contact you as a reminder that you have an appointment for care at SUOHC. We will communicate with you using the information (such as telephone number and email address) that you provide. Unless you notify us to the contrary, we may use the contact information you provide to communicate general information about your care such as appointment location, department, date and time.

TREATMENT ALTERNATIVES

We may use and disclose health information to tell you about or recommend possible treatment options or alternatives that may be of interest to you.

HEALTH-RELATED BENEFITS AND SERVICES

We may use and disclose health information to tell you about health-related benefits or services that may be of interest to you.

INDIVIDUALS INVOLVED IN YOUR CARE

We may release medical information about you to a family member or friend who is involved in your medical care. We may also give information to someone who helps pay for your care. Unless there is a specific written request made to and agreed to by the SUOHC privacy office from you, we may also notify a family member, personal representative or another person responsible for your care about your location and general condition. This does not apply to patients receiving treatment for certain conditions, such as substance/alcohol abuse. In addition, we may disclose health information about you to an organization assisting in a disaster relief effort (such as the Red Cross) so that your family can be notified about your condition, status and location.

RESEARCH

As an affiliate of Stanford's academic medical center, SUOHC may occasionally conduct studies that may involve your current care or that involve reviews of your medical history. For example, research is ongoing to advance care, to evaluate investigational procedures to treat conditions, to compare the health of patients who have received one medication with those who have received another medication for the same condition, and to learn from medical record studies. We generally ask for your written authorization before using your health information or sharing it with others to conduct research. Under limited circumstances, we may use and disclose your health information without your authorization. In most of these latter situations, we must comply with law and obtain approval through an independent review process to ensure that research conducted without your authorization poses minimal risk to your privacy. Researchers may also contact you to see if you are interested in or eligible to participate in a study.

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TO PREVENT A SERIOUS THREAT TO HEALTH OR SAFETY

We may use and disclose certain information about you when necessary to prevent a serious threat to your health and safety or the health and safety of others. However, any such disclosure will only be to someone able to prevent or respond to the threat, such as law enforcement, or a potential victim. For example, we may need to disclose information to law enforcement when a patient reveals participation in a violent crime.

SPECIAL SITUATIONS THAT DO NOT REQUIRE YOUR AUTHORIZATION

WORKERS' COMPENSATION

We may release health information about you for workers' compensation or similar programs. These programs provide benefits for work-related injuries or illness.

PUBLIC HEALTH ACTIVITIES

We may disclose health information about you for public health activities. These activities include, but are not limited to the following to:

- To prevent or control disease, injury or disability;
- To report births and deaths;
- To report the abuse or neglect of children, elders and dependent adults;
- To report reactions to medications or problems with products;
- To notify you of the recall of products you may be using;
- To notify a person who may have been exposed to a disease or may be at risk for contracting or spreading a disease or condition;
- To notify the appropriate government authority if we believe you have been the victim of abuse, neglect or domestic violence; we will only make this disclosure when required or authorized by law;
- To report all inpatient admissions, emergency department visits and same-day surgeries to
- California's Office of Statewide Health Planning and Development; and
- To notify appropriate state registries, such as the Northern California Cancer Center or the
- California Emergency Medical Services Authority, when you seek treatment at SUOHC for certain diseases or conditions.

HEALTH OVERSIGHT ACTIVITIES

We may disclose health information to a health oversight agency, such as the California Department of Health Services or the Center for Medicare and Medicaid Services, for activities authorized by law. These oversight activities include audits, investigations, inspections, and licensure. These activities are necessary for the government to monitor the health care system, government programs, and compliance with civil rights laws.

LAWSUITS AND DISPUTES

If you are involved in a lawsuit or a dispute, we may disclose health information about you in response to a court or administrative order. We may also disclose health information about

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you in response to a subpoena, legally enforceable discovery request, or other lawful process by someone else involved in the dispute.

LAW ENFORCEMENT

We may release health information if asked to do so by law enforcement officials in the following limited circumstances:

- In response to a court order, subpoena, warrant, summons or similar process;
- To identify or locate a suspect, fugitive, material witness, or missing person;
- About the victim of a crime if, under certain limited circumstances, the victim is unable to consent;
- About a death we believe may be the result of criminal conduct;
- About criminal conduct at SUOHC; and
- In emergency circumstances to report a crime; the location of the crime or victims; or the identity, description or location of the person who committed the crime.

CORONERS, MEDICAL EXAMINERS AND FUNERAL DIRECTORS

We may release medical information to a coroner or medical examiner. This may be necessary to identify a deceased person or determine the cause of death. We may also release health information about patients of SUOHC to funeral directors as necessary to carry out their duties with respect to the deceased.

MILITARY AND VETERANS

If you are a member of the armed forces, we may release health information about you as required by military command authorities. We may also release health information about foreign military personnel to the appropriate foreign military authority.

NATIONAL SECURITY AND INTELLIGENCE ACTIVITIES

Upon receipt of a request, we may release health information about you to authorized federal officials for intelligence, counterintelligence, and other national security activities authorized by law. We will only provide this information after the Privacy Officer has verified the validity of the request and reviewed and approved our response.

OTHER USES OR DISCLOSURES REQUIRED BY LAW

We will also disclose health information about you when required to do so by federal, state or local laws that are not specifically mentioned in this Notice. For example, we may disclose health information as part of a lawful request in a government investigation.

SITUATIONS THAT REQUIRE YOUR AUTHORIZATION

For uses and disclosures not generally described above, we must obtain your authorization. For example, the following uses and disclosures will be made only with your authorization:

- Uses and disclosures for marketing purposes;
- Uses and disclosures that constitute the sale of PHI;
- Most uses and disclosures of psychotherapy notes; and
- Other uses and disclosures not described in this Notice

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If you provide us authorization to use or disclose health information about you, you may revoke that authorization, in writing, at any time. If you revoke your authorization, we will no longer use or disclose health information about you for the activities covered by the authorization, except if we have already acted in reliance on your permission. We are unable to take back any disclosures we have already made with your authorization, and we are required to retain records of health information.

YOUR RIGHTS REGARDING HEALTH INFORMATION ABOUT YOU

You have the following rights regarding your health information:

RIGHT TO INSPECT AND COPY

You have the right to inspect and obtain a paper or electronic copy of health information that may be used to make decisions about your care. Usually, this includes medical and billing records, but may not include some mental health information. We reserve the right to charge a fee to cover the cost of providing your health information records to you.

RIGHT TO AMEND

- **Correction:** If you believe that health information SUOHC has on file about you is incorrect or incomplete, you may submit a written request to correct the health information in your records. If your health information is accurate and complete, or if the information was not created by SUOHC, we may deny your request; however, if we deny any part of your request, we will provide you with a written explanation of our reasons for doing so.
- **Addendum:** In addition, an adult patient of SUOHC who believes that an item or statement in the healthcare record is incorrect or incomplete has the right to provide SUOHC with a written addendum to the record.

RIGHT TO AN ACCOUNTING OF DISCLOSURES

You have the right to request an "accounting of disclosures" which is a list describing how we have shared your health information with outside parties. This accounting is a list of the disclosures we made of your health information for purposes other than treatment, payment, health care operations, and certain other purposes consistent with law. You may request an accounting of disclosures for up to six years before the date of your request. If you request an accounting more than once during a twelve month period, we will charge you a reasonable fee.

RIGHT TO REQUEST RESTRICTIONS

You have the right to request restrictions on certain uses or disclosures of your health information. Requests for restrictions must be in writing. In most cases, we are not required to agree to your requested restriction. However, if we do agree, we will comply with your request unless the information is needed to provide you emergency treatment or comply with the law. If we do not agree to your request, we will reply to you in writing with the reason.

We are legally required to accept certain requests not to disclose health information to your

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health plan for payment or health care operations purposes as long as you have paid out-of-pocket and in full in advance of the particular service included in your request. If the service or item is part of a set of related services, and you wish to restrict disclosures for the set of services, then you must pay in full for the related services. It is important to make the request and pay before receiving the care so that we can work to fully accommodate your request. We will comply with your request unless otherwise required by law.

RIGHT TO REQUEST CONFIDENTIAL COMMUNICATIONS

You have the right to request that we communicate with you about your health information or medical matters in a certain way or at a certain location. For example, you can ask that we only contact you at work, rather than at your home. We will not ask you the reason for your request. We will work to accommodate all reasonable requests. Your request must be in writing and specify how and where you wish to be contacted.

RIGHT TO BE NOTIFIED OF A BREACH

SUOHC is committed to safeguarding your health information and proactively works to prevent health information breaches from occurring. If a breach of unsecured health information occurs, we will notify you in accordance with applicable state and federal laws.

RIGHT TO A COPY OF THIS NOTICE

You have the right to a copy of this Notice. It is available in the SUOHC office area, online at <http://www.stanford.edu/dept/EHS/prod/researchlab/IH/SUOHC/HIPAA-OHC-Privacy%20Notice.pdf>, or by contacting the SUOHC Privacy Office. “You” in this Notice means a SUOHC patient or, if applicable, the patient’s personal representative. A personal representative is any person authorized to act on behalf of the patient with respect to his/her health care. For example, a personal representative may include the parent or guardian of a minor (unless the minor has the authority under California law to act on his/her own behalf), the guardian or conservator of an adult patient, or the person authorized to act on behalf of a deceased patient.

REQUEST FOR COPY OF HEALTH INFORMATION

To obtain information about how to request a copy of your health information, receive an accounting of disclosures, amend or add an addendum to your health information, call (650) 725-5308.

CHANGES TO THIS NOTICE

We reserve the right to change our privacy practices and update this Notice accordingly. We reserve the right to make the revised or changed Notice effective for health information we already have about you as well as any information we receive in the future. We post copies of the current Notice in the public area at SUOHC, and on our website at *SUOHC.stanford.edu*. If the Notice is significantly changed, we will post the new Notice in our public registration area and provide it to you upon request. The Notice contains the effective date on the first page, in the top right-hand corner.

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COMMENTS, COMPLAINTS OR QUESTIONS

We welcome your comments about our Notice and our privacy practices. SUOHC values the privacy of your health information as an important part of the care we provide you. If you believe your privacy rights have been violated, you may file a complaint with SUOHC, or with the Secretary of the Department of Health and Human Services. To register a comment, submit questions or file a complaint with SUOHC, please contact:

Stanford Occupational Health Center
Letitia Heshmat (Operations Manager)
650-725-5306
lheshmat@stanford.edu
Environmental Health and Safety, 480 Oak Road, Stanford, CA 94305-8007

You may also file a written complaint with the Director, Office for Civil Rights of the U.S. Department of Health and Human Services. Upon request, our Privacy Office will provide you with the current address for the Director. We will not retaliate against you for filing a complaint with us or the Director.

PLEASE SIGN THE ATTACHED CONFIRMATION OF RECEIPT OF THIS NOTICE.

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CONFIRMATION: RECEIPT OF SUOHC NOTICE OF PRIVACY PRACTICES

I have received a copy of the SUOHC Notice of Privacy Practices.

Name (Please print) Date

Signature Date

Employee _____ was provided with a copy of the SUOHC Privacy Notice on this date, but is declining to sign confirmation of the receipt of the Notice.

SUOHC Staff Member Date