

Notice of Privacy Practices Form

Notice Of Privacy Practices: Effective December 17, 2025

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

This Notice of Privacy Practices describes how we may use or disclose your personal health information, with whom that information may be shared, and the safeguards we have in place to protect it. This notice also describes your rights to access and amend your personal health information. You have the right to approve or refuse the release of specific information outside of the Health Center (HC) except when the release is required or authorized by law or regulation. WHAT IS PERSONAL HEALTH INFORMATION (PHI)? "Personal health information" is individually identifiable health information that we create or maintain and that relates to your past, present, or future physical or mental health or condition and related health care services. PHI includes health information that is written or stored on a computer.

APPLICABILITY OF FEDERAL AND STATE LAWS

Various federal and state laws apply to the confidentiality and protection of PHI. The primary federal law that applies to student PHI at the San Juan College Health Center (HC) is the Family Educational Rights and Privacy Act (FERPA). This law applies to "education records" at San Juan College. There are other privacy laws that also apply to HIV-related information, mental health information, and substance abuse information. These laws have not been superseded and have been taken into consideration in developing our policies and this notice of how we will use and disclose your personal health information.

OUR RESPONSIBILITIES

To the extent mandated by these laws, the HC is required to maintain the privacy and security of PHI, provide individuals with notice of our legal duties and privacy practices, and to notify individuals following a breach of their PHI. We will not use or share your information other than as described here unless you tell us in writing. You may change your mind at any time. Let us know in writing if you change your mind. We must also follow the terms of this notice, or such other notice currently in effect.

CHANGES TO THE TERMS OF THIS NOTICE

We reserve the right to change this notice. Its effective date is at the top of the first page and at the bottom of the last page. 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. You may request and receive a new copy of this Notice of Privacy Practices. You may also get a copy of this notice on our website, <https://www.sanjuancollege.edu/support/health-center/>

HOW WE MAY USE OR DISCLOSE YOUR PROTECTED HEALTH INFORMATION

Typical Uses and Disclosures

Treatment: We will use and disclose your PHI to provide, coordinate, or manage your health care and any related services. This includes the coordination or management of your health care with a third party. For example, we may disclose your protected health information to another physician or health care provider (i.e., a specialist, pharmacist, or laboratory) who, at the request of your provider, becomes involved in your care. In emergencies, we will use and disclose your protected health information to provide the treatment you require.

Payment: We may use and disclose your PHI, as needed, to obtain payment for your health care services. For example, we may need to give your health insurance company enough information about your condition and treatment to ensure their payment for your care or to obtain approval to perform the procedure at a particular facility.

Health Care Operations: We may use and disclose your PHI, as needed, to support our daily activities related to providing health care. These activities include, but are not limited to billing, collection, quality assessment activities, investigations, oversight or staff performance reviews, licensing, communications about a product or service, and conducting or arranging for other health care related activities.

To Patient: We will disclose health information to a patient unless it has been determined by a health care professional that it would be harmful to that patient.

Other Permitted or Required Uses of PHI

The following are other purposes for which we may use or disclose your PHI without individual written permission:

Regulatory and Legal Proceedings: We may use or disclose PHI if law or regulation requires the use or disclosure. We will also disclose health information to the Secretary of the Department of Health and Human Services (DHHS) and/or to other government agencies for investigations or determinations of our compliance with laws. We may disclose PHI during any judicial or administrative proceeding, in response to a court order or administrative tribunal (if such a disclosure is expressly authorized), and in certain conditions in response to a subpoena, discovery request, or other lawful process.

Public Health: We may disclose PHI to a public health authority who is permitted by law to collect or receive the information. For example, we may disclose information to prevent or control disease, injury, or disability; report births and deaths; report child abuse or neglect; report reactions to medications or problems with products; notify a person who may have been exposed to a disease or may be at risk for contracting or spreading a disease or condition; or notify the appropriate government authority if we believe a patient has been the victim of abuse, neglect, or domestic violence.

Communicable Diseases: We may disclose PHI, if authorized by law, to a person who might have been exposed to a communicable disease or might otherwise be at risk of contracting or spreading the disease or condition.

Health Oversight: We may disclose PHI to a health oversight agency for activities authorized by law, such as audits, investigations, inspections, licensure or disciplinary action.

Law Enforcement: We may disclose PHI for law enforcement purposes, including the following: responses to legal proceedings, information requests for identification and location, circumstances pertaining to victims of a crime, deaths suspected from criminal conduct, crimes occurring on our premises, and medical emergencies (not on our premises) believed to result from criminal conduct.

Coroners, Funeral Directors, and Organ Donations: We may disclose PHI to coroners, medical examiners or funeral directors to permit them to carry out their job. PHI may be used and disclosed for organ, eye, or tissue donations.

Research: We may disclose your PHI to researchers if an institutional review board has reviewed the research proposal and established protocols to ensure the privacy of your PHI.

Criminal Activity: Under applicable federal and state laws, we may disclose PHI if we believe that its use or disclosure is necessary to prevent or lessen a serious and imminent threat to the health or safety of a person or the public. We may also disclose protected health information if it is necessary for law enforcement authorities to identify or apprehend an individual.

Military Activity and National Security: When the appropriate conditions apply, we may use or disclose PHI of individuals who are Armed Forces personnel for activities believed necessary by appropriate military command authorities to ensure the proper execution of the military mission including determination of fitness for duty.

Workers' Compensation: We may disclose PHI to comply with workers' compensation laws and other similar legally established programs.

Other Lawful Purposes: SHC may use and disclose PHI in manner not specified above if authorized by law to do so. For example, FERPA authorizes disclosure of student treatment records third parties in a health or safety emergency, and to parents of dependent student

USES AND DISCLOSURES REQUIRING YOUR PERMISSION

With the exception of the above instances, we can only use or disclose your PHI if you give us written, signed authorization to use that information for a specific purpose. For example, you may give us permission to release information to a potential employer.

YOUR RIGHTS REGARDING YOUR HEALTH INFORMATION

You may exercise the following rights by submitting a written request to the HC Privacy Contact. Our Privacy Contact can guide you in pursuing these options. Please be aware that the SHC may deny your request; however, you may seek a review of the denial.

Right to Inspect and Copy: You may inspect and obtain a copy of your PHI that is contained in your medical record for as long as we maintain the record. This right does not include inspection and copying of the following records: certain mental health information; information compiled in reasonable anticipation of, or use in, a civil, criminal, or administrative action or proceeding; and PHI that is subject to a law that prohibits access to PHI.

Right to Request Restrictions: You may ask us not to use or disclose any part of your protected health information for treatment, payment, or health care operations. Your request must be made in writing to our Privacy Contact. In your request, you must tell us (1) what information you want restricted; (2) whether you want to restrict our use or disclosure, or both; (3) to whom you want the restriction to apply, for example, disclosures to your parent or spouse; and (4) an expiration date.

If we believe that the restriction is not in the best interest of either party, or that we cannot reasonably accommodate the request, we are not required to agree to your request. If the restriction is mutually agreed upon, we will not use or disclose your protected health information in violation of that restriction, unless it is needed to provide emergency treatment.

Right to Request Confidential Communications: You may request that we communicate with you using alternative means or at an alternative location. We will not ask you the reason for your request. We will accommodate reasonable requests, when possible.

Right to Request Amendment: If you believe that the information we have about you is incorrect or incomplete, you may request an amendment to your PHI as long as we maintain this information. While we will accept requests for amendment, we are not required to agree to the amendment. All amendment requests will become a part of your permanent record.

Right to an Accounting of Disclosures: You may request that we provide you with an accounting of the disclosures we have made of your PHI. This right applies to disclosures made for purposes other than treatment, payment, or health care operations as described in this Notice of Privacy Practices. The disclosure must have been made after April 14, 2003, and no more than 6 years from the date of request. This right excludes disclosures made to directly you, to others pursuant to an authorization from you, or for notification purposes. The right to receive this information is subject to additional exceptions, restrictions, and limitations as described earlier in this Notice.

Right to Obtain a Copy of this Notice: You may obtain another paper copy of this notice from us by requesting one. You may also get a copy of this notice on our website, <https://www.sanjuancollege.edu/support/health-center/>

Right to Choose Someone to Act for you: If you have given someone medical power of attorney or if someone is your legal guardian, that person can exercise your rights and make choices and make choices about your health information. We will make sure the person has this authority and can act for you before we take any action.

COMPLAINTS

If you are concerned that we may have violated your privacy rights, or you disagree with a decision we made about access to your medical information, you may file a written complaint with the Health Center Privacy Contact. You also may submit a written complaint to the U.S. Department of Health and Human Services. We will provide you with the address to file your complaint with the U.S. Department of Health and Human Services upon request. We support your right to the privacy of your medical information. We will not retaliate in any way if you choose to file a complaint.

HC Privacy Contact: Charisse Buchanan, CNP

FOR MORE INFORMATION

If you have any questions about this notice, please ask to speak to Charisse Buchanan, the Health Center Privacy Contact (505-566-3313, studenthealth@sanjuancollege.edu).

Name:

Signature:

Date: