HIPAA Notice
of Privacy Practices

Effective April 14, 2003

The NDSU HIPAA Notice of Privacy is given as required by the Health Insurance Portability and Accountability Act of 1996 (HIPAA). An electronic copy of this notice can be found at http://www.ndsu.edu/general_counsel/hipaa/, and future notices regarding updates will be forwarded to you electronically. Please contact the HIPAA Coordinator at 701-231-6446 or email at NDSU.HIPAA@ndsu.edu if you have any questions.

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.

Under HIPAA, it is a requirement to maintain the privacy of your protected health information (PHI). It is required that you are provided notice of our legal duties and privacy practices with respect to such protected health information.

NDSU is required to abide by the terms of the notice currently in effect. The University reserves the right to change the terms of this notice at any time and to make the new notice provisions effective for all protected health information that is maintained. In the event that the University makes a material revision to the terms of this notice, you will receive a revised notice within 60 days of such revision.

If you should have any questions or require further information, please contact the HIPAA Coordinator at 701-231-6446, or NDSU.HIPAA@ndsu.edu.

WHAT IS PROTECTED HEALTH INFORMATION (PHI)?

Protected health information (PHI) is the personal information, including demographic data, that relates to:

- Your past, present or future physical or mental health or condition.
- The health care provided to you.
- Your past, present or future payment for your health care.
- Any other information in your health record that can identify you, including data such as your name, address, birth date, and SSN.

PERMITTED USES AND DISCLOSURES OF YOUR PHI

◊ **Treatment**: Your PHI may be used or disclosed to provide you with medical treatment or services. For example, information obtained by a provider providing health care services to you will be recorded in your record or electronic file that is related to your treatment. This information is necessary to determine what treatment you should receive. Health care providers will also record actions taken by them in the course of your treatment and note how you respond.

◊ **Payment**: Your PHI may be used or disclosed in order to bill and process claims or to make payment for your health care that you receive under your benefit plan. For example, the claim form could include information that identifies you, your diagnosis, and treatment or supplies used in the course of treatment.

◊ **For health care operations**: Your PHI may be used or disclosed in order to operate facilities. For example, your PHI may be used in order to evaluate the quality of health services provided by a provider, or to evaluate the performance of health care professionals who provide health care services to you. Your PHI may also be provided to accountants, attorneys, consultants, and others in order to ensure compliance with applicable laws.

USES AND DISCLOSURES OF YOUR PHI THAT DO NOT REQUIRE YOUR AUTHORIZATION

The HIPAA Privacy Rule allows the use and disclosure of PHI - without an individual's authorization - under the following circumstances:

◊ **Required by law** (includes statutes, regulation or court orders).

◊ **Public health activities**: This includes reporting information about births, deaths, and various diseases to government officials in charge of collecting that information; and providing coroners, medical examiners, and funeral directors the necessary information relating to an individual's death.
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◊ **Payment**: Your PHI may be used or disclosed in order to bill and process claims or to make payment for covered services you receive under your benefit plan. For example, the claim form could include information that identifies you, your diagnosis, and treatment or supplies used in the course of treatment.

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LIMITING USES AND DISCLOSURES TO THE MINIMUM

A central aspect of the HIPAA Privacy Rule is that a covered entity must take reasonable efforts to ensure that only the minimum PHI is disclosed in order to accomplish the intended purpose.

WHAT RIGHTS YOU HAVE REGARDING YOUR PHI

◊ **Access**: You have the right to review and obtain a copy of your PHI.

◊ **Amendments and Corrections**: You have the right to amend your PHI if the information is inaccurate or incomplete. You must provide the request and your reason for the request in writing, and we will respond within 60 days of receiving your request. Your request to amend your PHI may be denied if it is:

- Correct and complete;
- Not created by us;
- Not allowed to be disclosed; or
- Not part of our records.

◊ **Disclosure**: You have a right to an accounting of the disclosures of your PHI. However, the list will not include uses or disclosures of treatment, payment or health care operations directly to you, to your family, or to your personal representative. The list also won’t include uses or disclosures made for national security purposes, to corrections, or law enforcement personnel. It does not include uses and disclosures for which you gave written authorization.

◊ **Requesting Restrictions of Your PHI**: You have the right to request that your PHI be restricted in use or disclosure. A covered entity is under no obligation to comply with such a request, however, if it does agree to comply with the requested restrictions medical emergencies are exempted.

◊ **Alternative Means of Receiving Communication of PHI**: You have the right to request an alternative means of receiving communications regarding your PHI. For example, you may request that the covered entity contact you through a designated address, phone number or fax.
Family HealthCare Pharmacy,
North Dakota State University

USES AND DISCLOSURES WITH THE OPPORTUNITY TO AGREE OR OBJECT

Your PHI may be provided to a family member, friend, or other person that you indicate is involved in your care or the payment for your health care, unless you object in whole or in part. The opportunity to consent may be obtained retroactively in emergency situations.

ALL OTHER USES AND DISCLOSURES REQUIRE YOUR PRIOR WRITTEN AUTHORIZATION

In any other situation not described in the above sections, we will ask for your written authorization before using or disclosing any of your PHI. If you choose to sign an authorization to disclose your PHI, you can later revoke that authorization in writing to stop any future uses and disclosures (to the extent that we haven’t taken any action relying on the authorization).

THE HITECH ACT OF 2009

Prior to the HITECH Act of 2009, health care providers were required to protect your PHI, while business associates - those who performed services involving the use of disclosure of PHI for covered entities, such as accountants, auditors, consultants and other third-party vendors - were not held to the HIPAA privacy rules as strictly.

With the HITECH Act, business associates will be just as liable for the administrative, physical and technical safeguarding of HIPAA privacy rules for your PHI as your health care providers are currently. This includes the implementation of written policies, procedures, and documentation of security activities to protect your PHI.

Another aspect of the new HITECH Act is that prior to the Act, if a breach of your PHI was discovered, the covered entity was only required to mitigate any harmful effects of the breach, but was not required to notify you. Under the HITECH Act, there are now explicit federal notification requirements regarding the breach of unsecured PHI.

PERSON TO CONTACT FOR INFORMATION ABOUT THIS NOTICE OR TO COMPLAIN ABOUT THE UNIVERSITY’S PRIVACY PRACTICES

If you have any questions about this notice, HIPAA, HITECH, or any complaints about the University’s privacy practices, or would like to know how to file a complaint with the Secretary of the Department of Health and Human Services, please contact the Pharmacy Manager at 701-271-1495, the NDSU HIPAA Coordinator at 701-231-6446 or NDSU.HIPAA@ndsu.edu.

NDU

North Dakota State University does not discriminate on the basis of age, color, disability, gender identity, marital status, national origin, public assistance status, sex, sexual orientation, status as a U.S. veteran, race or religion. Direct inquiries to the Vice President for Equity, Diversity and Global Outreach, 205 Old Main, (701)231-7708.

This publication will be provided in alternative format upon request.
701-231-8525