

**NOTICE OF PRIVACY PRACTICES
COWLEY COLLEGE
HEALTH SERVICES**

THIS NOTICE DESCRIBES HOW YOUR HEALTH INFORMATION MAY BE USED AND DISCLOSED AND HOW YOU CAN GET ACCESS TO THEIR INFORMATION. PLEASE REVIEW THIS CAREFULLY AND SIGN THE BACK PAGE.

OUR PLEDGE REGARDING YOUR HEALTH INFORMATION

Each time you visit The Health Services Center a record is made. This record contains your past, current and future health information. These records are necessary to provide you with quality care and to comply with certain legal requirements. There are state and federal laws in place to protect the privacy of your health information.

USES AND DISCLOSURES OF HEALTH INFORMATION

Treatment

We may disclose your information to other health care providers who request such information for the purpose of providing medical treatment to you. We may disclose your information to any one involved in the provision of health care to you.

Operations

We may use your information to assess your care and in an effort to improve the quality of our services to you.

Individuals involved in your care

We may disclose your information to others identified by you who are involved in your care. We may also notify a family member, or another person responsible for your care, about your condition and location, unless you object by contacting the caregiver at the facility providing your care.

Public health reasons

We may disclose your information as required by law, including government officials to prevent or control diseases, to prevent or report abuse, to report reactions or problems with products, and to report births and deaths.

Worker's compensation

We may disclose your information for this or similar programs.

Law enforcement and Subpoenas

We may disclose your information to law enforcement for identification, and location, or information regarding suspected victims of crime, including crimes committed on the premises. We may provide information to law enforcement to prevent harm to you or another person. We may also provide information as required by a court or administrative order, or in response to a valid summons or subpoena.

Information regarding decedents

We may disclose information regarding a deceased person to coroners, medical examiners, and funeral directors for their required duties.

DISCLOSURES REQUIRING AUTHORIZATION

All other disclosures of your protective health information will be made after your written authorization, which you may revoke at anytime, except to the extent we have already made disclosures pursuant to your authorization.

YOUR RIGHTS REGARDING YOUR PROTECTED HEALTH INFORMATION

Right to inspect and copy

You have the right to inspect and copy health information that may be used to make decisions about your care. To copy your health information you must make a request in writing. If you request a copy of the information, we may charge a fee of the cost of copying, mailing, or other supplies and services associated with your request. We may require that these fees be paid prior to receiving the requested copies.

Right to request amendment

If you believe that our records contain information about you that is incorrect or incomplete, you may ask us to amend the information. You have the right to request an amendment for as long as the information is kept on file. You must make a request for an amendment in writing including the reasons for your request. We may deny your request to amend the information if you ask us to amend information that was not created by us, is not part of the health information that we keep, is not part of the information that you may inspect or copy, or is inaccurate or incomplete. If your request is denied, you will be informed of the reason for denial and will have to opportunity to submit a statement of disagreement to be maintained with your record.

Right to request accounting of disclosure

You have the right to an accounting of disclosure. This is a list of the disclosures we have made of your health information, with certain exception specifically defined by law. You must make your request for this list in writing.

Right to request restrictions

You have to right to request a restriction of limitation on the health information we use or disclose about you for treatment or operations. You may also request a limit on the health information we disclose about you to someone who is involved in your care or the payment for your care, like a family member or friend. You must make these requests in writing.

Right to request alternative methods of communication

You have the right to request that we communicate to you about medical matters in a certain way or at certain locations. For example you may request that you only be contacted at home or by mail. You must make these requests in writing.

Right to a paper copy of this notice

You have the right to a copy of this notice. You may ask for a copy at anytime.

OUR RESPONSIBILITIES

We are required to maintain the privacy of your health information and provide you with notice of our legal duties and privacy practices with respect to protected health information.

We are required to abide by the terms of the notice currently in effect.

We have the right to change our Notice of Privacy Practices and we will apply the changes to all of your health information, including information obtained prior to the change.

We are required to notify you if we are unable to agree to a requested restriction.

We are required to post notices of any change and to make a copy available to you upon request.

FOR QUESTIONS

If you have any questions regarding your health information, please contact:

Janet Bogel

Director of Health Services

Cowley College

125 S. Second

Arkansas City, KS 67005

620-441-5236

FOR PROBLEMS

If you believe your rights have been violated you may submit a complaint to:

Sue Saia

Vice President of Students Affairs

Cowley College

125 S. Second

Arkansas City, KS 67005

620-442-0430

All complaints must be in writing. You will not be penalized for making a complaint.

Signature _____ Date _____

Printed name _____