



STUDENT WELLNESS SERVICES

1239 Arden Rd., Mail Code 1-8, Pasadena, CA, 91125

Phone: (626) 395-8331 | Fax: (626) 585-1522

Notice of Privacy Practices

This notice describes the privacy practices and how medical information about you may be used and disclosed and how you can access this information.

PLEASE REVIEW THIS NOTICE CAREFULLY

Caltech's Commitment To Protect Your Privacy

The California Institute of Technology ("Caltech") is committed to protecting the privacy of your medical information. We create a record of the assistance you receive at Caltech for use in your care. Here is some important information:

1. We may use and disclose your medical information to carry out consultation, Student Wellness Services operations, and for other purposes that are permitted or required by law
2. You have certain rights to access and control your medical information. "Protected Health Information" (PHI) as used in this Notice is information about you, including demographic information, that may identify you and that relates to your past, present or future physical or mental health or condition and related health care services.
3. It is our policy to comply with applicable laws designed to make sure that your medical information is protected.

Your Rights Regarding Your PHI

You have the following rights regarding your PHI:

1. Right to inspect and obtain a copy of your healthcare records: In most cases, you have the right to inspect and receive a copy of the healthcare records about you and your treatment. To inspect and or obtain a copy of your healthcare records, you must submit your request in writing to Student Wellness Services. If you have questions about access to your records, please contact Student Wellness Services at 626-395-8331 for assistance. There are some limited exceptions to the right to access health records. If an exception applies you will be provided with a written explanation of why your request is being denied.
2. Right to request a correction or add an addendum to your healthcare record: Correction: If you believe that the PHI Caltech has on file about you is incorrect or incomplete, you may ask us to correct it in your records. If your PHI is accurate and complete, or if the information was not created by Caltech, we may deny your request. However, if we deny any part of your request, we will provide you with a written explanation. Addendum: In addition, if you are an adult patient and believe that an item or statement in the healthcare records is incorrect or incomplete, you have the right to provide Caltech with a written addendum to the record.

3. Right to an accounting of Caltech disclosures of your PHI: While we are committed to the privacy of your medical information, there are limited circumstances, described elsewhere in this Notice, when we may disclose your PHI to outside parties, other than for consultation and Student Wellness Services operations. You have the right to request an "accounting of disclosures" which is a list describing how we have shared your PHI with outside parties after January, 2010 for purposes other than consultation and Student Wellness Services operations, as those functions are described below in the section of this Notice entitled, "How We May Use and Disclose PHI About You". To obtain an accounting of disclosure, you must submit your request in writing to the administrative coordinator of Student Wellness Services.
4. Right to request restrictions: You have the right to request restrictions on certain uses or disclosures of your PHI. If you wish to request restrictions, your request must be in writing and submitted to Student Wellness Services. 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 services or comply with the law. If we cannot accept your request, we will explain to you in writing why we cannot do so.
5. Right to request confidential communications: You have the right to request that we communicate with you about healthcare matters in a certain manner or at a certain location. For example, you can ask that we only contact you via your mobile phone number, instead of via campus mail. You may request confidential communication by making a written request to Student Wellness Services specifying the requested method of contact or the location where you wish to be contacted. We will not ask you the reason for your request, and we will use our best efforts to accommodate all reasonable requests.

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 about your PHI on your behalf. We will confirm that this person has appropriate authority and can act on your behalf before we take such action.

How We May Use and Disclose Your PHI

The following sections describe different ways that we use and disclose your PHI. For some of these uses or disclosures, we will need your prior written authorization; for others, however, we do not. To respect your privacy, we will try to limit the amount of your PHI that we use or disclose to that which is the "minimum necessary" to accomplish the purpose of the use or disclosure. Not every use or disclosure in a category will be listed. However, all of the ways we are permitted to use and disclose information will fall within one of the categories. Caltech abides by all applicable state and federal laws related to the protection of this information.

1. Uses and Disclosures Relating to Provision of Services or Student Wellness Services operations do not require your prior written consent. We can use and disclose your PHI without your consent for the following reasons:
 - **For provision of services:** We may use and disclose PHI to your treatment team of multidisciplinary clinical and mental health staff within Student Wellness Services as necessary to provide, coordinate, and manage the highest quality care, including consultation among SWS providers involved in your treatment.

- **For Student Wellness Services operations:** We may use and disclose PHI about you to assure our clients receive quality support and assistance. For example, we may use PHI to review our services and evaluate the performance of our staff in caring for you.
- **Client emergency or 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 safety or the safety of others. For example, your consent isn't required if you need emergency treatment or if disclosing the information may prevent harm to a potential victim or yourself.

2. Additional Situations That Do Not Require Us to Obtain Your Authorization

- **Public health activities:** Student Wellness Services can share PHI about you for certain public health and safety situations.
Public Health and Welfare Authorities: Student Wellness Services may disclose your PHI to public health authorities who need the information to prevent or control disease, injury, or disability or to report to appropriate authorities suspected cases of child or elder abuse or neglect.
Food and Drug Administration (FDA): Student Wellness Services may disclose PHI when there are problems with a product that is regulated by the FDA. For instance, when the product has harmed someone, is defective, or needs to be recalled.
Communicable Diseases: Health Services may disclose PHI to a person who has been exposed to a communicable disease or may be at risk of spreading or contracting a disease or condition.
- **Health oversight activities:** We may disclose PHI to a health oversight agency conducting an investigation or inspection of a provider or of this program.
- **Lawsuits and disputes:** If you are involved in a lawsuit or dispute, we may disclose PHI about you in response to a court or administrative order.
- **Law enforcement:** So long as applicable legal requirements are met, we may release PHI if asked to do so by law enforcement officials such as a search warrant.
- **For specialized government functions:** To the extent required by law, upon receipt of a request, we may release PHI about you to authorized federal officials for intelligence, counterintelligence, and other national security activities only after the validity of the request has been verified and reviewed for approval by Student Wellness Services. For example, for the purposes of protecting the President of the United States.
- **As permitted or required by law:** We may use and disclose your PHI without your written authorization for other reasons as permitted by FERPA, and other Federal and State laws.

3. Other Uses of PHI and Revocations of Uses

Other uses and disclosures of PHI not covered by this Notice or the laws that apply to use will be made only with your written authorization. If you provide us authorization to use or disclose PHI about you, you may revoke that authorization, in writing, at any time. If you revoke your authorization, we will no longer use or disclose PHI 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.

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 PHI we already have about you as well as any information we receive in the futures.

Comments or Complaints

We welcome your comment about our notice and our privacy practices. If you believe your privacy rights have been violated, you may file a complaint with Caltech. To register a comment or file a complaint with Caltech, please contact:

Privacy Officer
Student Wellness Services
1239 Arden Rd., MC 1-8
Pasadena, CA 91125
(626) 395-8331

You may also file a complaint with the Secretary of the Department of Health and Human Services, Office of Civil Rights by sending a letter to 200 Independence Avenue, S.W. Washington, D.C. 20201, calling 1-877-696-6775, or visiting www.hhs.gov/ocr/privacy/hipaa/complaints/

Please be assured that no one will retaliate or take action against you for filing a complaint.

Acknowledgement

I acknowledge receipt of the Student Wellness Services Privacy Practices.

Signature

Date

Print name