



# FAU Notice of Privacy Practices

Revised: September 1, 2020

a public body corporate of the State of Florida  
777 Glades Road, Boca Raton, Florida 33431  
Website: <http://www.fau.edu/hipaa>

**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.**

**Hybrid Entity Status** – Under HIPAA, a Hybrid Entity is a single legal entity with business activities that include both medical services (also known as “Covered Components”) and non-medical activities (also known as “Non-Covered Components”). Florida Atlantic University has designated its College of Medicine, College of Nursing, Student Health Services, and the College of Education’s Communications Sciences & Disorders Clinic as its Covered Components. All other components of Florida Atlantic University are designated as Non-Covered Components. All activities conducted by Workforce Members of the Covered Components are subject to our HIPAA policies and procedures. However, if Workforce Members of the Non-Covered Components need access to or use of your Protected Health Information (PHI), they also will be subject to our policies for the privacy and security of your information.

## **Your Information. Your Rights. Our Responsibilities.**

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### **A Quick Summary**

#### **Your Rights**

You have the right to:

- Get a copy of your paper or electronic medical record
- Correct your paper or electronic medical record
- Request confidential communication and even choose someone to act for you
- Ask us to limit the information we share
- Get a list of those with whom we’ve shared your information
- Get a copy of this privacy notice
- File a complaint if you believe your privacy rights have been violated

## **Your Choices**

You have some choices in the way that we use and share information as we:

- Tell family and friends about your condition
- Provide disaster relief and/or raise funds
- Include you in a hospital directory
- Provide mental health care
- Market our services and sell your information

## **Our Uses and Disclosures**

We may use and share your information as we:

- Treat you, operate our organization and obtain payment for our services
  - Help with public health and safety issues and do research and teach
  - Comply with the law, law enforcement or oversight entities, and respond to lawsuits and legal actions
  - Work with organ and tissue donation, medical examiner or funeral director requests
  - Address workers' compensation, law enforcement, and other government requests
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## **Exercising Your Rights**

When it comes to your health information, you have certain rights. This section explains your rights and some of our responsibilities:

### **Get an electronic or paper copy of your medical record**

- You can ask to see or get an electronic or paper copy of your medical record and other health information we have about you, except in very limited cases. Ask us how to do this.
- We will provide a copy or a summary of your health information, usually within 30 days of your request. We may charge a reasonable, cost-based fee.

### **Ask us to correct your medical record**

- You can ask us to correct your health information that you thi

your care. If we agree with your request, we will comply unless the information is needed to provide emergency treatment, is required by law, or otherwise required to be disclosed as listed in this notice.

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If you are not able to tell us your preference, for example if you are unconscious, we may go ahead and share your information if we believe it is in your best interest. We may also share your information, even if you object, when needed to lessen a serious and imminent threat to health or safety or in emergency circumstances.

In these cases we never share your information unless you give us written permission or as required by law:

- Marketing purposes
- Sale of your information
- Most sharing of psychotherapy notes (except under certain circumstances)

We may use certain information (name, address, telephone numbers, e-mail information, age, date of birth, gender, health insurance status, dates of health care p department of service, treat health care provider(s) or general outcome information) to contact you for fundraising efforts, and we may share this information with our Foundation for the same purpose. If we contact you for fundraising purposes, you can tell us not to contact you again at any time. If you do not want to be contacted for fundraising efforts, **please contact us by email: [OPTOUT@fau.ednh](mailto:OPTOUT@fau.ednh) or telephone toll free: 888-6 will honor your request not to receive any fundraising comrtation your decision. Your decision will have no impact on your treatment of**

## **Our Permitted and Required Uses and Disclosures**

How do we typically use or share your health information? We typically use or share your health information without your written permission in the following ways. We may use your health information to: **we may use your health information to:** coordinate and manage your health care; it with other professionals who are treating you.

## **Help with public health and safety issues**

We can share health information about you for certain situations such as:

- Preventing disease
- Notifying someone who may have been exposed to a disease or may be at risk for contracting or spreading a disease or condition
- Helping with product recalls
- Reporting adverse reactions to medications
- Reporting births and deaths
- Reporting suspected abuse, neglect, or domestic violence
- Preventing or reducing a serious threat to anyone's health or safety

## **Do research and teach**

We can use or share your information for health research or to collect information in databases to be used later for research (subject to review and approval by an institutional review board) and, unless you object, have students and resident physicians studying in the medical profession observe and participate in our interactions, examinations and treatments.

## **Comply with the law**

We will share information about you if state or federal laws require it, including with the Department of Health and Human Services or other oversight entities if they want to see that we're complying with federal privacy law.

## **Respond to organ and tissue donation requests**

We can share health information about you with organ and tissue procurement organizations.

## **Work with a medical examiner or funeral director when an individual dies**

We can share health information with a coroner, medical examiner, or funeral director.

## **Address workers' compensation, law enforcement, and other government requests**

We can use or share health information about you:

- For workers' compensation claims
- For law enforcement purposes or with a law enforcement official
- With health oversight agencies for activities authorized by law (e.g., agencies that enforce compliance with licensure or accreditation requirements)
- For special government functions (e.g. military, national security, and presidential protective services)
- With military command authorities, if you are a member of the armed forces
- With correctional institutions having lawful custody of you, as necessary for your health and the safety of others

## **Respond to lawsuits and legal actions**

- We can share health information about you in response to a court or administrative order or a subpoena.

## **Business Associates**

- We can share information with our business associates to carry out treatment, payment or healthcare operations on our behalf.

## **Other Uses**

Provide appointment reminders

Describe or recommend treatment alternatives

Provide information about health related benefits and services that may be of interest

## **Our Responsibilities**

- We are required by law to maintain the privacy and security of your Protected Health Information and to provide you with notice of our legal duties and privacy practices regarding your health information.
- You have the right to know, and we will let you know promptly, if a breach occurs that may have compromised the privacy or security of your information, unless such notification is exempted by law. Our notice to you may be delayed if we are so instructed by law enforcement.
- We must follow the duties and privacy practices described in this notice and give you a copy of it.
- Other uses and disclosures of health information not covered by this notice or applicable law will be made only with your written permission. If you provide permission to use or disclose health information, you may revoke that permission in writing at any time. If you revoke your permission, we will no longer use or disclose health information about you for the reasons covered by your revocation. We are unable to take back any disclosures already made with your permission.

Note you should keep us informed of any changes to your contact information such as your address and phone number so that we can contact you if it becomes necessary.

For more information see:

[www.hhs.gov/ocr/privacy/hipaa/understanding/consumers/noticepp.html](http://www.hhs.gov/ocr/privacy/hipaa/understanding/consumers/noticepp.html).

## **Changes to the Terms of this Notice**

We can change the terms of this notice, and the changes will apply to all information we have about you. If the change is a significant change, we will provide an updated notice. The new notice will be available upon request, in our offices, and on our web site.

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