

NOTICE OF PRIVACY PRACTICES

THIS DOCUMENT APPLIES TO HOW INFORMATION AND RECORDS REGARDING YOUR HEALTH CARE AT THE UC MERCED STUDENT HEALTH AND COUNSELING & PSYCHOLOGICAL SERVICES (SHS/CAPS) MAY BE USED AND DISCLOSED AND HOW YOU CAN GET ACCESS TO THIS INFORMATION. PLEASE REVIEW THIS DOCUMENT CAREFULLY.

About us

The UC Merced Student Health Services and Counseling & Psychological Services (“UC Merced SHS/CAPS”) provides medical and short-term counseling and psychological services to UC Merced registered students and other eligible individuals.

The University of California, including the UC Merced SHS/CAPS, is a teaching and research health care facility. All care is provided by a team of health care professionals. Residents, fellows, students and graduate students of health care professions schools may provide treatment to you or participate in examinations or procedures under the supervision of a licensed health care professional.

Your health care information

The UC Merced SHS/CAPS is committed to protecting medical and counseling/psychological information about you (“health care information”). We are required by law to make sure that your health care information is protected and to only disclose your information when permitted by law or when specifically authorized by you. As a general matter, the Family Educational Rights and Privacy Act (FERPA), a Federal law, requires that the UC Merced protect the privacy of student records.

How we may use and disclose health care information about you

The following sections describe different ways that we may use and disclose your health care information. For each category of uses or disclosures we will describe them and give some examples. Some information, such as certain drug and alcohol information, HIV information and mental health information, is entitled to special restrictions related to its use and disclosure.

- **For treatment.** We may use health care information about you to provide you with health care treatment or services. We may share health care information about you with other UC Merced SHS/CAPS personnel or non-UC Merced SHS/CAPS providers who may be involved in your care or treatment.
- **For payment.** We may use and disclose health care information about you so that the treatment and services you receive at the UC Merced SHS/CAPS may be billed to and payment may be collected from you, an insurance company or a

third party. Additionally, we may tell your health plan about a proposed treatment to determine whether your plan will cover the treatment.

- **For clinic operations.** We may use and disclose health care information about you for UC Merced SHS/CAPS operations such as quality of care and medical staff activities, legal services, business management and administration.
- **Appointment reminders.** We may contact you to remind you that you have an appointment at the UC Merced SHS/CAPS.
- **Health-related benefits and services.** We may contact you about benefits or services that we provide.
- **Fund-raising activities.** We may contact you to provide information about the UC Merced SHS/CAPS-sponsored activities, including fund-raising programs and events.
- **Individuals involved in your care or payment for your care.** We may provide health care information to anyone involved in your care, e.g., a friend, family member, personal representative or any individual you identify. We may also give information to someone who helps pay for your care.
- **Research.** The University of California is a research institution. All research projects conducted by the University of California must be approved through a special review process to protect patient/client safety, welfare and confidentiality. We may use and disclose information about our patients/clients for research purposes, subject to the confidentiality provisions of federal and state law.
- **As permitted by law.** We may use and disclose health care information about you when required or permitted to do so by federal or state law.
- **To avert a serious threat to health or safety.** We may use and disclose health care information about you when necessary to prevent or lessen a serious and imminent threat to your health and safety or the health and safety of the public or another person. Any disclosure would be to someone able to help stop or reduce the threat.
- **Military and veterans.** If you are or were a member of the armed forces, we may release health care information about you to military command authorities as authorized or required by law.
- **Workers' compensation.** We may use or disclose health care information about you for workers' compensation or similar programs as authorized or required by law. These programs provide benefits for work-related injuries or illness.

- **Public-health disclosures.** We may use and disclose health care information about you for public-health purposes. These purposes generally include the following:
 - preventing or controlling disease, injury or disability;
 - reporting vital events such as births and deaths;
 - reporting adverse events related to food, medications or defects or problems with products;
 - notifying a person who may have been exposed to a disease or may be at risk of contracting or spreading a disease or condition;
 - notifying the appropriate government authority if we believe a patient has been the victim of abuse, neglect or domestic violence.

Health-oversight activities. We may use and disclose health care information about you to governmental, licensing, auditing and accrediting agencies as authorized or required by law.

Legal proceedings. We may use and disclose health care information about you to courts, attorneys and court employees in the course of conservatorship and certain other judicial or administrative proceedings.

Lawsuits and other legal actions. We may use and disclose health care information about you in response to a court or administrative order, or in response to a subpoena, discovery request, warrant, summons or other lawful process.

Law enforcement. If asked to do so by law enforcement, and as authorized or required by law, we may release health care information:

- to identify or locate a suspect, fugitive, material witness or missing person;
- about a suspected victim of a crime if, under certain limited circumstances, we are unable to obtain the person's agreement;
- about a death suspected to be the result of criminal conduct;
- about criminal conduct at the UC Merced SHS/CAPS; and
- in case of a medical emergency, to report a crime; the location of the crime or victims; or the identity, description or location of the person who committed the crime.

National-security and intelligence activities. As authorized or required by law, we may use and disclose health care information about you to authorized federal officials for intelligence, counterintelligence and other national security activities.

Your rights regarding health care information about you

Your information is the property of the UC Merced SHS/CAPS. You have the following rights, however, regarding information we maintain about you:

Right to inspect and copy. With certain exceptions, you have the right to inspect and/or receive a copy of your UC Merced SHS/CAPS Electronic Health Record (EHR).

To inspect and/or to receive a copy of your EHR, you must submit your request in writing to UC Merced, Custodian of Records, SHS/CAPS, 5200 North Lake Road, Merced, CA 95343. If you request a copy of the information, there is a fee for these services.

Right to request an amendment or addendum. If you feel that information we have about you is incorrect or incomplete, you may ask us to amend the information or add an addendum (addition to the record). Your request must be made in writing and submitted to UC Merced, Custodian of Records, SHS/CAPS, 5200 North Lake Road, Merced, CA 95343.

Right to request restrictions. You have the right to request a restriction or limitation on the health care information we use or disclose about you for treatment, payment or healthcare operations. You also have the right to request a limit on the health care information we disclose about you to someone who is involved in your care or the payment for your care, such as a family member or friend. To request a restriction, you must make your request in writing to UC Merced, Custodian of Records, SHS/CAPS, 5200 North Lake Road, Merced, CA 95343.

Right to request confidential communications. You have the right to request that we communicate with you about health care related matters in a certain way or at a certain location. For example, you may ask that we contact you only at home or only by mail. To request confidential communications, you must make your request in writing to UC Merced, Custodian of Records, SHS/CAPS, 5200 North Lake Road, Merced, CA 95343.

Right to receive an accounting. Certain patients have a right to receive a record of specific types of disclosures made by the UC Merced SHS/CAPS. To request an accounting of disclosure, you must make your request in writing to UC Merced, Custodian of Records, SHS/CAPS, 5200 North Lake Road, Merced, CA 95343

Right to receive a paper copy of this document. You have the right to obtain a paper copy of this document upon your request. It may also be printed off the UC Merced SHS/CAPS website.

Complaints. If you believe that your privacy rights have been violated or if you have questions about your rights, you should contact the UC Merced SHS/CAPS Privacy Officer (209) 228-2273. We will not take action against you for filing a complaint. Certain patients may also file a complaint with the Director, Office for Civil Rights of the U.S. Department of Health and Human Services. To contact the executive director mail your concerns to UC Merced, Executive Director SHS/CAPS, UC Merced, Custodian of Records, SHS/CAPS, 5200 North Lake Road, Merced, CA 95343 or call (209) 228-2273.

Effective date July 1, 2014