



NOTICE OF PRIVACY PRACTICES OF AUSTIN COMMUNITY COLLEGE DISTRICT

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.

Austin Community College (ACC) is required by law to protect the privacy of your health information. ACC is also required to give you this Notice that explains how ACC may use information about you and when ACC can give out or “disclose” that information to others. You also have rights regarding your health information that are described in this Notice.

ACC may change its policies and this Notice at any time and have those revised policies apply to all the protected health information maintained by ACC. If or when ACC changes this Notice, the new Notice will be posted where it can be seen. For more information about this notice or ACC privacy practices and policies, contact the person listed at the end of this Notice.

Each time you visit or communicate with Austin Community College for health care services, ACC makes a record of the visit or communication. Typically the record contains Protected Health Information. Protected Health Information is individually identifiable health information created or received by a health care provider, health plan, employer, school or university, or health care clearinghouse that relates to your past, present, or future physical or mental health or condition; the provision of health care to you; or the past, present, or future payment for the provision of health care to you and that identifies you or with respect to which there is a reasonable basis to believe the information can be used to identify you. ACC is required by the privacy regulation issued under the Health Insurance Portability and Accountability Act of 1996 (“HIPAA”) to maintain the privacy of your Protected Health Information and to provide you with notice of its legal duties and privacy practices with respect to your Protected Health Information. This document is notice to you of ACC’s privacy practices. ACC is required to abide by the terms of the Notice currently in effect.

Disclosures That Can Be Made Without Your Authorization

ACC students, professors, and employees are usually the only individuals with access to these records. However, there are situations in which ACC is permitted to disclose or use your medical information without your written authorization or an opportunity to object. In other situations, ACC will ask for your written authorization before using or disclosing your Protected Health Information. If you choose to sign an authorization to disclose information, you can later revoke that authorization, in writing, to stop future uses and disclosures. However, any revocation will not apply to disclosures or uses already made or that rely on the authorization before it is revoked. ACC may use or disclose your Protected Health Information without your written authorization for the following reasons:

- ACC must disclose identification information, health history, diagnosis and test results when coordinating with other health care providers to provide service to you.
- To individuals involved in your care such as a family member or other relative, a close personal friend, or any other person you identify to us.
- If the disclosure is required by law.
- To a health oversight agency for oversight activities authorized by law, including audits; civil, administrative or criminal investigations; inspections; licensure or disciplinary actions; or other activities necessary for appropriate oversight of the health care system, government benefit programs for which health information is relevant to beneficiary eligibility, entities subject to government regulatory programs for which health information is necessary for determining compliance;
- If ACC has reason to believe that an individual is a victim of abuse, neglect, or domestic violence, to report to a government authority including a social service or protective agency authorized by law to receive reports of abuse, neglect or domestic violence;
- In connection with administrative or judicial proceedings;

- To a law enforcement official for law enforcement purposes;
- To a public health authority for public health activities as required or authorized by law;
- To a coroner or medical examiner for the purpose of identifying a deceased person, determining a cause of death, or other duties authorized by law;
- For research as authorized by the privacy regulation;
- To avert a serious threat to health or safety of a person or the public;
- For specialized government functions such as for national security and intelligence activities or for the protection of the President or other persons authorized by 18 U.S.C. 3056 or to foreign heads of State or other persons authorized by 22 U.S.C. 2709(a)(3) or the conduct of investigations authorized by 18 U.S.C. 871 and 879.
- To you or your personal representative upon written request.
- To provide appointment reminders, information about treatment alternatives or other health-related benefits and services that may be of interest to you by (telephone, mail, and/or email).

Your Privacy Rights Regarding Protected Health Information

Your records and the Protected Health Information contained therein are the physical property of ACC. However, you have the following rights with respect to your own Protect Health Information:

- The right to request restrictions on uses and disclosures of your Protected Health Information to family members or personal representatives as otherwise permitted by law or to carry out treatment, payment, or health care operations. ACC is not required to agree to the requested restriction. If ACC agrees to a restriction, it will not use or disclose your Protected Health Information in violation of the restriction. Either you or ACC has the right to terminate an agreed upon restriction on the uses and disclosures of your Protected Health Information must be in writing and must provide adequate detail of the restriction you are requesting.
- The right to receive confidential communications of your Protected Health Information by alternative means or at an alternative location (for example, at an address other than your home address) if you provide a clear statement that the disclosure of all or part of your Protected Health Information could endanger you.
- The right to inspect and copy your Protected Health Information, except for the following:
 - Psychotherapy notes;
 - Information compiled in reasonable anticipation of, or for use in, a civil, criminal, or administrative action or proceeding; and
 - Protected Health information that is subject to the Clinical Laboratory Improvements Amendments of 1988, 42 U.S.C. 263a, to the extent the provision of access would be prohibited by law or is exempt from the Clinical Laboratory Improvements Amendments of 1988, pursuant to 42 CFR 493.3(a)(2).

Requests to inspect and copy Protected Health Information must be in writing and signed by you or by your representative. If ACC denies a request for access to Protected Health Information, in whole or in part, it will notify you in writing of the denial. If ACC grants access, ACC will tell you what, if anything, you have to do to get access. **ACC reserves the right to charge a reasonable, cost-based fee for making copies.** Texas law requires us to be ready to provide copies or a narrative within 15 days of your request. ACC will inform you when the records are ready or if ACC believes access should be limited.
- The right to request an amendment of your Protected Health Information. Such request must be in writing and must provide a reason to support the requested amendment. ACC will respond within 60 days of your request. ACC may deny a request for amendment of Protected Health Information. If ACC does so, it will notify you in writing of the reason for the denial. If ACC approves the amendment, ACC will inform you in writing, allow the amendment to be made and tell others that we now have the correct information. Even if ACC refuses and amendment, you are permitted to include a patient statement about the information at issue in your medical record. Requests for amendment of Protected Health Information should be addressed to the person listed at the end of this Notice.

- The right to receive an accounting of disclosures of your Protected Health Information covering six years prior to the date of a request for disclosures:
 - Disclosures to carry out treatment, payment and health care operations;
 - Disclosures to you of your own Protected Health Information;
 - Disclosures incident to a use or disclosure otherwise permitted or required by law;
 - Disclosures made pursuant to an authorization signed by you;
 - Disclosures to persons involved in your care or for other authorized notification purposes;
 - Disclosures for national security or intelligence purposes;
 - Disclosures to correctional institutions or law enforcement officials as required or authorized by law;
 - Disclosures as part of a limited data set; or
 - Disclosures made prior to April 14, 2003.
- The right to receive a copy of this Notice of Privacy Practices upon request. The law requires ACC to ask you to acknowledge receipt of your copy.

ACC will not disclose your Protected Health Information except as described in this Notice without your written authorization. Your written authorization may be revoked by you in writing at any time by sending a written notice of revocation to the person listed at the end of this Notice.

How to Get More Information or to File a Complaint

If you have any questions and/or would like additional information, you may contact the person listed at the end of this Notice.

If you believe your privacy rights have been violated, you may file a complaint with ACC and with the Secretary of the U.S. Department of Health and Human Services. Complaints filed with ACC should be filed in writing and directed to the person listed at the end of this Notice. Complaints to the Secretary of U.S. Department of Health and Human Services must be in writing, must specify the entity that is the subject of the complaint, must describe the acts or omissions believed to be in violation of your privacy rights and should be directed to U.S. Department of Health & Human Services, HIPAA Officer, 200 Independence Avenue, S.W., Washington, D.C. 20201.

ACC will not intimidate or retaliate against any person who files a complaint about the treatment of his or her Protected Health Information.

AUSTIN COMMUNITY COLLEGE DISTRICT RESERVES THE RIGHT TO CHANGE ITS PRIVACY PRACTICES AND TO MAKE THE NEW PROVISIONS EFFECTIVE FOR ALL PROTECTED HEALTH INFORMATION IT MAINTAINS.

This Notice is effect as of April 14, 2003.

If you have any questions or want to make a request pursuant to the rights described above, please contact:
HIPAA Privacy Officer
Pat Recek, Assistant Dean, Health Sciences
patr@austincc.edu
512-223-5779

PLEASE VERIFY THAT YOU HAVE RECEIVED A COPY OF THIS NOTICE OF PRIVACY PRACTICES BY SIGNING THE ATTACHED.



**ACKNOWLEDGMENT OF RECEIPT OF AUSTIN COMMUNITY COLLEGE
NOTICE OF PRIVACY PRACTICES**

I, _____, hereby verify that I have received a copy of the
(Print name)
Notice of Privacy Practices of Austin Community College District.

(Signature)

(Signature of the Witness)

Date: _____

2 Part NCR form:
white copy place in file; yellow copy to the patient