

Wilkes University Pharmacy/Nursing Program & Medical Clinic

Notice of Privacy Practices

LAST REVISED: 7/2014

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.

If you have any questions about this notice, please contact the Privacy Officer by telephone at (570) 408-4554 or mail: Privacy Officer, Wilkes University, 84 West South Street, Wilkes-Barre, Pennsylvania 18766.

WHO WILL FOLLOW THIS NOTICE.

This notice describes Wilkes University Pharmacy/Nursing Program and Medical Clinic (collectively, the "Programs") practices for protecting and using medical information about you.

OUR PLEDGE REGARDING MEDICAL INFORMATION.

We understand that information about you and your health is personal. We are committed to protecting that medical information. We create a record of the care and services you receive to provide you with quality care and to comply with certain legal requirements. This notice applies to all of the records of your care generated by the Programs.

This notice tells you about the ways in which we may use and disclose information about you. It also describes your rights and certain obligations we have regarding the use and disclosure of medical information.

We are required by law to: make sure that health-related information that identifies you is kept private; give you this notice of our legal duties and privacy practices with respect to medical information about you; and follow the terms of the notice that is currently in effect.

HOW WE MAY USE AND DISCLOSE MEDICAL INFORMATION ABOUT YOU.

The following categories describe the ways that we use and disclose health-related information. For each category of uses or disclosures we will explain what we mean and try to give some examples. Not every use or disclosure in a category will be listed

For Treatment. We may use and disclose information about you to provide you with medical treatment or services. We may disclose information about you to physicians, nurses, technicians, medical students, or other personnel who are involved in your care (For example, a therapist treating you for your brain injury may need to know if you have diabetes because diabetes may slow the healing process.). We also may share medical information about you in order to coordinate the things you need, such as prescriptions and lab work. We also may disclose medical information about you to people outside the Programs who may be involved in your medical care, such as family members, clergy or others who provide services that are part of your care.

For Payment. We may use and disclose information about you so the treatment and services you receive can be billed to and payment may be collected from you, an insurance company or a third party. We may also tell your health plan about a treatment you are going to receive to obtain prior approval or to determine whether your plan will cover the treatment.

For Health Care Operations. We may use and disclose information about you for normal business operations. These uses and disclosures are necessary to run the Programs and make sure that all of our patients receive quality care (For example, in the course of quality assurance and utilization review activities, we may use medical information to review our treatment and services and to evaluate the performance of our personnel in caring for you.). We may disclose medical information to "business associates" who provide contracted services such as accounting, legal representation, claims processing, accreditation, and consulting. If we do disclose medical information to a business associate, we will do so subject to a contract that provides that the information will be kept confidential. We may also combine medical information about many patients to decide what additional services we should offer, what services are not needed, and whether certain new treatments are effective. We may also disclose information to physicians, nurses, technicians, medical students, and other personnel for review and learning purposes. We may also combine the medical information we have with medical information from other facilities to compare how we are doing and see where we can make improvements in the care and services we offer. We may remove information that identifies you from this set of medical information so others may use it to study health care and health care delivery without learning who the specific patients are.

Follow-up Phone Calls. As part of your treatment plan, there may be times that you will be contacted by the Program staff via telephone after you have had service at our clinic or from a member of the pharmacy program for purposes of customer satisfaction or the like.

Follow-up Letters. The Provider may submit test results to you by sending you a letter in the mail with such results. The Provider may also send such results to your primary care doctor.

Treatment Alternatives and Health-Related Benefits and services. We may use and disclose information to recommend or tell you about treatment alternatives and health-related benefits or services that may be of interest to you.

disaster relief effort so that your family can be notified about your condition, status and location.

Research. Under certain circumstances, we may use and disclose information about you for research purposes. All research projects are subject to a special approval process that evaluates a proposed research project and its use of medical information, trying to balance the research needs with patients' need for privacy of their medical information. Before we use or disclose information for research, the project will have been approved through this research approval process; however, we may disclose information about you to people preparing to conduct a research project to help them look for patients with specific medical needs, so long as the information they review does not leave Program offices. When our staff conducts a research project, in which they look back at old medical records, your personal information will not be disclosed outside the organization nor will you be identified in any reports. If a research project is conducted where your information cannot be held confidential, a separate process is in place for you to consent for this type of research.

Service Excellence. We may follow up your visit with us by sending to the address listed in your records a brief written survey about your satisfaction with the level of service provided to you. In some cases, the survey may be conducted by telephone or e-mail

notify people of recalls of products they may be using; (f) to notify a person who may have been exposed to a disease or may be at risk for contracting or spreading a disease or condition; and (g) to notify the appropriate government authority if we believe you have been the victim of abuse, neglect or domestic violence.

Health Oversight Activities. We will disclose information to a health oversight agency for activities authorized by law. These oversight activities include, for example, audits, investigations, inspections, and licensure. These activities are necessary for the government to monitor the health care system, government programs, and compliance with applicable laws.

Lawsuits and Disputes. If you are involved in a lawsuit or a dispute, we may disclose information about you in response to a court or administrative order. We may also disclose information about you in response to a subpoena, discovery request, or other lawful process by someone else involved in the dispute, but only if satisfactory efforts have been made to tell you about the request or to obtain an order protecting the information requested.

Law Enforcement. We may release information if asked to do so by a law enforcement official (a) in response to a court order, subpoena, warrant, summons or similar process; (b) to identify or locate a suspect, fugitive, material witness, or missing person; (c) about the victim of a crime if, under certain limited circumstances, we are unable to obtain the patient agreement; (d) about a death we believe may be the result of criminal conduct; (e) about criminal conduct; and (f) in emergency circumstances to report a crime; the location

information about a surgery you had, or you could ask that information about you not be included in the facility directory.).

If you paid out-of-pocket for a specific item or service, you have the right to request that information relating to such item or service not be disclosed to a health plan for purposes of payment or health care operations, and we must honor such a request. However, we are not required to agree to other restrictions that you request. If we do agree to a requested restriction, we will comply with your request unless the in

COMPLAINTS.

If you believe your privacy rights have been violated, you may file a complaint with the Programs or with the Secretary of the U.S. Department of Health and Human Services. To file a
