



NOTICE OF PRIVACY PRACTICES

THIS NOTICE DESCRIBES HOW MEDICAL AND MENTAL HEALTH INFORMATION ABOUT YOU MAY BE USED AND DISCLOSED AND HOW YOU CAN GAIN ACCESS TO THIS INFORMATION. PLEASE REVIEW IT CAREFULLY. HIPAA PRIVACY RULES REQUIRE WE PROVIDE THIS NOTICE.

Purpose: Student Health & Wellbeing (SHWB) staff follows the privacy practices described in this notice. SHWB maintains your medical and mental health information (Health Information) in records that will be kept in a confidential manner, as required by law. However, SHWB may use and disclose your health information to the extent necessary to provide you quality healthcare regarding treatment, payment, and healthcare operations.

Treatment, Payment, and Healthcare Operations:

Treatment: Includes sharing information among healthcare providers involved in your care including psychologists, physicians, counselors, and social workers.

-Example, your physician may share information about your condition with a pharmacist to discuss appropriate medication or other providers to make a diagnosis.

Payment: SHWB may use your health information to bill for treatment or services.

-Example, SHWB may need to give your health information to your insurance plan for payment to SHWB or reimbursement to you.

Healthcare Operations: SHWB may use and disclose your health information to improve the quality of care.

-Example, SHWB may use health information to evaluate the performance of our staff caring for you.

Further use of Your Health Information: Your health information may be used, unless you ask for restrictions on a specific use of disclosure, for:

- Appointment reminders
- To inform you of treatment alternatives or benefits or services related to your health, which you may opt out of
- To carry out healthcare treatment, payment, and operations
- In case of emergency or other cases when you are unable to make decisions regarding your health care, a healthcare provider may disclose to a family member, relative or elected representative health information which is vital to continuation of care. Once disclosed, this information may not be re-released without your authorization
- Worker's Compensation - Confidential Health Information may be disclosed to your employer regarding benefits for work related injuries and illnesses
- Health oversight activities (audits, inspections, investigations, and licensure)
- Certain research projects or marketing
- To prevent a serious threat to health or safety
- Law enforcement (in response to a court order or other legal process, to identify or locate an individual being sought by authorities, about the victim of a crime under restricted circumstances, about a death that may be the result of criminal conduct, circumstances relating to reporting information about a crime)
- Disaster relief agency if injured in a disaster
- To public health authorities for reports of child abuse or neglect or if we believe you have been a victim of abuse, neglect, or violence

- Protection of the President or other authorized persons for foreign heads of state, or to conduct special investigations
- As required by law or by the Food and Drug Administration
- Public Health Activities
- National security and intelligence activities
- Lawsuits and disputes (We will attempt to provide advance notice of a subpoena before disclosing the information)
- Alcohol and drug abuse information has special privacy protections. SHWB will not disclose any health information related to substance abuse assessment/treatment unless the client consents in writing, a court order signed by a judge requires disclosure of the information; medical personnel need the information to meet a medical emergency, qualified personnel use the information for the purpose of conducting research, management audits, or program evaluation, or if it is necessary to report a crime, a threat to commit a crime or to report abuse or neglect as required by law
- We may disclose health information to professional advisors, including the university's legal office and to agencies or individuals that oversee our operations or help carry out our responsibilities. We will only disclose information that is minimally necessary to the provision of services to only individuals that need to know
- Disclosure of HIV/AIDS information must have the patient's specific consent. Information released without consent will only be for continuity of care and/or treatment and local authority as required by law
- Other purposes that the Secretary of the United States Department of Health and Human Services deems necessary and appropriate

Your Authorization Is Required for Other Disclosures:

Other uses and disclosures not described in this notice will be made only with your written authorization. You may revoke your permission, which will be effective on the date of your written revocation.

Authorization Required: written authorization is required for the following disclosures:

- Disclosures for immunizations
- Most uses and disclosures of psychotherapy notes (where appropriate)
- Uses and disclosures of protected health information for personal purposes
- Fundraising related activities or programs and marketing purposes
- Disclosures that constitute a sale of protected health information

Your Health Information Rights: You have rights regarding your health information, provided you make a written request to invoke the right on the form provided by SHWB.

- **Right to request restrictions.** You may request limitations on your health information we use or disclose for healthcare treatment, payment, or operations, but we are not required to agree to your request. If we agree, we will comply with your request unless the information is needed to provide you with emergency services

- **Right to request restrictions to a health plan.** You may request the restriction of certain disclosures of your health information to a health plan if you pay out of pocket in full for the healthcare item of services at SHWB
- **Right to confidential communications.** You may request communication in a specific manner or location, but you must specify in writing how or where you wish to be contacted
- **Right to request an amendment.** If you believe your health information is incorrect or incomplete, you may request an amendment. SHWB is not required to accept the amendment
- **Right of breach notification:** you may be notified if there is a breach of your health information
- **Right to inspect and request a copy:** You have the right to inspect and request a copy of your health information. There is a fee for this service. Under limited circumstances your request may be denied, but you may request a review of the denial by another licensed healthcare professional chosen by SHWB. SHWB will comply with the outcome
- **Right to an accounting of disclosures.** You may request a list of the disclosures of your health information made to persons or entities other than for healthcare treatment, payment or operations in the past six years, but not prior to April 14, 2003. After the first request there will be a charge
- **Right to a copy of this Notice.** You may request a paper copy of this Notice at any time, even if you have been provided with an electronic copy. Electronic copies are at www.sa.sc.edu/SHWB.

Requirements Regarding This Notice: Law requires SHWB to protect PHI as well as provide you with this Notice. We will be governed by this Notice for as long as it is in effect. SHWB may change this Notice, which will be effective for health information we have about you, as well as any information we receive in the future. Each time you register for healthcare services, you may receive a copy of the Notice in effect at the time.

Complaints:

If you believe your privacy rights have been violated, you may file a complaint with SHWB or with the Secretary of the United States Department of Health and Human Services. You will not be penalized or retaliated against for making a complaint.

Contact the SHWB Privacy Officer in writing if:

- You have a complaint
- You have any questions about this Notice
- You wish to request restrictions on uses and disclosures for health care treatment, payment or operations
- You wish to obtain a form to exercise your individual rights described in this Notice.
- SHWB Privacy Officer- SHSPO@mailbox.sc.edu (please do not share protected health information via email)

For more information, please visit the SHWB website: [notice-of-privacy-practices-2025.pdf \(sc.edu\)](#)