



**Your Information.**

**Your Student and Patient Rights.**

**Our Responsibilities.**

As a health care provider and educational institution we keep a record of the services we provide you. This notice of privacy practices is being provided to you as required by law. It describes how we may use or disclose your personal health information (PHI) and it explains your rights to access and control your records under certain circumstances. PHI includes written and verbal health information that relates to your past, present, or future physical or mental health condition as well as demographic data that can be used to identify you.

**Please review this document carefully.**

**Your Information**

If Student Health Center (SHC) creates health related records while you are a Western Washington University student, these records are considered “treatment” records when used and shared for the purpose of treatment and limited healthcare operations and are protected under privacy laws. When used or shared for reasons other than treatment and limited healthcare operations, including when you request access to them, they are considered “educational” records protected under the Family Educational and Privacy Act (FERPA) under most circumstances. See [WAC 516.26 – Student Records](#). Western is committed to safeguarding access to student records as well as maintaining individual student privacy.

**Our Uses and Disclosures**

**How we typically use or share your health information without your written authorization:**

<b>To Treat You</b>	<ul style="list-style-type: none"> <li>We use your health information and share it with other professionals who are treating you.</li> </ul>	<i>Example:</i> A clinician treating you at the SHC reviews the treatment plan with a physician in a specialty to whom you have agreed to be referred.
<b>Healthcare Operations</b>	<ul style="list-style-type: none"> <li>On a limited basis, we use and share your health information to run our practice only when necessary.</li> </ul>	<i>Example:</i> The SHC staff shares information about you to coordinate your treatment and related services.



## Our Uses and Disclosures (cont.)

We may also use and/or share your health information without your written authorization for the following non-typical situations and with only the minimum amount of information necessary for the intended purpose:

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<b>Health oversight activities</b>	<ul style="list-style-type: none"><li>• For oversight activities authorized by law such as audits, inspections, or for the purpose of accreditation to ensure quality of care.</li></ul>
<b>Litigation, judicial order or subpoena</b>	<ul style="list-style-type: none"><li>• In compliance with legal processes such as a subpoena.</li><li>• Litigation situations between the University and the student.</li></ul>
<b>To avert a serious threat to health or safety</b>	<ul style="list-style-type: none"><li>• If we, in good faith, provide personal health information to appropriate parties when it is believed you pose an articulable and significant threat to yourself or the health and safety of other individuals.</li></ul>
<b>For government functions</b>	<ul style="list-style-type: none"><li>• In rare circumstances such as for national security and intelligence activities.</li></ul>
<b>If you are deceased</b>	<ul style="list-style-type: none"><li>• Even if you are deceased your personal health information still warrants protection and will be sensitively cared for.</li><li>• Only under special circumstances will a limited disclosure be made such as to a medical examiner, or parent.</li></ul>

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Other than those stated above, we will not disclose your health information other than with your written authorization. You may revoke your authorization in writing at any time except to the extent that we have taken action in reliance upon that authorization.

## Sensitive Personal Health Information Privacy

The SHC will disclose treatment records without patient consent regarding sexually transmitted diseases and/or mental health records only when mandated by law ([RCW Chapter 70](#)). All other instances, even when permitted by law, we will obtain your written authorization in advance of the disclosure.

In certain circumstances, a minor (under 18 years of age) patient's health information may receive additional protections.

## Your Rights

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### **Inspect or request a copy of your personal health information**

- Generally, you have the right to request to inspect, review and obtain copies of your educational records except as provided in WAC 516-26.
  - Such requests require a completed *Authorization to Disclose/Release Protected Health Information Form* submitted to SHC. The form is available on the SHC's website or can be requested from the front desk.
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### **Request an explanation or interpretation of record**

- You have the right to reasonably request the SHC provide an explanation or interpretation of the content of your record.
  - You may ask the response to be provided to you verbally or in writing.
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### **Challenge the content of your record**

- You have the right to request the correction or deletion of content in your record if you believe it is inaccurate, misleading, or otherwise is inappropriate data.
  - You have the right to challenge a decision to deny your request.
  - Requests for corrections and deletions and challenges must be made in accordance with University requirements under WAC 516-26.
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### **Challenge the release of or denial of access to your record**

- You have the right to challenge the release of your record to specific persons as contrary to the provisions of WAC 516-26 or challenge a decision by the University to deny you access to particular types of records.
  - Challenges must be made in accordance with University requirements under WAC 516-26.
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### **Request confidential communications**

- You have the right to request to receive communications from us in a specific way or location. For example, you can ask us to restrict communications with you to phone calls only at a specific number.
  - We will accommodate reasonable requests permitted by law.
  - Please provide this information on the *Client Information Form* or in writing to front office staff if your preference changes.
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### **Get a copy of this privacy notice**

- You can request a paper or electronic copy of this notice any time or you may access it on our website or in our reception and waiting areas.
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## Your Rights (cont.)

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### Ask us to limit what we use or share

- You can request that we not use or share certain health information.
- We are not required to agree to your request, and we may say “no” if, for example, it would threaten your health or violate a law.
- We will honor your request to not disclose to your health plan information or services for which you paid out of pocket prior to the performance of such services.
- You may make your request by submitting the *Request to Limit Information* form.

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### Get a list of those with whom we’ve shared information

- You can ask for a list (an accounting) of disclosures we’ve made with your health information for as long as we are legally required to maintain those records.
- Exceptions to record keeping of disclosures may apply as required or permitted by law.
- To make such a request, submit a *Request for an Accounting of Non-Routine Disclosures Form* to the SHC.

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### File a complaint if you feel your rights are violated

- You can complain if you feel we have violated your rights by filing a complaint with one or all of the following:
  1. The SHC Director
  2. Western Washington University’s FERPA Officer
  3. Western Washington University’s HIPAA Privacy Officer
  4. The Washington State Department of Health
  5. U.S. Department of Education
- We take your concerns and complaints seriously and will not retaliate against you for filing a complaint.
- Procedure: See “Contact Information” on last page.

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## Our Responsibilities

- We are required by law to maintain the privacy and security of your protected health information.
- We will only share the minimum necessary information with others.
- We will let you know promptly if a breach occurs that may have compromised the privacy or security of your information.
- We must follow the duties and privacy practices described in this notice and give you a copy of it.
- We will not use or share your information other than as described here unless you tell us we can in writing. If you tell us we can, you may change your mind at any time. Let us know in writing if you change your mind.

## 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. The new notice will be available upon request, in our office, and on our web site. The effective date of this notice is stated at the bottom left of the document.

## Contact Information

### **Associate Medical Director**

#### **Student Health Center**

David Hansen, MD

Western Washington University

Ph: 360.650.3494

### **WWU FERPA Compliance Officer/Registrar**

David Brunnemer

[David.Brunnemer@wwu.edu](mailto:David.Brunnemer@wwu.edu)

Ph: 360.650.7732

### **WWU HIPAA Privacy Officer/ University Compliance Manager**

Nicole Goodman

[Nicole.goodman@wwu.edu](mailto:Nicole.goodman@wwu.edu)

Ph: 360.650.2477

### **Washington State Department of Health**

Customer Service

[hsqa.csc@doh.wa.gov](mailto:hsqa.csc@doh.wa.gov)

Ph: 360.236.4700

### **U.S. Dept. of Education/Office for Civil Rights**

400 Maryland Avenue, SW

Washington, DC 20202-1100

Ph: 800.421.3481

Email: [OCR@ed.gov](mailto:OCR@ed.gov)