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, PLEASE CONTACT OUR PRIVACY OFFICE IN WRITING OR CALL MEMBER SERVICES AT 252-328-6841.

WHO HAS TO ABIDE BY THESE PRIVACY PRACTICES
East Carolina University Health Services provides health care to our patients in partnership with other professionals and organizations. The following individuals will abide by the privacy practices in this notice:

- Any health care professional that treats you at ECU.
- All members of the ECU work force, including employees, medical staff, trainees, students, and volunteers.

OUR PLEDGE TO YOU
We understand that medical information about you is personal and we are committed to protecting that information. Your medical record is created as part of providing you with quality care, as well as for the purpose of meeting legal requirements. This notice applies to all the records of your care generated or maintained by ECU. We are required by law to:

- Keep medical information about you 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 privacy practice notice that is currently in effect.

HOW WE MAY USE AND DISCLOSE YOUR MEDICAL INFORMATION
We may use and disclose medical information about you without your prior authorization for treatment, such as sending medical information about you to a specialist as part of a referral (this includes psychiatric or HIV information if needed for purposes of your diagnosis and treatment); to obtain payment for treatment, such as sending billing information to your insurance company or Medicare - (note: only limited psychiatric or HIV information may be disclosed without your authorization for billing purposes); and to support our health care operations (such as comparing patient data to improve treatment methods).

Other examples of such uses and disclosures include: contacting you for appointment reminders, or to inform you about possible treatment options and health-related benefits or services that may be of interest to you.

- We may use or disclose medical information about you without your prior authorization for several other reasons. Subject to certain requirements, we may communicate medical information about you, without your prior authorization, for the following: health oversight audits or inspections; to fulfill a request from a medical examiner; funeral arrangements and organ donations; workers’ compensation claims; emergencies; national security needs and other specialized government functions; and for members of the Armed Forces as required by Military Command authorities. We also disclose medical information when required by law, such as in response to a request from law enforcement in specific circumstances, or in response to valid judicial or administrative orders.

- You are not required to disclose your social security number. On certain situations, we may request your social security number for the purposes of identification, filing insurance claims, immunization compliance, and certain lab tests.

- We may use or disclose information about you without your authorization as part of a “limited data set” which includes limited information (such as your city or a visit date, but not your name or address), but only for certain health care operations, public health and research purposes. The recipient of the information must sign a promise to restrict how the limited data set is used.

- Under certain circumstances, we may use and disclose health information about you for research purposes, subject to an approval process. We may also allow potential researchers to review information that may help them prepare for research, so long as the information they review does not leave our facility and they agree to specific privacy protections.

- We may disclose medical information about you to a friend or family member whom you designate. We may also disclose medical information to a friend or family member if a practitioner determines it is appropriate under the circumstances, unless you inform us otherwise. We may also disclose information to disaster relief authorities so that your family can be notified of your location and condition.

OTHER USES OF MEDICAL INFORMATION
In any other situation not covered by this notice, we will ask for your written authorization before using or disclosing medical information about you. If you choose to authorize use or disclosure, you can later revoke that authorization by writing to:
Manager of Medical Records/ East Carolina University Student Health Services/ 1000 East 5th Street/ Greenville, NC  27858

YOU HAVE THE RIGHT TO REQUEST RESTRICTIONS ON THE USE OF YOUR MEDICAL INFORMATION
You may make a written request to restrict our use or disclosure of medical information about you. You may make the following request: that we not use or disclose information for treatment, payment or health care operations or to persons involved in your care except when (1) specifically authorized by you; (2) when we are required by law to disclose the information; or (3) in an emergency. We will consider your request but we are not legally required to accept it. We will inform you of our decision. All written requests or appeals should be submitted to:
Manager of Medical Records/ East Carolina University Student Health Services/ 1000 East 5th Street/ Greenville, NC  27858

YOU HAVE THE RIGHT TO REQUEST A PAPER COPY OF THIS NOTICE
You may request a paper copy of this notice upon request even if you have previously agreed to receive this notice electronically.

IF WE CHANGE OUR POLICIES
If we change our policies, the changes will apply to medical information we already hold, as well as new information generated after the change occurs. Before we make a significant change in our policies, we will post the notice of the new policies in prominent areas and on our web site at http://www.ecu.edu/cs-studentaffairs/studenthealth/. You can receive a copy of the current policy at any time even if you have previously agreed to receive this notice electronically. Copies of the current notice will be available at all times at the facility. The effective date is printed at the end of the notice.

TO REGISTER A COMPLAINT
If you are concerned that your privacy rights may have been violated, or you disagree with a decision we made about access to your records, you may contact our Privacy Office by writing to:
Manager of Medical Records/ East Carolina University Student Health Services/ 1000 East 5th Street/ Greenville, NC  27858

You may send a written complaint to the U.S. Department of Health and Human Services Office of Civil Rights. Our Privacy Office can provide you the address.
You will not experience penalties or retaliation for filing a complaint.

This notice is effective as of 04/14/03

East Carolina University is a constituent institution of the University of North Carolina. An Equal Opportunity/Affirmative Action Employer.

YOU HAVE THE RIGHT TO REQUEST CONFIDENTIAL COMMUNICATIONS
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