



NOTICE OF PRIVACY PRACTICES

Student Health and Psychological Services - Norco College

THIS NOTICE OF PRIVACY PRACTICES IS REQUIRED BY THE HEALTH INSURANCE PORTABILITY AND ACCOUNTABILITY ACT (HIPAA) PRIVACY RULE AND DESCRIBES HOW WE MAY USE AND DISCLOSE YOUR PROTECTED HEALTH INFORMATION (PHI) TO CARRY OUT TREATMENT AND FOR OTHER PURPOSES THAT ARE PERMITTED OR REQUIRED BY LAW. IT ALSO DESCRIBES YOUR RIGHTS TO ACCESS AND CONTROL YOUR PHI. PLEASE REVIEW IT CAREFULLY.

Norco College Student Health Services (“we”) are required by law to maintain the privacy and security of your protected health information (“PHI”) and to provide you with this Notice of Privacy Practices (“Notice”). We must abide by the terms of this Notice and must notify you if a breach of your PHI occurs. We can change the terms of this Notice, and such changes will apply to all information we have about you. The new Notice will be available upon request.

Except for the specific purposes set forth below, we will use and disclose your PHI only with your written authorization (“Authorization”). It is your right to revoke such Authorization at any time by giving us written notice of your revocation.

Uses and Disclosures Relating to Treatment or Health Care Operations Do Not Require Your Written Authorization.

For your treatment. We can use and disclose your PHI to treat you, which may include disclosing your PHI to another health care professional.

For health care operations. We can use and disclose your PHI for purposes of conducting health care operations pertaining to this clinic, including legal consultation and contacting you when necessary.

Other Uses or Disclosures that do NOT require your consent or authorization

- As required during an investigation by law enforcement agencies

- To avert a serious threat to public health or safety
- As required by military command authorities for their medical records
- To workers’ compensation or similar programs for processing of claims
- In response to a legal proceeding
- To a coroner or medical examiner for identification of a body
- If an inmate, to the correctional institution or law enforcement official
- As required by the US Food and Drug Administration (FDA)
- Other healthcare providers’ treatment activities
- Other covered entities’ health care operations activities (to the extent permitted under HIPAA)
- Uses and disclosures required by law
- Uses and disclosures in domestic violence or neglect situations
- Health oversight activities including audits and investigations
- Other public health activities including research purposes

Marketing purposes. Our providers will not use or disclose your PHI for marketing purposes

Sale of PHI. Our providers will not sell your PHI in the regular course of business.

Appointment reminders and health related benefits or services. We may use and disclose your PHI to

contact you to remind you that you have an appointment. We may also use and disclose your PHI to tell you about treatment alternatives, or other health care services or benefits.

Certain Uses and Disclosures Require You to Have the Opportunity to Object.

Disclosures to family, friends, or others. We may provide your PHI to a family member, friend, or other person that you indicate is involved in your care or the payment for your health care, unless you object in whole or in part. The opportunity to consent may be obtained retroactively in emergency situations.

YOUR RIGHTS REGARDING YOUR PHI:

The Right to Request Limits on Uses and Disclosures of Your PHI. You have the right to ask us not to use or disclose certain PHI for treatment, payment, or health care operations purposes. We are not required to agree to your request, and may say “no” if we believe it would affect your health care.

The Right to Choose How We Send PHI to You. You have the right to ask us to contact you in a specific way (for example, home or office phone) or to send mail to a different address, and we will agree to all reasonable requests.

The Right to See and Get Copies of Your PHI. Other than “psychotherapy notes,” you have the right to get an electronic or paper copy of your medical record and other information that we have about you. We will provide you with a copy of your record, or a summary of it, if you agree to receive a summary, within 30 days of receiving your written request.

The Right to Get a List of the Disclosures We Have Made. You have the right to request a list of instances in which we have disclosed your PHI for purposes including: disclosures made for treatment, payment, or health care operations purposes, or for which you provided us with an Authorization. We will respond to your request for an accounting of disclosures within 60 days of receiving your request.

The Right to Correct or Update Your PHI. If you believe that there is a mistake in your PHI, or that a piece of important information is missing from your PHI, you have the right to request that we correct the existing information or add the missing information. We may say “no” to your request, but we will tell you why in writing within 60 days of receiving your written request.

The Right to Get a Paper or Electronic Copy of this Notice. You can ask for a paper copy of this notice at any time, even if you have agreed to receive the notice electronically.

HOW TO COMPLAIN ABOUT OUR PRIVACY PRACTICES

If you think we may have violated your privacy rights, you may file a complaint with us. Our address and phone number:

2001 Third Street
Norco, CA 92860
951-372-7046

You can also file a complaint with the U.S. Department of Health and Human Services Office for Civil Rights by:

1. Sending a letter to 200 Independence Avenue, S.W., Washington, D.C. 20201
2. Calling 1-877-696-6775 or
3. Visiting www.hhs.gov/ocr/privacy/hipaa/complaints

We will not retaliate against you if you file a complaint about our privacy practices.

EFFECTIVE DATE OF THIS NOTICE: August 18, 2022