

PEPPERDINE UNIVERSITY
NOTICE OF PRIVACY PRACTICES
Effective April 14, 2003

**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.**

Pepperdine University is committed to protecting your privacy. We understand that information about you and your health is personal and private. The following is the Pepperdine University's notice of privacy practices as described in the Health Insurance Portability and Accountability Act of 1996 and regulations promulgated thereunder, commonly known as HIPAA. HIPAA requires certain components of the University by law to maintain the privacy of your personal health information and to provide you with notice of the University's legal duties and privacy practices with respect to your personal health information.

What Components of the University are Covered Under this Notice?

Pepperdine University is a hybrid entity, meaning that it is a single legal entity that performs business activities that include both covered and noncovered functions as defined under HIPAA and its regulations. This notice generally applies only to the University's designated health care components. Thus, the notice will be followed by all of the employees, students, and volunteers associated with the University's designated health care components, which include:

- Student Health Center and/or Wellness Programs;
- Athletic Training Center;
- Student Counseling and Testing Control;
- Pepperdine Psychology and Educational Clinic;
- Pepperdine Community Counseling Center;
- Pepperdine Jerry B.H. Union Rescue Clinic;
- Center for Humana Resources, Benefits Department

Certain administrative offices are also designated as covered components.

Your Personal Health Information

Pepperdine University collects personal health information from or about you through treatment, payment and related healthcare operations and/or through health plans, or through other activities in connection with the general management of the University. Your personal health information that is protected by law includes information, (whether verbal, written or recorded), that is created or received by certain health care entities, including health care providers, such as physicians and hospitals, as well as health insurance companies or health plans. The law specifically protects health information that contains data, such as your name, address, social security number, and other information that could be used to identify you as the individual patient who is associated with that health information.

Uses or Disclosures of Your Protected Health Information

Generally, the University may not use or disclose your protected health information without your permission. Further, once your permission has been obtained, the University must use or disclose your protected health information in accordance with the specific terms of that permission. The following are the circumstances under which the University is permitted by law to use or disclose your protected health information.

Routine Situations. The University may use or disclose your protected health information in order to provide you with routine services, such as medical *treatment* that you may require or request, or to *collect payment* for the services you receive, or to conduct other related *health care operations* in connection with the general management of the University. *Examples of treatment activities include:* (a) consultation with other health care providers for treatment or to coordinate your health care with others; or (b) the referral of a patient for health care from one health care provider to another. *Examples of payment activities include:* (a) billing and collection activities and related data processing; or (b) actions by a health plan to fulfill its responsibilities for coverage under its health plan. *Examples of health operations include:* (a) reviewing the effectiveness of treatment and services; or (b) training of doctors, nurses, or other trainees.

Business Associates. The University is permitted to disclose your protected health information within and among those persons performing services on behalf of the University (business associate) in order to carry out treatment, payment, and health care operations. The University requires business associates to appropriately protect the privacy of your information.

Communications with You. The University may contact you to provide appointment reminders or information about treatment alternatives or other health-related benefits and services that may be available to you.

Special Situations. The University may use or disclose your protected health information in special situations that are required by law and the use or disclosure complies with and is limited to the relevant requirements of such law. Examples of instances in which the University may be required to disclose your protected health information include:

- **Public Health Risks.** For example, preventing or controlling disease, injury, or disability; reporting births and deaths; reporting reactions to medications or problems with products; notifying patients of recalls or products they may be using; or notifying a person who may have been exposed to a disease or may be at risk for contracting or spreading a disease or condition.
- **Organ and Tissue Donation.** If you are an organ donor, the University may release your information as necessary to facilitate the organ or tissue donation.
- **Coroners, Medical Examiners, and Funeral Directors.** The University may release information to a coroner or medical examiner, if, for example, the information is necessary to identify a deceased person or determine the cause of death.
- **Research.** Under certain circumstances, the University may use and disclose information about you for research purposes. Research projects, however, are subject to a special review and approval process.
- **As Required by Law.** The University will disclose your information when required by federal, state, or local law. For example, to report cases of child abuse and neglect.
- **Health Oversight Activities.** The University may disclose information to a health oversight agency for activities authorized by law. For example, audits, investigations, inspections, and licensure.
- **Lawsuits and Disputes.** If you are involved in a lawsuit or dispute, the University may disclose information about you in response to a court or administrative order. The University may also disclose information in response to a subpoena or discovery request, but only if the party seeking the information has made efforts to inform you about the request or to obtain an order protecting the information requested.

- **Law Enforcement.** In certain situations, the University may disclose information about you to law enforcement officials. For example, if necessary to identify or locate a suspect, fugitive, material witness, or missing persons; or information about criminal conduct we believe occurred on the University's premises.
- **To Avert a Serious Threat to Health or Safety.** The University may make disclosures for public safety when necessary to prevent a serious threat to your health and safety or the health and safety of the public or another person.
- **National Security and Intelligence Activities.** The University may release information to authorized federal officials for intelligence, counterintelligence, and other national security activities authorized by law.
- **Protective Services for the President and Others.** The University may disclose your information to authorized federal officials so they may provide protection to the President, foreign heads of state, other authorized persons or to conduct special investigation.
- **Military and Veterans.** If you are a member of the armed forces, the University may release information about you as required by military command authorities.
- **Inmates.** If you are an inmate, the University may release information about you to the proper correctional facility or law enforcement agency.

Situations with Your Written Authorization. Except as otherwise permitted or required, as described above, the University may not use or disclose your protected health information without your written authorization. Further, the University is required to use or disclose your protected health information consistent with the terms of your authorization. You may revoke your authorization to use or disclose any protected health information at any time, except to the extent that the University has taken action in reliance on such authorization.

Your Rights with Respect to Your Personal Health Information

Under HIPAA, you have certain rights regarding your protected health information. The following is an overview of your rights.

Right to Inspect and Copy. You have the right to inspect and obtain a copy of your protected health information in your records. The University will provide access in a timely manner and may discuss the scope, format, and other aspects of your request as necessary to facilitate timely access. The University may charge a reasonable fee. The University will reasonably attempt to accommodate a request for access to protected health information, but the University may deny your request as permitted by law. If you are denied access, you may request a review of the denial by the University.

Right to Amend. You have the right to request that the University amend your protected health information by adding clarifying language if you feel such information is incorrect or incomplete. The University cannot delete or destroy any information already included in your record. You must provide a reason that supports your amendment request. The University may deny your request if you ask to amend information that (1) the University did not create, unless the person or entity that created the information is not available to make the amendment; (2) is not part of the medical information that the University maintains; (3) is not part of the information that you would be permitted to inspect and copy; and (4) is accurate and complete.

Right to an Accounting and Disclosure. You have the right to request one free list of disclosures every 12 months. The University is not required to provide accounts of disclosures for treatment, payment, or health care operation, or for disclosures to you, or disclosures that you authorized. The request must state a time period, which may not be

longer than 6 years and may not include dates before April 14, 2003. If you request more than one accounting in a 12-month period, the University may charge you for the costs of providing the list.

Right to Request Restrictions. You have the right to request a restriction or limitation on certain uses and disclosures of your protected health information, unless the use and/or disclosure is required by law. For example, you may want to pay cash for certain services instead of having information submitted to your insurance company for payment. The request must specify the type of restriction you want and to whom it applies. While the University is not required to agree to your request, if the University agrees to a restriction, the University will comply with your request except in certain emergency situations.

Right to Request Confidential Communications. You have the right to a paper copy of this notice. Copies of this notice will be posted and available for distribution at each location where medical services are provided and on the University's website.

Amendments to this Notice

The University reserves the right to revise or amend this notice at any time. These revisions or amendments may be made effective for all protected health information the University maintains even if created or received prior to the effective date of the revision or amendment.

Complaints

If you believe your privacy rights have been violated, you may file a complaint with the University's HIPAA Privacy Official or with the Secretary of the U.S. Department of Health and Human Services. To file a complaint with the University's Privacy Official you may submit your complaint in writing by mail or electronically to Larisa Hamada, Pepperdine University, 24255 Pacific Coast Highway, Malibu CA 90263 or Larisa.Hamada@pepperdine.edu. A complaint must name the entity that is the subject of the complaint and describe the acts or omission believed to be in violation of the applicable requirements of HIPAA or this notice. A complaint must be received by the University's Privacy Official or filed with the Secretary of the U.S. department of Health and Human Services within 180 days of when you knew or should have known of the circumstance that led to the complaint. You will not be penalized for filing a complaint.

On-going Access to this Notice

Pepperdine University will provide you with a copy of the most recent version of this notice at any time upon request. Also, the most current version of the Notice of Privacy Practices can be obtained from Pepperdine University's Internet website at <http://www.pepperdine.edu/provost/policiesdocs.html>. For other requests or for further information regarding the privacy of your protected health information, please contact the University's Privacy Official, Larisa Hamada, 24255 Pacific Coast Highway, Malibu, CA 90263 or Larisa.Hamada@pepperdine.edu.

NOTICE OF PRIVACY PRACTICES ACKNOWLEDGMENT

I have received a copy of Pepperdine University's Notice of Privacy Practices. I understand that Pepperdine University has the right to change its Notice of Privacy Practices from time to time and that I may contact Pepperdine University at any time to obtain a current copy of the Notice of Privacy Practices.

Patient Name (print) _____

Signature of patient/
Legal Representative _____

Relationship to patient _____

Date _____

PLEASE PRINT	
I have attempted to obtain the patient's signature on this form, but was not able to for the following reason:	
Date:	<i>Please document the reasons you were unable to obtain the signature.</i>
Initials:	