



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

- 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)

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 relative to (e)9.2 (m)-4.6 per(c)9.2 (y)10.9 (s)-2.3 i