



**NOTICE OF PRIVACY PRACTICES**  
*Services*

*Florida Gulf Coast University*  
*Student Health*

(239) 590-7966 Phone  
(239)590-7575 Fax

We are required by law to protect your protected health information (PHI). This notice will inform you of the ways that FGCU Student Health Services (SHS) may use and disclose your PHI and it describes your rights and certain obligations we have regarding the use and disclosure of health information.

**Who will follow this policy?**

- Any health care professional authorized to enter information into your SHS record
- All SHS personnel
- SHS may share PHI for treatment, payment or SHS operations' purposes described in this notice

This notice applies to your health records maintained at SHS. We share information about you only to the extent necessary to:

- Provide treatment
- Collect payment for services
- Conduct business operations
- Evaluate the quality of the care you receive

**Use and Disclosure**

We may use or disclose identifiable health information about you without your authorization for several purposes. We will disclose your health information when required to do so by federal, state, or local law. Additionally, we will disclose health information without your authorization for:

- emergencies and public health purposes
- auditing purposes
- prevention of a serious threat to your health/safety or the health/safety of another person

In other situations we will ask for your written authorization before using or disclosing identifiable health information. You may initiate the transfer of your medical records to another entity by completing and signing a medical release form. You may revoke that written authorization at any time by providing a written request.

We will not disclose your PHI for marketing or sale purposes, nor will we disclose psychotherapy notes without your authorization.

We reserve the right to change our policies at any time. Before we make a significant change in our policies, we will revise all copies of our notice and post the new notice in the waiting area and on our website. You are entitled to request a copy of our notice at any time. For more information about our privacy practices, contact SHS and ask to speak to the Privacy Officer.

**Individual Rights**

You have the right to review and/or obtain a copy of your PHI. You have the right to receive a list of disclosures for reasons other than treatment, payment, or related administrative purposes. You may request that we communicate with you about medical matters in a certain way. You also have a right to be notified if a breach of your PHI has occurred. If you believe that information in your record is incorrect or important information is missing, you have the right to request an amendment.

**Complaints**

We are committed to treating your health information in a responsible manner. We promise to follow the laws applicable to the privacy of health information used in providing your care and in our research. If you are concerned that we have violated your privacy rights or you disagree with a decision we have about access to your records, you may contact our Privacy Officer and/or you may send a written complaint to the U.S. Department of Health and Human Services, 200 Independence Ave. S.W., Washington, D.C. 20201. For more information; <http://www.hhs.gov>.