

JOLIET JUNIOR COLLEGE

NOTICE OF PRIVACY PRACTICES

THIS INFORMATION DESCRIBES HOW MEDICAL INFORMATION ABOUT YOU MAY BE USED AND DISCLOSED AND HOW YOU CAN GET ACCESS THIS INFORMATION.

PLEASE READ CAREFULLY.

HIPPA PRIVACY RULES REQUIRE THAT WE FURNISH WITH THIS NOTICE.

- I. Purpose:** The Division of Athletic Training/Sports Medicine of Intercollegiate Athletics at Joliet Junior College and its professional staff, employees, and volunteers follow the privacy practices described in this Notice. The Sports Medicine Division maintains your medical information in records that will be handled in a confidential manner, as required by law. However, the Sports Medicine Division must use and disclose your medical information to the extent necessary to provide you with quality health care. To do this, the Sports Medicine Division must share your medical information as necessary for treatment, payment, and health care operations.
- II. What are Treatment, Payment, and Health Care Operations?** Treatment includes sharing information among health care providers involved in your care. For example, your treatment provider may share information about your condition with other treatment providers in the Sport Medicine Division in order to make a diagnosis. The Sports Medicine Division may use your medical information as necessary for treatment, payment, and health care operations.
- III. What are other ways the Sports Medicine Division may use your medical information? Your medical information may be used, unless you ask for restrictions on a specific use of disclosure, for the following purposes:**

 - Appointment reminders
 - To inform you of treatment alternatives or benefits or services related to your health. (You will have an opportunity to refuse to receive this information.)
 - To carry out health care treatment, payment, and operations functions through business associates, e.g., to install a new computer system.
 - Alcohol and drug abuse information has a special privacy protection. The Sports Medicine Division will not disclose any information identifying an individual as being a student –athlete or provide and medical information relating to a student-athlete’s substance abuse treatment unless: (1) the student- athlete consents in writing; (2) a court order requires disclosure of the information; (3) medical

personnel need the information to meet a medical emergency; (4) qualified personnel use this information for the purpose of conducting scientific research, management audits, financial audits, or programs evaluation; or (5) it is necessary to report a crime or a threat to commit a crime, or to report abuse or neglect as required by law.

- Worker's Compensation. (Your medical information regarding benefits for work-related illnesses may be released as appropriate.)
- Health oversight activities, e.g., audits, inspections, investigations, and licensure.
- Certain research projects.
- To prevent a serious threat of health and safety
- Law enforcement (e.g., in response to a court order or other legal process; to identify or locate an individual being sought by authorities; about the victim of a crime under restricted circumstances; about a death that may be the result of criminal conduct; circumstances relating to reporting information about a crime).
- Disaster relief agency if injured in a disaster.
- National security and intelligence activities.
- Protection of the President or other authorized persons for foreign heads of state, or to conduct special investigations.
- Lawsuits and disputes. (We will attempt to provide you advance notice of a subpoena before disclosing the information.)
- As required by law.

IV. Your authorization is required for other disclosures. Except as described above, we will not use or disclose your medical information unless you authorize the Sports Medicine Division in writing to disclose your information. You may revoke your permission, which will be effective only after the date of your written revocation. Your medical records may also contain psychotherapy notes from individual, joint, group or family sessions you may have participated in. You will need to sign a separate authorization form for the use and disclosure of this information. You may revoke your permission to use and disclose your psychotherapy records by sending a written revocation to the Sports Medicine Division.

V. You have rights regarding your medical information. You have the following right regarding your medical information, provided that you make a written request to invoke that right.

Right to request restrictions. You may request limitations on your medical information that we use or disclose for health care treatment, payment, or operations (e.g., you may ask us not disclose that you have a particular treatment), but we are not

required to agree to your request. If we agree, we will comply with your request unless the information is needed to provide you with emergency services.

Right to confidential communications. You may request communication in a certain way or at a certain location, but you must specify how or where you wish to be contacted.

Right to inspect and request a copy. You have the right to inspect and request a copy of your medical information regarding decisions about your care. Under limited circumstances, your request may be denied; in that instance you may request review of the denial by another licensed health care professional chosen by the Sports Medicine Division. The Sports Medicine Division will comply with the outcome of the review.

Right to request amendment. If you believe that the medical information we have about you is incorrect or incomplete, you may request an amendment, which requires certain specific information. The Sports Medicine Division is not required to accept the amendment.

Right to accounting disclosures. You may request a list of disclosures of your medical information that have been made to persons or entities other than for health care treatment, payment, or operations in the past six (6) years, but not prior to April 14, 2003. After the first request, there will be a charge.

Right to a copy of this notice. You may request a copy of this notice at any time, even if you have been provided with an electronic copy.

- VI. Requirements regarding this notice.** The Sports Medicine Division is required by law to provide you with this Notice. We will be governed by this Notice for as long as it is in effect. The Sports Medicine Division may change the Notice and these changes will be effective for medical information we have about you as well as any information we receive in the future.

Each time you register with the Sports Medicine Division for health care services, you may receive a copy of the Notice in effect at the time.

- VII. Complaints.** If you believe your privacy rights have been violated, you may file a complaint with the Sports Medicine Division, with the colleges Athletic Director, or

with the Secretary of the United States Department of Health and Human Services. You will not be penalized or retaliated against in any way for making a complaint to the Sports Medicine Division or the Department of Health and Human Services.

Contact: Call the Office of the Athletic Director at (815) 280-2431 If:

- You have a complaint
- You have any questions about this Notice

Call the Athletic Training Office at (815) 280-2544 if:

- You wish to request restrictions on uses and disclosures for health care treatment, payment, or operations.
- You wish to obtain forms to exercise your individual rights describe in paragraph V.