



## WICHITA STATE UNIVERSITY NOTICE OF PRIVACY PRACTICES

**THIS NOTICE DESCRIBES HOW MEDICAL INFORMATION ABOUT YOU MAY BE USED AND DISCLOSED AND HOW YOU CAN GET ACCESS TO THIS INFORMATION. PLEASE REVIEW THIS CAREFULLY AND CONTACT US AT [privacy@wichita.edu](mailto:privacy@wichita.edu) WITH ANY QUESTIONS.** This notice describes how we use and disclose your protected health information. These covered components include Student Health Services, Language-Hearing Clinic, the Advance Education in General Dentistry, and the Center for Student Health Services (CAPS) (collectively, Covered Components). This notice applies to the Covered Components their workforce, medical staff, physicians and other personnel who provide you with treatment and health care. We may share protected health information (PHI) about you within and outside WSU for the following purposes:

### WHAT IS HEALTH INFORMATION?

PHI is information that WSU collects from you when you are a patient that identifies who you are. PHI includes information such as your name, date of birth, dates of services, diagnosis, treatments, genetic information, financial information, medications, demographic information (name, address, home/cellular/work telephone numbers, email] addresses, and social security number), photographs, etc. This information is important because it allows medical staff to treat you more efficiently and effectively.

### WHO FOLLOWS THIS NOTICE

All employees, medical staff, trainees, students, volunteers, and agents of the Covered Components are required to follow these privacy practices.

### OUR OBLIGATIONS

We are required by law to:

- Maintain the confidentiality of PHI
- Give you this notice of our legal duties and privacy practices regarding PHI; and
- Follow the terms of our Notice of Privacy Practices currently in effect.

### HOW WE MAY USE AND DISCLOSE HEALTH INFORMATION

When you receive services or treatment from any of the Covered Components, you will be asked to sign a consent form in which you allow us to use and disclose PHI about you in ways that are permitted by the federal privacy law, as summarized in this Notice. However, some kinds of PHI are subject to separate special privacy protections under the laws of the State of Kansas or other federal laws, therefore portions of this notice may not apply. If you receive alcohol or substance abuse services or treatment, you will receive a separate notice describing how we may use, disclose and protect the privacy of PHI rwhich you participate.

### USES AND DISCLOSURES THAT REQUIRE YOUR AUTHORIZATION


In most circumstances, the following uses and disclosures of PHI will require that you sign a written authorization for: (1) uses and disclosures of psychotherapy notes; (2) uses and disclosures of PHI for marketing purposes; (3)



uses and disclosures of PHI where WSU receives payment in exchange for disclosing such PHI; and (4) any other uses and disclosures of PHI not described in this Notice.

**USES AND DISCLOSURES THAT DO NOT REQUIRE YOUR AUTHORIZATION**

The following categories of activities describe the ways that we may use and disclose PHI without obtaining your prior written authorization. Some of the categories include examples, but not every type of use or disclosure included in a category is listed. Except for the categories of activities described below, we will use and disclose PHI only w-3.4 (w-3.4 (w ( an)2.3 i)13.6 (tten)5.3 ( a)2.7 (is)10.9 (o)1.5 ( m-3.2 (n)-7 (c)1.1 (l)1.1 (l)i-3.6 (s)1.7 (u)n 0 Tw 11.576 0 T



profit entities with whom the University is conducting a joint fundraising project. For example, you may get invitations to fundraising events or other types of mailing for University events, affiliated programs, and other joint fundraising programs.


7. **Facility Directory.** If you are a patient at a WSU facility, we may list your name, general condition (e.g., fair, critical), and location in our directory, unless you ask us not to. We may disclose this information to anyone who asks for you by name.
8. **Clergy.** We may disclose the information in our facility directory and information that you choose to provide us regarding your religious affiliation to members of the clergy for use and disclosure in their religious activities.
9. **Individuals Involved in Your Care or Payment for Your Care.** We may disclose PHI to a person, such as a family member or friend, who is involved in your medical care or helps pay for your care, such as a family member or friend. We also may notify such individuals about your location or general condition, or disclose such information to an entity assisting in a disaster relief effort.
10. **Research.** Under certain circumstances, as an academic







- we did not create;
  - is not part of the records used to make decisions about you;
  - is not part of the information which you are permitted to inspect and/or receive a copy of; or
  - is accurate and complete.
- c. **Right to an Accounting of Disclosures.** You have the right to request, in writing, an accounting of certain disclosures of PHI that were made for purposes other than treatment, payment for care, or health care operations. You are entitled to one disclosure accounting in any 12-month period at no charge. For any additional accountings requested within the 12-month period, we may charge a reasonable cost-based fee.
- d. **Right to Request Restrictions.** You have the right to request a restriction or limitation on the PHI that we use or disclose for treatment, payment, or health care operations. You have the right to request a limit on the PHI that we disclose about you to someone who is involved in your care or the payment for your care,



have provided and by use of pre-recorded/artificial voice messages and use of an automatic/predictive dialing system.

**BREACH NOTIFICATION**

We will keep PHI private and secure as required by law. If there is a breach (as defined by law) of any of your unsecured PHI, then we will notify you following the discovery of the breach in accordance with applicable state and federal laws.

**HOW TO EXERCISE YOUR RIGHTS**

To exercise any of your rights described in this notice, other than to obtain a paper copy of this notice, you must email [hipaaprivacy@wichita.edu](mailto:hipaaprivacy@wichita.edu) or send a request, in writing, to our Chief Privacy Officer at the following address:

**Wichita State University  
HIPAA Privacy Officer  
1845 Fairmount, Box 205  
Wichita, Kansas 67260-0205**

For additional information, please contact the HIPAA Privacy Officer at 316.978.6791 or [hipaaprivacy@wichita.edu](mailto:hipaaprivacy@wichita.edu)

**CHANGES TO THIS NOTICE**

We reserve the right to cha@5