



Notice of Privacy Practices

Effective 9/23/13

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.

The Minnesota State University, Mankato – Student Health Services is required by the state and federal law to protect the privacy of your health information. In the course of our business we may share your personal health information. We provide this notice to you to describe how we use and disclose your information and your rights, as a consumer, to access the information and keep it private. We must follow the privacy practices in this notice but we reserve the right to make changes. If we make changes we will inform you. This complete *Notice of Privacy Practices* is displayed, posted on our web site, and a printed copy is available to you. Please take the time to read the complete Notice of Privacy Practices. If you have any questions about the information in this Notice or the complete Notice, contact:

Director – Student Health Services
Minnesota State University, Mankato
21 Carkoski Commons
Mankato, MN 56001

Our Uses and Disclosures of Your Personal Health Information

- Treatment** – with your consent, we may disclose your information to another provider;
- Payment** – with your consent, we may disclose your information for payment purposes;
- Health Care Operations** – with your consent, we may disclose your information for administration, quality improvement and care management;
- As required by law** – state and federal law may require us to disclose specific information for public purposes related to public health, safety, or other legal requirements;
- Marketing/Sale of PHI** – with your consent, we may disclose your information for marketing, and for the sale of personal health information;
- Unless you object** – we may with your consent, release information to others acting on your behalf.

Your Rights

You have the right to:

- Access** – to look at or get copies of your personal health information, with certain limitations;
- Amend** – to correct wrong information or add something that is missing;
- Accounting of Disclosures** – to receive a listing of disclosures we have made of your information, other than for treatment, payment, or operations and certain other purposes;
- Restrictions** – to request that we place restrictions on our use and disclosure of your information used in treatment, payment or operations;
- Confidential Communication** – to request we communicate with you by an alternative means or at an alternative location.
- Opt-out** – you may choose to opt out of receiving any fundraising communication;
- Breach Notification** – you have the right to request a notification of a breach of your unsecure personal health information;
- You have the right to file a complaint** - If you have questions or concerns about our privacy practices, you may contact: *Director, Student Health Services at 507-389-5591*. We will not retaliate in any way if you file a complaint.

You may receive a paper copy of this Summary Notice and/or the complete Notice of Privacy Practices for Minnesota State University, Mankato – Student Health Services on our web site at: www.mnsu.edu/shs.

We encourage you to read the complete Notice of Privacy Practices for additional important details.

