



G R O S S M O N T C O L L E G E

HIPPA: Notice of Privacy Practices

WE ARE COMMITTED TO YOUR PRIVACY

We understand that information about you and your health is very personal. We strive to protect our patients' privacy. We are required by law to maintain the privacy of our patients' protected health information ("PHI"). We are also required to provide notice of our legal duties and privacy practices with respect to PHI and to abide by the terms of the Notice of Privacy Practices currently in effect. We reserve the right to change the terms of this Notice and to make a new Notice effective for all PHI we maintain.

WHO THIS NOTICE APPLIES TO

The terms of this Notice apply to Grossmont College Health & Wellness Center.

USES AND DISCLOSURES OF YOUR PROTECTED HEALTH INFORMATION THAT DO NOT REQUIRE AN AUTHORIZATION TREATMENT.

For example, nurses, mental health counselors and other staff members involved in your care will use and disclose your PHI to coordinate your care or to plan a course of treatment for you. We may use your PHI to conduct an evaluation of the treatment and services provided or to review staff performance.

COMMUNICATING WITH YOU

We will use your PHI to communicate with you about a number of important topics, including information about appointments, your care, treatment options and other health-related services. We urge you to sign up for our patient portal to send and receive communications conveniently and securely and to share your preferences for how we contact you. The patient portal can be found by following this link: <https://gcccd.medicatconnect.com/>

OTHER USES AND DISCLOSURES

We may be permitted or required by law to make certain other uses and disclosures of your PHI without your authorization. Subject to conditions specified by law, we may release your PHI:

- For any purpose required by law
- For public health activities, including required reporting of disease, injury, birth and death, for required public health investigations, and to report adverse events or enable product recalls

- To government agencies if we suspect child/elder adult abuse or neglect. We may also release your PHI to government agencies if we believe you are a victim of abuse, neglect or domestic violence
- To a government oversight agency conducting audits, investigations, inspections and related oversight functions
- In emergencies, such as to prevent a serious and imminent threat to a person or the public
- If required by a court or administrative order, subpoena or discovery request
- For law enforcement purposes, including to law enforcement officials to identify or locate suspects, fugitives or witnesses, or victims of crime
- For national security, intelligence, or protective services activities
- For purposes related to your workers' compensation benefits

USES AND DISCLOSURES OF YOUR PROTECTED HEALTH INFORMATION BASED ON A SIGNED AUTHORIZATION

Except as outlined above, we will not use or disclose your PHI for any other purpose unless you have signed a form authorizing the use or disclosure. You may revoke an authorization in writing, except to the extent we have already relied upon it. In some situations, a signed authorization form is required for uses and disclosures of your PHI, including:

- Most uses and disclosures of psychotherapy notes
- Uses and disclosures for marketing purposes
- Disclosures that constitute the sale of PHI
- Uses and disclosures for certain research protocols
- as required by privacy law. The confidentiality of substance use disorder and mental health treatment records as well as HIV-related information maintained by us is specifically protected by state and/or federal law and regulations. Generally, we may not disclose such information unless you consent in writing, the disclosure is allowed by a court order, or in other limited, regulated circumstances.

YOUR RIGHTS

Access to Your PHI. Generally, you can access and inspect paper or electronic copies of certain PHI that we maintain about you. You may readily access much of your health information without charge using the patient portal, <https://gcccd.medicatconnect.com/>.

AMMENDMENTS TO YOUR PHI

You can request amendments, or changes, to certain PHI that we maintain about you that you think may be incorrect or incomplete. All requests for changes must be in writing, signed by you or your representative, and state the reasons for the request. If we decide to make an amendment, we may also notify others who have copies of the information about the change. Note that even if we accept your request, we may not delete any information already documented in your medical record.

ACCOUNTING FOR DISCLOSURE OF YOUR PHI

In accordance with applicable law, you can ask for an accounting of certain disclosures made by us of your PHI. This request must be in writing and signed by you or your representative. This does not include disclosures made for purposes of treatment, payment, or health care operations or for certain other limited exceptions. An accounting will include disclosures made in the six years prior to the date of a request.

RESTRICTIONS ON USE AND DISCLOSURE OF YOUR PHI

You can request restrictions on certain of our uses and disclosures of your PHI for treatment, payment, or health care operations. We are not required to agree but will attempt to accommodate reasonable requests when appropriate.

BREACH NOTIFICATION

We are required to notify you in writing of any breach of your unsecured PHI without unreasonable delay and no later than 60 days after we discover the breach.

PAPER COPY NOTICE

You can obtain a paper copy of this Notice, even if you agreed to receive an electronic copy

COMPLAINTS

If you believe your privacy rights have been violated, you can file a complaint with the Office of Student Affairs.

You can also file a complaint with the Secretary of the U.S. Department of Health and Human Services in Washington D.C. A complaint must be made in writing and will not in any way affect the quality of care we provide you.

Effective Date. This Notice of Privacy Practices is updated January 2024