A law known as HIPAA requires this notice. It applies to John Brown University Health Services (JBU HS) and its participating providers. We share your Protected Health Information (PHI) within our facilities to provide you with health care services, payment for your care and to conduct our business operations.

PURPOSE OF THIS NOTICE
In the course of doing business, JBU HS gathers and maintains personal information about you. JBU HS respects the privacy of your PHI as required by law. This notice describes our privacy practices and how we protect the confidentiality of your PHI as of April 14, 2003 when the law was enacted.

WHAT IS PROTECTED HEALTH INFORMATION?
PHI is information that identifies who you are and relates to your past, present or future physical or mental health condition, the provision of health care to you, or a past, present or future payment for the provision of health care to you. It does not include information about you that is publicly available or that is not individually identifiable.

HOW WE PROTECT YOUR PHI
Access to your PHI is limited to those employees who have a need to use the information for billing, administrative or similar purposes, or who become involved with an issue regarding your health or a claim on your behalf. We maintain appropriate physical, electronic and procedural safeguards to protect your PHI against unauthorized use or disclosure.

TYPES OF USES AND DISCLOSURES OF PHI WE MAY MAKE WITHOUT YOUR AUTHORIZATION
Federal law allows JBU HS to use and disclose your PHI in order to provide health care services to you, as well as bill and collect payments for the health care services provided to you by your provider. Federal law also allows JBU HS to use and disclose your PHI as necessary in connection with health care operations of JBU HS.

• Treatment - We may disclose PHI about you to doctors, nurses, technicians, Student Development staff, faculty or other personnel involved in taking care of you. For example, these professionals may include outside professionals who are involved in providing health care to you. Different departments or sites may share your PHI in order to coordinate your care, such as prescriptions, lab testing and x-rays. We may also provide information to others involved in your continued care, such as authorized family members, nursing service providers, or to contact you to remind you of your appointments. We may send you a postcard reminder; leave a message on your answering machine or with the person answering the phone.
• Payment - We may use and disclose your PHI so the treatment and services you receive may be billed and payments collected from, an insurance company or a third party.
• Health Care Operations - We may use and disclose your PHI for certain administrative, financial, legal, and quality improvement activities that are necessary to run our business and support the core functions of treatment and payment. Activities include population based disease management programs; utilization review activities; reviewing the competence or qualification of health care professional (certification, licensing, or credentialing); conducting or arranging for medical review, legal, and auditing services, including fraud and abuse detection and compliance programs. Business planning and development; business management and general administrative activities, customer service, grievance process, sale or transfer of assets; underwriting and other activities relating to the creation, renewal, or replacement of a contract of health insurance or health benefits. We may have you sign in when you arrive at our office and call out your name when we are ready to see you or have questions.

JBU HS is also allowed by law to use and disclose your PHI without your consent or authorization for the following purposes:
• For public health activities, such as reports about communicable diseases or work-related health issues; in reports about abuse, domestic violence, or neglect. Or certain injuries
• For health oversight activities, such as reports to governmental agencies responsible for licensing physicians, audit, inspections or investigations
• In connection with court proceedings or proceedings before administrative agencies or to defend us in a legal dispute. As required by a subpoena, warrant or similar document in a criminal proceeding
• For law enforcement purposes, limited to information for identification, victims of crime, suspicion of death as result of criminal conduct, the crime occurs on premises of practice, and medical emergency that a crime has occurred
• In reports to coroners, medical examiners, or funeral directors, executors and next of kin to enable them to carry out their lawful duties
• For tissue or organ donation as necessary to facilitate organizations involved
• To avert a serious threat to the health or safety of a person or public
• For military, veterans, national security, intelligence and similar activities, including the protection of the President
• In connection with services provided under worker compensation laws
• For Food and Drug Administration to report adverse events, product defects or problems, biologic product deviations, track products, to enable product recalls or to make replacement

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.
• If you are under the custody of a law enforcement agency, it will be necessary for the institution to provide you with health care and/or protect the health and safety of you and/or others.

In the event that this JBU HS is closed or merged with another organization, your medical information will be the property of the new owner(s) who will have access to it. You will maintain the right to request that copies of your medical information be transferred to another physician or medical practice.

JBU HS may disclose your PHI to your family members if they are involved in your care or payment for that care without either your consent or your authorization. **However, you must be provided with an opportunity to object to the disclosure.**

Parents can generally control a minor child’s PHI. However, in some cases we are permitted or even required by law to deny access to a child’s PHI such as when your child can legally consent to medical services without your permission, or when you do not have legal custody.

**SECURITY**

Privacy measures are designed to protect confidentiality of PHI. All staff will observe the following rules:

• All staff will receive instruction about Health Services Privacy Policy.
• Staff will exert due diligence to avoid being overheard when discussing PHI.
• All records will be kept in a locked file cabinet in a locked room. When JBU HS is open, exposed records are not left unattended in unlocked, public areas. Custodians relock each office when they are finished cleaning and sign a confidentiality statement.
• Access to computer records require a personal code which changes periodically.
• Any business associates who have access to PHI will sign a confidentially statement (Student development staff; business office; custodial staff).

**AUTHORIZATIONS**

All other uses and disclosures of your PHI will be made by JBU HS only with your written authorization. You may revoke any authorization at any time in writing. It is important for you to understand we are unable to take back any disclosures we have already made with your prior authorization.

Before we use or disclose PHI for purposes NOT related to treatment, payment & Health Care Operations, and not required by law, we must obtain written patient authorizations (signed and dated).

**YOUR RIGHTS REGARDING YOUR PHI**

• Access to PHI- As a matter of federal and state law, you have the right to review and copy your PHI we maintain. If you desire to access your PHI, you must notify JBU HS in writing. We will respond to your request within 30 days and provide a time and place, within normal business operating hours, for your inspection. If you request a copy of your PHI, a copy may be provided. A reasonable fee for copying may be charged to the extent permitted by applicable law. However, under federal law, you may not inspect or copy the following records: psychotherapy notes, information complied in reasonable anticipation of, or use in, a civil, criminal, or administrative proceeding.
• Right to amend your PHI-For as long as your PHI is maintained by JBU HS you have a right to request a correction if you believe the information is incorrect or incomplete. Your request to amend must be made in writing with a reason to support the request and submitted to the Medical Records Department. We will respond within 60 days of receiving your written request. If we deny your request, we will explain why. In addition we may deny your request if you ask us to amend information that: is accurate and complete, was not created or is not part of the information maintained by JBU HS, is not part of the information which you would be permitted to inspect and have copied, or is consistent with our policy. Any agreed upon correction will be included as an addition to, and not a replacement of already existing records.
• Right to request restrictions-You have the right to request a restriction on how we use and disclose your PHI. All requests must be made in writing. Upon receipt, we will review your request and notify you whether we have accepted or denied your request. Please note we are not required to grant your request for restrictions. Your PHI is critical for providing you with quality health care. Additional restrictions may be harmful to your care. If we agree, we will comply with your request **unless the information is needed to provide you emergency treatment.**
• Right to request confidential communications- You have the right to request that we communicate with you about your PHI matters in a certain way or at a certain location. Examples are sending by a sealed envelope rather than a post care or calling you at work. Your request must specify how or where you wish to be contacted. We will accommodate any reasonable requests.
• Right to receive an accounting of disclosure-You have the right to request a history of certain disclosures we make of your PHI. You can request an accounting by writing to us. Your request must state a time period, which may not be longer than six years and may not include dates prior to April 14, 2003. Please note certain disclosure, such as those made for treatment, payment, or health care operations, certain government functions, or disclosures authorized by you, need not be included in
the accounting we provide to you. The first list you request within a 12-month period will be free. For additional lists, we may charge you for the costs of providing the list. A log of disclosed records will be kept for this purpose.

- Right to receive copy of this notice- you have the right to request and receive a copy of this notice at any time, at no charge. We will ask you to acknowledge receipt of this notice. You may obtain a copy of this notice at JBU HS during regular working hours.
- Right to complain-You will not be penalized for filing a complaint. If you believe your privacy right have been violated, you may file a complaint in writing to:
  Steve Beers, VP of Student Development
  John Brown University
  2000 W University St
  Siloam Springs, AR 72761

  You may also notify the Secretary of the Department of Health and Human Services.
- Exercising your rights-If you want to exercise any of your rights, you should request a copy of our separate procedure and forms relating to the topic.

RIGHTS/DUTIES OF John Brown University HEALTH SERVICES-We reserve the right to change or amend this Notice of Privacy Practices at any time in the future. After an amendment is made, the revised Notice of Privacy Practices will apply to all protected health information that we maintain. A copy of any revised Notice of Privacy Practices will be made available to you at each appointment. We may use and disclose your PHI to the fullest extent authorized by law.

The effective date of this Notice is May 7, 2009.