This notice describes how health information about you may be used and disclosed and how you can get access to this information.

James Madison University health services values the privacy of its students and patients and the individually identifiable health information (IIHI) entrusted to us. We are required by law to keep it private and give you this notice of our legal duties. They include 1) how we may use and disclose your information, 2) your privacy rights in your information, and 3) our obligations concerning the use and disclosure of your information.

If you have questions about this notice or your health information, please contact the Health Information Privacy Office, 540-568-6178.

We may use your IIHI in the following ways:

1. Treatment: We may use your medical information to treat you and may need to share it with other medical personnel of the University. We may disclose your IIHI to other health care providers to assist in your care (consultants, hospitals, pharmacies, etc.).

2. Payment: We may disclose your IIHI to other entities to assist in their billing and payment efforts, including yourself, your insurer, other responsible third parties, and other health care providers.

3. Health Care Operations: We may use your IIHI to operate our business, evaluate the quality of care you receive, and conduct business management and planning activities. The may include other health care and business entities. We may provide your information to medical personnel in training for education purposes.

4. Law: The University will use and disclose your IIHI when we are required to do so by federal, state or local law and court or warrant, administrative order, subpoena, discovery request or other lawful process.

5. Public Safety and Health: You IIHI may be disclosed to authorities to report death, wounds by certain weapons, certain infectious disease, occupational disease or injury, domestic violence, child abuse/neglect, problems with medication or products, or dangers to yourself and others. It may also be disclosed when legally requested by national security, intelligence and other federal officials. We may release information to a medical examiner or as necessary to a funeral director.

6. Other uses and disclosures of health and personal information will be made only with the student’s written authorization whenever possible. Authorization may be revoked at any time but we will not be able to take back any disclosures we have already made.

Your rights and responsibilities regarding medical information about you.

1. You have the following rights regarding the medical information we keep on you. All requests must be made in writing through the Health Information Office of each health care entity of the University, the Health Information Privacy Office, both at 540-568-6178, or by mail: JMU Health Information, MSC 7901, Harrisonburg, VA 22807.

2. You have the right to inspect and obtain copies of personal health information (PHI). A request must be made in writing and a cost-based fee may be charged for copying the records. This can be requested.
3. The University may deny the right to obtain copies in very limited circumstances when we determine that it may be harmful to you or another person. You have the right to appeal this denial to another licensed health care professional by contacting the University Privacy Office.

4. You have the right to request us to amend the information if you feel it is incorrect or incomplete by contacting the University Privacy Office. You must request this in writing and provide a reason that supports your request. We may deny this request to amend the information if it was not created by us unless the creator is not available, the information is not part of medical information or information that you are permitted to inspect or copy, or is deemed accurate and complete by us. A written denial and its reasons will be provided to you.

5. You have the right to request an accounting of our disclosures that were not for treatment, payment, or health care operations. You must submit your request in writing to the University Privacy Office.

6. You have the right to restrict access and request a limit on the amount of your health information that is released when those services have been paid in full and the request is not mandated by the above obligations on our part.

7. You have the right to request how we communicate with you regarding your health information. The University Health Center uses a secure message system within the Electronic Health Record. However, you may request in writing an alternate method, such as a specific phone number or mailing address. We will not ask for a reason and will accommodate all reasonable requests within our technical capability.

8. You have a right to a copy of this notice which may be obtained from our website, www.jmu.edu/healthcenter, or in print by request at the Front Office of the Health Center, any health care office of the University, or the Privacy Office.

9. Other Rights and Responsibilities that you may have while obtaining health care at the University are contained in a document of the same name that is posted in the lobby of the Health Center or you may request a copy as in 8 above.

10. You have the right to complain if you think your privacy rights have been violated. All complaints must be submitted in writing to the offices in 1 above or the Office of Equal Opportunity of the University, 540-568-6991.

We reserve the right to change this notice effective for health information we already have about you. A copy will be posted at registration areas of the health facilities of the University and can be requested through the offices listed in Your Rights 1.

James Madison University
Health Center
724 S. Mason Street
MSC 7901
Harrisonburg, Virginia 22807
540-568-6178
www.jmu.edu/healthcenter