



Cuyamaca College HIPAA Notice of Privacy Practices

At Cuyamaca College we are committed to your privacy:

We take your health information very private and strive to protect our patients' privacy. We are required by law to maintain the privacy of our patients' protected health information known as 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 securely maintain.

Who this notice applies to:

The terms of this Notice apply to Cuyamaca College Health and Wellness Services:

Uses and Disclosures:

Uses and disclosures of your PHI that do not require an authorization for treatment. For example registered nurses, and or other staff members involved in your care will use and disclose your PHI to coordinate your care or plan a course of treatment specific for you. We may use your PHI to conduct and evaluation of the treatment and or services provided or to review staff performance.

Communications:

We will use your PHI to communicate with you about a number of important topics, including information about appointments, your care, and other health-related services. We recommend that you sign up for our Patient Portal to send and receive communications securely and share your preferences for how we should contact you. The Patient Portal can be found here:

<https://gcccd.medicatconnect.com>

Other Uses and Disclosures:

We may be required by law to make certain disclosures of your PHI without your authorization. Subject to such conditions, specified by law, we may release your PHI:

For any purpose required by law.

For public health needs, including reporting of required disease, injury, birth, or death for required public health investigations, and to report adverse events or enable product recalls.

For Government Agencies for suspicion of child/elder 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.

For Government oversight for 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 law enforcement officials to identify or locate suspects, fugitive or witnesses, or victims of crime.

For National Security, intelligence, or protective service activities.

For purposes related to workers compensation benefits.

Uses and Disclosures of PHI based on 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. In some situations, a signed authorization form is required for uses and disclosures of your PHI as below:

Uses and disclosure's for marketing purposes

Uses and disclosures for certain research protocols

Disclosures that constitute the sale of PHI

As required by privacy law. The confidentiality of substance use disorder, mental health treatment, 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 this information, unless you consent in writing, and the disclosure is allowed by a court order, or other regulated circumstances.

Your Rights:

Access to your PHI through the Patient Portal:

<https://gcccd.medicatconnect.com>

Amendment's to your PHI:

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

Accounting for Disclosure of your PHI:

In accordance with applicable law, you can ask for an accounting of certain disclosure 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 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.

Breach Notifications:

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 of this Privacy Notification February 2024.