WHO WILL FOLLOW THIS NOTICE?
This Notice describes the practices of FGCU Student Health Services (SHS) and that of all FGCU SHS employees, staff, and other personnel.

OUR PLEDGE TO YOU
We understand that medical information about you is personal. We are committed to protecting medical information about you. Throughout this Notice, we will refer to your "protected health information" as your PHI.

We create a record of the services you receive at FGCU SHS to provide quality care and to comply with certain legal requirements. This notice applies to all of the records, electronic or paper, of your care generated by SHS practitioners. We may not disclose any more of your PHI than is necessary.

We are required by law:
- To make sure that your PHI is kept private.
- To inform you of our legal duties and your rights in regards to privacy practices with your PHI.
- To follow the terms of the notice that currently is in effect.

HOW WE MAY USE OR DISCLOSE YOUR PHI:
The following examples describe some of different categories of our uses and disclosures of your PHI. Please note that not every category is listed.

Treatment: We may disclose your PHI to physicians, nurses, advanced registered nurse practitioners, or other SHS personnel who are involved in taking care of you at SHS. We also may disclose your PHI to people outside of SHS who may be involved in your medical care after you leave SHS in the case of referrals or hospital transfers.

Payment: We may use and disclose your PHI for payment purposes, i.e. to health plan insurers or another third party payer.

Health Care Operations: We may use and disclose your PHI for SHS operations. These uses and disclosures are necessary to run the SHS clinic and to develop programs in order to offer more effective treatment to you and to ensure that all of our patients receive quality care.

Examples of Use of PHI: we may use your PHI to review our services, to evaluate the performance of our staff, or to disclose it to SHS personnel for review and educational purposes. We may combine your PHI with PHI from other student health centers to compare how we are doing and to see where we can make improvements in the care and services we offer (removing identifiers so no one can determine a specific name of a patient).
Examples of Use of PHI:

- To contact you for an appointment reminder, to recommend possible treatment options/alternatives or to inform you about health-related benefits or services that may be of interest to you.
- To a friend or family member (whom YOU identify), who is involved in your medical care or to disaster relief authorities so that your family can be notified as to your location.
- To prevent a serious threat to your health and safety or the health and safety of the public or another person.
- For public health purposes, to report, prevent, or control disease, injury or disability or to notify the appropriate government authority if we believe a patient has been a victim of abuse, neglect, or domestic violence.
- To a health oversight agency for audits, investigations, inspections, and licensure as authorized by law.
- When required by federal, state or local law, such as a request from law enforcement in specific circumstances, in response to judicial or administrative orders, or other legal processes.
- To share only immunization information with the FGCU Office of the Registrar. SHS is responsible for tracking immunization requirements.

Your Rights

You have the following rights regarding your PHI:

- To inspect and copy your PHI.
- To request an encrypted electronic version of your PHI be sent to you via email within 30 days of request (with one 30-day extension permitted. (Effective September 23, 2013)
- To request an amendment to your PHI if you feel it is incorrect or incomplete.
- To request a list of instances in which we disclosed your PHI.
- To request a limitation of your PHI disclosed to someone who is involved in your care.
- You may not limit disclosures that we are legally required to make.
- To request that we communicate with you about medical matters in a certain way or at a certain location.
- To obtain a paper copy of this Privacy Notice at any time. You may obtain a copy of this Notice at our website: [http://studentservices.fgcu.edu/healthservices](http://studentservices.fgcu.edu/healthservices) or in person at SHS in the Wellness Center on the FGCU Campus.
- To revoke the permission you provided to us at any time regarding your PHI.

Changes To This Notice: We may change the terms of this Notice at any time. The new Notice will be effective for all protected health information that we currently maintain as well as new information after the change occurs. We will provide you with any revised Notice on our website or with a paper copy at the time of your next appointment.

Complaints: If you believe your privacy rights have been violated, you may file a complaint with FGCU Student Health Services Privacy Officer at 239-590-7447, 10501 FGCU Blvd South, Fort Myers, FL 33965. All complaints must be submitted in writing. Federal Statute prohibits your being penalized for filing a complaint.

Other Uses of PHI: Other uses and disclosures of your PHI not covered by this Notice or the laws that apply to us will be made only with your written permission. If you provide us permission to use or disclose your PHI, you may revoke that permission, in writing, at any time. We are unable to take back any disclosures we have already made with your permission.

If you have questions about this notice, any complaints about our privacy practices, or you would like to obtain more information, please contact our privacy officer at the phone number or address on the front of this Notice.

Florida. Gulf Coast University Student Health Services is firmly committed to full compliance with laws and regulations to Patient Rights. We are dedicated to providing health care services in a warm, caring, and professional environment.