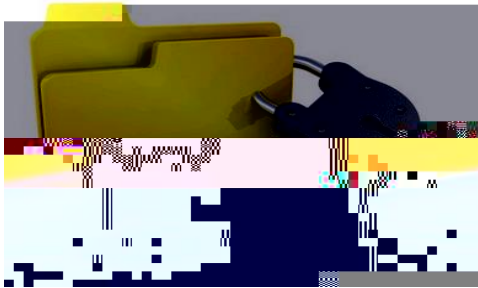


Student Health Services  
400 East Main Street  
Frankfort, KY 40601  
(502) 597-6271 or 6277  
(502) 597-6565 Fax  
[www.kysu.edu](http://www.kysu.edu)

## Notice on Private Practices

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### **Your Information. Your Rights. Our Responsibilities.**

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.**

### **YOUR RIGHTS**

When it comes to your health information, you have certain rights. This section explains your rights and some of our responsibilities to help you.

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Get an electronic or paper copy of your medical record

You can ask to see or get an electronic or paper copy of your medical record and other health information we have about you. Ask us how to do this.

Ask us to correct your medical record

Request confidential communications

continued on next page

## YOUR RIGHTS *(continued)*

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Ask us to limit what we use or share

You can ask us not to use or share certain health information for treatment, payment or our operations. We are not required to agree to your request and we may  
to share that  
information.

Get a list of those with information

shared your health information for six years prior to the date you ask, who we shared it with and why. We will include all the disclosures except for those about treatment, health care operations and certain other disclosures (such as any you asked us to make).

Get of copy of this privacy notice

You can ask for a paper copy of this notice at any time, even if you have agreed to receive the notice electronically. We will provide you with a paper copy

Choose someone to act for you

If you have given someone medical power of attorney or if someone is your legal guardian, that person can exercise your rights and make choices about your health information.  
We will make sure the person has this authority and can

continued on next page



## **OUR USES AND DISCLOSURES** *(continued)*

How do we typically use or share your health information? We typically use or share your health information in the following ways.

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Treat you

## **OUR USES AND DISCLOSURES (continued)**

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Do Research

Comply with the Law

Respond to organ and  
tissue donation  
requests

Work with a medical  
examiner or funeral  
director

compensation, law  
enforcement and other  
government ruat

## OUR RESPONSIBILITIES

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We are required by law to maintain the privacy and security of your protected health information.

We will let you know promptly if a breach occurs that may have compromised the privacy or security of your information.

We must follow the duties and privacy practices described in this notice and give you a copy of it.

We will not use or share your information other than as described here unless you tell us we can in writing. If you tell us we can, you may change your mind at any time. Let us know in writing if you change your mind.

For more information see:

[www.hhs.gov/ocr/privacy/hipaa/understanding/consumers/noticepp.html](http://www.hhs.gov/ocr/privacy/hipaa/understanding/consumers/noticepp.html).

### **Changes to the Terms of This Notice**

We can change the terms of this notice, and the changes will apply to all information we have about you. The new notice will be available upon request, in our office, and on our website.

Effective Date of Notice: May 31, 2018

Privacy Official: Samantha Todd, APRN  
Kentucky State University  
400 East Main St.  
Frankfort, KY 40601  
E-mail: [Samantha.Todd@ksu.edu](mailto:Samantha.Todd@ksu.edu)  
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