



**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.

Purpose: ACPHS – Pharmacy Skills Lab (the “Laboratory”) is a registered, limited service laboratory that is owned and operated by the Albany College of Pharmacy and Sciences (“ACPHS”). The Laboratory (or “we”) are committed to safeguarding the confidentiality of your protected health information (“PHI”) and follow the privacy practices described in this Notice.

PHI refers to information that we create or receive that relates to your health care, condition, or treatment, and which can be used to identify you. PHI includes information such as your address, social security number, and medical information. This Notice applies to all Laboratory records that contain your PHI, including medical records and billing records, in whatever form those records may be maintained, whether on paper or in a computer system. This Notice explains the ways in which we may use and disclose PHI about you. It also describes your privacy rights and certain obligations we have regarding the use and disclosure of your PHI. We will use and disclose your PHI only as described in this Notice.

I. Routine Uses and Disclosures of PHI (Treatment, Payment, or Health Care Operations)

We must use and disclose or share your PHI as necessary for purposes of treatment, payment, and/or health care operations to provide you with quality health care. We may use and disclose your PHI for purposes of treatment, payment, or health care operations, without the need for your written authorization. The Laboratory will use or disclose PHI as necessary to carry out treatment, payment, and healthcare operations. Examples of treatment, payment and healthcare operations include:

- a. **Treatment:** We may use your PHI to provide you with medical treatment or services. We may disclose PHI about you to personnel who are involved in your care and treatment. We may also disclose PHI about you to health care providers outside of the Laboratory who are involved in your care or treatment. For example, we may disclose your PHI to your physician or a pharmacy for purposes of providing you advice on your medications. We may also share your PHI with other providers in order to coordinate services, including but not limited to additional lab work or x-rays.
- b. **Payment:** We may use and disclose protected health information in order to bill or collect payment for the services and items you receive from us. For example, we may contact your health insurer to certify that you are eligible for benefits, and we may disclose protected health information to your health insurer in order to obtain payment for services, to obtain prior approval, or to determine whether your plan will cover the treatment or service.
- c. **Health Care Operations:** We may use and disclose protected health information in order to conduct our normal business operations as a health care provider. For example, we may use your PHI to review the treatment and services provided, to evaluate the performance of our staff in caring for you, or to educate students and/or staff on how to improve the care provided to you. We may also disclose PHI to other companies that perform business services for us, such as billing companies, technology and software vendors, attorneys, or external auditors, but only under a written agreement that protects the privacy of your PHI.

II. Uses and Disclosures Required or Permitted by Law

Certain state and federal laws and regulations may either require or permit us to use or disclose your health information without your authorization. The uses or disclosures that we may make in accordance with these laws and regulations include, but are not limited to, the following:

- a. **CLIA Requirements.** Under the United States’ Clinical Laboratory Improvement Amendments of 1988 (“CLIA”), the Laboratory may be required to obtain and maintain your personal data and specimens in conjunction with providing laboratory testing services. Accordingly, in the event that you decide to refuse to provide the Laboratory with your personal data, the Laboratory may be unable to test any specimen of yours. For more information on the specific CLIA-mandated information and record retention periods, please check applicable regulations at 42 CFR Part 493.
- b. **Coroners, Medical Examiners and Funeral directors.** We may disclose your PHI to a coroner, medical examiner, or funeral director for the purpose of identifying a deceased person, determining a cause of death, or other duties as authorized by law.

- c. Disaster Relief. Unless you have objected, we may disclose your PHI to an organization assisting in a disaster relief effort.
- d. Fundraising. We may use basic information (your name, address, phone number, and dates of treatment) for purposes of raising funds for charitable activities. If you do not want us to contact you for fundraising efforts, please contact us at (518) 694-7346.
- e. Health oversight activities. We may use or disclose your PHI to a health oversight agency that is authorized by law to conduct health oversight activities, including audits, investigations, inspections, or licensure and certification surveys.
- f. Individuals involved in your care. Unless you have objected, we may disclose to a family member, close personal friend, or any other individual who is involved in your care or in payment for your care the information that is relevant to that person's involvement in your health care or in payment for your care.
- g. Law enforcement. In accordance with law, we may disclose your PHI to law enforcement officials for reasons including:
 - i. To identify or locate a suspect, fugitive, material witness, or missing person;
 - ii. If you have been or suspected of being a victim of crime and you agree to the disclosure, or if we are unable to obtain your agreement because of your incapacity or another emergency;
 - iii. To report evidence of criminal conduct that occurs on the premises of the Laboratory; or
 - iv. To report a suspected crime, including the location or victims of the crime, or the identity, description, or location of a suspect, fugitive, material witness, or missing person.
- h. Legal proceedings. We may disclose your PHI in the course of any judicial or administrative proceeding, in response to an order of a court or administrative tribunal or, in certain circumstances, in response to the issuance of a subpoena or other lawful request. We may disclose your PHI in response to a court order or administrative agency order, in connection with a lawsuit or similar proceeding.
- i. Military and veterans. If you are or were a member of the armed forces, we may use or disclose your PHI as required by military authorities.
- j. National Security and Intelligence Activities. We may disclose your PHI to authorized federal officials conducting lawful intelligence, counter-intelligence, or other national security activities as needed to provide protection to the president of the United States, certain other persons or foreign heads of states, or to conduct certain special investigations.
- k. Organ procurement organizations or tissue banks. If you are an organ donor, we may use or disclose your PHI to organizations that handle organ procurement, transplantation, or tissue banking for the purpose of facilitating organ or tissue donation or transplantation.
- l. Public health activities. We may use or disclose your health information to public health authorities so that they may carry out public health activities. For example, we may use or disclose your health information for the following purposes, in accordance with law to: prevent or control disease, injury or disability; report adverse reactions to medications or problems with health care products; or notify individuals of product recalls.
- m. Research. In most cases, we will not disclose your health information for research purposes without your written authorization. However, in limited circumstances we may be permitted use or disclose your PHI without your written authorization if, for example:
 - i. The use or disclosure has been approved by an Institutional Review Board or a Privacy Board;
 - ii. The use or disclosure is necessary for purposes preparatory to research, and no PHI will be removed from its location (at the Laboratory or ACPHS, as applicable); or
 - iii. The PHI sought by the researcher relates only to decedents, and the disclosure is necessary for the purpose of research.
- n. Serious threat to health or safety. We may use or disclose your PHI if we believe that doing so is necessary to prevent or lessen a serious and imminent threat to the health or safety of a person or the public. Any such use or disclosure would be made solely to a person or persons reasonably able to prevent or lessen the threat, including

the target of the threat, or to law enforcement authorities for the purpose of identifying or apprehending an individual.

- o. Victims of abuse, neglect or domestic violence. We may disclose your PHI to appropriate government agencies if we reasonable believe that you are the victim of abuse, neglect, or domestic violence.
- p. Worker's Compensation. We may disclose your PHI for worker's compensation or other similar programs that provide benefits for work-related injuries or illnesses, if a claim for benefits is filed.

III. Uses and Disclosures That Require Your Written Authorization

Except for the items set forth in this Notice, we will obtain your written authorization for the use and disclosure of PHI. For example, we may be required to obtain your written authorization for the use and disclosure of PHI for marketing purposes or to provide copies of your medical records to your attorney.

When you have given us a written authorization for use or disclosure of your PHI, you have the right to revoke that authorization at any time, but your revocation must be given to us in writing. If you revoke your written authorization, we will no longer use or disclose your PHI for the purposes identified in the authorization. However, we cannot take back any disclosures that were made while your authorization was in effect.

IV. Our Other Obligations

The Laboratory also has the following obligations in relation to you PHI and other sensitive information:

- a. Notification of Breach. We are required to notify you if a breach of unsecured PHI occurs, compromising the privacy or security of your PHI.
- b. Other Protections. The rights and responsibilities here apply through the Health Insurance Portability and Accountability Act "HIPAA". Your information may be subject to greater protections by other state or federal laws. For example, information relating to alcohol use, HIV, and/or substance abuse may have additional privacy protections.
- c. Changes in Notice of Privacy Practices. We reserve the right to change the terms of this Notice and to make any new Notice provisions effective for all PHI we maintain. In the event that we do change our Notice, we will notify you of any significant changes and post the most recent copy in our office and on our website at <https://www.acphs.edu/health-safety>

V. Your Rights

You have the following rights regarding PHI that we create or maintain:

- a. Right to inspect and copy. You have the right to inspect and obtain a copy of your PHI, including information maintained in our medical and billing records. To inspect and obtain a copy your health information, you must submit your request in writing to our Privacy Officer (as identified below). Under certain circumstances, we may deny your request to inspect and obtain a copy of your health information. If we deny your request, we will provide you with a written notice explaining our reasons for the denial, and we will include a description of how you may exercise your right to have the decision reviewed.
- b. Right to request an amendment. If you believe that the health information we have about you is incorrect or incomplete, you may ask us to amend the information. To request an amendment, your request must be submitted in writing to our Privacy Officer (as identified below). In addition, you must provide us with a reason that supports your request. We will respond to your request within 60 days. If we deny your request for an amendment, we will provide you with a written notice that explains our reasons. You will have the right to submit a written statement disagreeing with our denial. You will also be informed of how to file a complaint with the Laboratory and/or with the Secretary of the United States Department of Health and Human Services.
- c. Right to an accounting of disclosures. You have the right to request a list of certain disclosures that we have made of your health information. This accounting of disclosures will not include any disclosures that we made:
 - i. to carry out treatment, payment, and health care operations;
 - ii. to you;
 - iii. in accordance with an authorization you signed;

- iv. in a facility directory or to persons involved in your care;
- v. for national security or intelligence purposes;
- vi. to correctional institutions or law enforcement officials; or
- vii. before April 14, 2003.

To request an accounting of disclosures, you must submit your request in writing to our Privacy Officer (as identified below). We will respond to your request for an accounting of disclosures within 60 days. Your request must state a time period covered by your request, which may not be longer than six years prior to the date of your request and may not include dates before April 14, 2003. The first accounting you request will be free. If you request additional accountings within a 12-month period, we may charge you for the costs of providing the accounting. We will notify you of the cost involved, and you may choose to withdraw or modify your request at that time before any costs are incurred.

- d. Right to request restrictions. You have the right to request a restriction or limitation on the health information we use or disclose about you for purposes of treatment, payment, or health care operations. You also have the right to request a limit on the medical information we disclose about you to someone who is involved in your care, such as a family member or friend. To request restrictions, you must put your request in writing. You may do this at any time by writing to our Privacy Officer (as identified below). In your request, you must tell us:
 - i. What information you want to limit;
 - ii. Whether you want to limit our use, disclosure or both; and
 - iii. To whom you want the limits to apply (for example, disclosures to a family member concerning a particular treatment that you received).

Please note that we may not be required to agree to your request for a restriction on use or disclosure. If we do agree, we will limit the disclosure of your PHI in accordance with that restriction, unless the information is needed to provide you with emergency treatment or to comply with law. Additionally, if you request a restriction on disclosure of your identifiable information to a health insurer or other health plan for purposes of payment or health care operations, we are required to honor that request only if (a) the disclosure is not otherwise required by law, and (b) the information pertains only to items or services for which our organization has been paid in full by you or someone else on your behalf.

- e. Right to request confidential means of communications. You have the right to request that we communicate with you about your health care in a certain way or at a certain location. For example, you can ask that we only contact you at home or by mail. To request a confidential means of communication, you must put your request in writing. You may do this at any time by writing to our Privacy Officer (as identified below). We will not ask you the reason for your request. We will accommodate all reasonable requests. Your request must specify how or where you wish to be contacted, and how payment for your health care will be handled if we communicate with you through this designated method or location.
- f. Right to a paper copy of this notice. You have the right to receive a paper copy of this Notice and may ask us to give you a copy at any time. Even if you have agreed to receive this Notice electronically, you are still entitled to a paper copy of this notice. To obtain a paper copy of this Notice please see any staff member or contact us at (518) 694-7346. An electronic copy is available on our web site at <https://www.acphs.edu/health-safety>

VI. Complaints

If you believe your privacy rights have been violated by the Laboratory, you may file a complaint with the Laboratory, ACPHS and/or with the secretary of the U.S. Department of Health and Human Services. All complaints must be submitted in writing to the applicable address(es), which are:

Albany College of Pharmacy and Health Sciences
106 New Scotland Avenue
Albany, NY 12208
Phone: (518) 694-7346
David Kile, Privacy Officer

Office of Civil Rights
U.S. Department of Health and Human Services
200 Independence Avenue, S.W.
Room 509 F, HHH Building
Washington, D.C. 20201

We will not penalize or retaliate against you in any way for making a complaint to or against Laboratory, ACPHS, or the Department of Health and Human Services.

VII. Effective Date of Notice

This Notice is effective as of August 10, 2020. We reserve the right to change the terms of our Notice at any time, and to make the new Notice effective for all PHI maintained by the Laboratory. Any revised Notice will be made available to you at our physical location and on our website at: <https://www.acphs.edu/health-safety>