

Policy: **Health Information Confidentiality**
Responsible for Policy: Student Health Services

Policy Number: **H-1**
Most recent approval date: Fall 2014

Policy Statement

In compliance with New York State Immunization Law, Finger Lakes Community College shall protect students' rights to the privacy of their personal and medical information. Student Health Information (SHI) created, received, transmitted or maintained by FLCC offices shall be strictly confidential. This confidentiality extends to information maintained by the College in any medium, including but not limited to information that is on paper, electronic, or communicated verbally.

Reason for Policy

This policy is intended to ensure that College employees will maintain required standards of confidentiality.

Applicability of the Policy

This policy applies to all FLCC employees.

Definitions

Student Health Information: any information concerning or relating to the examination, health assessment or treatment of a student of Finger Lakes Community College with the exception of Incident/Accident Reports documenting accidents and/or injuries on College property.

Related Documents

- NYS Immunization Laws

Review date/action taken:

- September 2011: original approval date
- Fall 2012: no revisions
- Fall 2014: no revisions

Procedures

FLCC students have the right to review all health information contained within their health record with the exception of incident/accident reports, which shall require a release the College's legal counsel.

Health care providers bear a professional responsibility to maintain the confidentiality of any health related information concerning their patients. Such information with respect to a patient generally may not be disclosed to third parties without express written authorization from the patient or his/her personal representative.

Overall responsibility for directing and implementing the policy has been assigned to the Director of Student Health Services who will evaluate the policy on an annual basis.

Employees may use Student Health Information only as necessary to perform duties as assigned by Student Health Services, or as specified in their respective job descriptions. When using, disclosing, and/or accessing Student Health Information, employees may only use or access the minimum necessary to perform such duties. When Student Health Information must be shared with others, it must be shared in such a manner and with appropriate safeguards to minimize the risk of potential disclosure beyond those individuals with whom it is shared, and for the intended purpose. Student Health Information will not be communicated via electronic mail, except to notify faculty of student non-compliance with the NYS Immunization Laws. Employees of Student Health Services may not divulge, copy, transfer, alter or destroy any Student Health Information, or remove any Student Health Information from Student Health Services premises, except as follows:

1. as specifically authorized by the Director of Student Health Services;
2. as required pursuant to federal or state law, rule or regulation;
3. as requested by a student pursuant to a properly executed authorization for the release of Student Health Information;
4. as requested by a student's primary care physician or clinic for treatment and/or referral purposes pursuant to the student's properly executed authorization for release of Student Health Information;
5. in the event of an acute illness or injury, information may be communicated by telephone to a student's immediate family member or other designated individual only as necessary to arrange for transportation or further medical care of the student. In the event that the illness or injury requires transportation via ambulance the family member or other designated individual will not be notified by Health Services unless there are extenuating circumstances; and
6. information concerning a student's immunization status may be released by telephone upon request pursuant to the verification of the student's Identification or Social Security Number and address;
7. the student poses a danger to self or others;
8. as requested by another health care facility, when the information is needed for direct emergency care of the student;
9. as requested by College administrators for referral/follow-up recommendations for students in violation of the FLCC code of conduct policy;

10. state and local health departments who require reporting of communicable diseases; and

11. many third party payers who have clauses in their contracts, which allow release of information when the client signs the contract, pursuant to the student's properly executed authorization for release of Student Health Information

Forms/Online Processes

- Student Health Services - Authorization to Release Protected Health Information

Appendix

- Student Health Services - Authorization to Release Protected Health Information

Review date/action taken:

- September 2011: original effective date
- Fall 2012: no revisions
- Fall 2014: no revisions

APPENDIX A

**Student Health Services
Authorization to Release Protected Health Information**

Name _____ Date of Birth _____

Address _____

Street City State Zip _____

Social Security or ID Number _____

Information Requested:

Immunization Information only _____

All medical records _____

The following information: _____

I authorize Student Health Services at Finger Lakes Community College to release the above listed information to:

Street Address City State Zip _____

I am aware that there is a risk of further disclosure by a third party, and that I may revoke this authorization at any time.

Date _____ Signature _____

This release is effective for: one time only use _____ (please check) **or** until _____ (specify date)

For Office Use only

Date received _____ Date sent _____

Signature _____