

NOTICE OF PRIVACY PRACTICES

THIS NOTICE DESCRIBES HOW YOUR PERSONAL HEALTH INFORMATION MAY BE USED AND DISCLOSED AND
HOW YOU MAY OBTAIN ACCESS TO THIS INFORMATION

PLEASE REVIEW IT CAREFULLY

USES AND DISCLOSURES OF HEALTH INFORMATION

We are required by law to protect your personal health information. This notice will inform you of the ways in which UCF Health Student Health Services (SHS) may use and disclose your personal health information. We also describe your rights and certain obligations we have regarding the use and disclosure of health information. This notice applies to your health records maintained at Student Health Services. We share information about you only to the extent necessary to provide treatment, to collect payment for services, to conduct business operations, and to evaluate the quality of the care you receive. **If you would like a paper or electronic copy of the Notice of Privacy Practices, please inform the clerk.**

We may use or disclose identifiable health information about you without your authorization for purposes such as treatment, emergencies, public health reporting, auditing, or to prevent a serious threat to your health and safety or the health and safety of others, and we may also share your information with providers not affiliated with Student Health Services (e.g., for prescriptions, lab work, or x-rays) to facilitate the care they provide. We may use artificial intelligence enabled technology (AI) to support our clinical team with healthcare documentation and workflow efficiency; all AI tools are evaluated and used in compliance with applicable laws, including HIPAA, and support but do not replace our clinicians' professional judgment in making medical care decisions. When required by federal, state, or local law, we will disclose your information without your authorization, and in other situations we will request your written authorization before using or disclosing identifiable health information. You may initiate the transfer of your records to another entity by completing and signing a medical release form, and you may revoke that authorization at any time with a written request.

We will not disclose psychotherapy notes without your authorization, nor will we disclose your protected health information for marketing, sale purposes or research (unless the information is de-identified). Records related to substance use disorder treatment are protected by federal law (42 CFR Part 2) and may not be disclosed or rediscovered except as permitted by those regulations. A separate Part 2 Notice describing these protections is available to all patients. Substance use records are afforded additional protections under 42 C.F.R. Part 2. **Because Behavioral Health is part of SHS, your SUD information may be accessed by SHS providers only for treatment, payment, or healthcare operations and only with your valid consent as required under the 2024 Final Rule.**

WHO WILL FOLLOW THIS POLICY

- Any health care professional authorized to enter information into your Health Services chart (electronic health, pharmacy, or dental record)
- All Departments of SHS personnel (all employees)
- In addition, Business Associates and their subcontractors of Student Health Services may share medical information with each other for treatment, payment, or Health Services operations' purposes described in this notice

INDIVIDUAL RIGHTS

You have the right to review and/or obtain a copy of your personal health information that we use to make decisions about you in a mode of your choice. You have the right to receive a list of disclosures for reasons other than treatment, payment, or related administrative purposes. We may contact you to provide appointment reminders, you have the right to opt out of these reminders. You have the right to request and receive communications of protected health information by alternative means or at an alternative address. You also have the right to request a restriction on your information if you choose. If paying out of pocket, you have the right to restrict information to your insurance carrier. You also have a right to be notified if a breach of your protected health information has occurred. If you believe that the information in your record is incorrect or important information is missing, you have the right to request an amendment. You also have the right to make decisions about your healthcare; an Advance Directive is a legal document by which you may make provisions for future health care decisions in the event that you are unable to make such decisions for yourself. If you would like to initiate an Advance Directive more information can be found at <https://prepareforyourcare.org/download-blank-ad/FL-PREPARE-Advance-Directive-English.pdf>.

COMPLAINTS

We reserve the right to change our policies at any time. Before we make a significant change in our policies, we will revise all copies of our notice and post the new notice in the waiting areas and on our website. For more information about our privacy practices, contact the persons listed below. We value the trust you have placed in us. In keeping with our commitment to provide the highest quality of patient care, we are committed to treating your health information (medical, pharmaceutical, and dental records) responsibly. We promise to follow the laws applicable to the privacy of health information used in providing your care, in our teaching activities, and in our research. If you are concerned, we have violated your privacy rights, a breach has occurred, or you disagree with a decision we made about access to your records, you may contact the persons listed below. You also may send a written complaint to the U.S. Department of Health and Human Services: Office of Civil Rights, Department of Health & Human Services, 200 Independence Ave S.W., Washington, D.C. 20201. 1-877-696-6775 <http://www.hhs.gov>. The person listed below can provide you with the appropriate address upon request. You are entitled to request a detailed copy of our notice at any time.

Print: _____ Signature: _____ PID: _____ Date: _____

If you have any questions or concerns, please contact the SHS Privacy Compliance Officer

Ph: 407.823.5258

4098 Libra Drive, Orlando, FL 32816-3333

Effective: 04/14/2003 Revised: 7/16/2025, 12/2/2025, 01/21/2026