

## Summary Notice of Privacy Practices

This notice describes how your health information may be used and disclosed, and how you can access this information. Please review carefully.

**Services:** Treat and Assess: Cough/Cold/Fever, Sinus Infections, Strep Throat, Urinary Tract Infections, Sprains/Strains, Minor Illnesses and Injuries. Testing Available: Strep Throat, Flu, Mono, Pregnancy, Urinalysis, Blood Sugar and Blood Pressure Checks. Treatments and Services Available: Condoms, Birth Control, Contraception Counseling, Tylenol, Ibuprofen, Oral and Topical Antihistamines, Antacids, Over The Counter Cold Medications, Band Aids and First Aid, Referrals to Community Physicians and Resources

**Confidentiality:** Student conversations and records will be maintained in the strictest of confidentiality according to guidelines established by U.S. Department of Health & Human Services, Rules 45CFR 160-162 and 164. The Rule requires appropriate safeguards to protect the privacy of personal health information (PHI).

Without your explicit written consent, no personal information will be released to anyone on the Laramie County Community College (LCCC) campus, Counseling and Campus Wellness (CCW) records will never be a part of the educational record.

The law permits use to use or disclose your health information to those involved in your treatment. For example, a review of your file by a specialist doctor whom we may involve in your care.

We may use your information to contact you. For example, we may contact you as a follow up to your care.

In an emergency, we may disclose your health information to a family member or another person involved in your care.

**You have the right** to know of any uses or disclosures we make with your health information beyond the above normal uses.

**You have the right** to receive communication about your health information in the manner you prefer. We will also use whatever communication method, number or system you prefer to contact you.

**You have a right** to obtain a copy of your medical information. You have the right to request an amendment or change to your health information. We may or may not make the changes you request, but will include your statement in your file.

**You have the right** to receive a copy of this notice.

You may file a complaint with the Department of Health and Human Services in writing 9200 Independence Avenue, S.W. Room 509F, Washington, D.C. 20201).

For more information please discuss further with Sheri Prince, RN to make a request, to file a complaint with us or for assistance regarding your health information privacy

Date: \_\_\_\_\_ Form Approved by: \_\_\_\_\_