



# Office of Health Services

UNITED STATES MERCHANT MARINE ACADEMY  
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## NOTICE OF PRIVACY PRACTICES

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THIS NOTICE DESCRIBES HOW HEALTH INFORMATION ABOUT YOU MAY BE USED AND DISCLOSED AND HOW YOU CAN GET ACCESS TO THIS INFORMATION.

PLEASE REVIEW IT CAREFULLY.

THE PRIVACY OF YOUR HEALTH INFORMATION IS IMPORTANT TO US.

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### OUR LEGAL DUTY

Office of Health Services is required by applicable Federal and New York State law to maintain the privacy of your health information. We are also required to give you this Notice about our privacy practices, our legal duties, and your rights concerning your health information. We must follow the privacy practices that are described in this Notice while it is in effect. This Notice takes effect on 14 April 2003, and will remain in effect until we replace it.

Office of Health Services reserves the right to change our privacy practices and the terms of this Notice at any time, provided such changes are permitted by applicable law. We reserve the right to make the changes in our privacy practices and the new terms of our Notice effective for all health information that we maintain, including health information we created or received before we made the changes. Before we make a significant change in our privacy practices, we will change this Notice and make the new Notice available upon request.

You may request a copy of the Notice at any time. For more information about our privacy practices, or for additional copies of this Notice, please contact Office of Health Services Privacy Officer listed at the end of this Notice.

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### USES AND DISCLOSURES OF HEALTH INFORMATION

Office of Health Services and its component services (Medical, Dental, Emergency Medical Services, and Midshipman Counseling and Personal Development) may use and disclose health information about you for treatment, payment, and healthcare operations. For example:

**Treatment:** Office of Health Services may use and disclose your health information to a physician or other healthcare provider providing treatment to you.

**Payment:** Office of Health Services may use and disclose your health information to manage any care requiring payment for services.

**Healthcare Operations:** Office of Health Services may use and disclose your health information in connection with our healthcare operations. Healthcare operations include quality assessment and improvement activities, reviewing the competence or qualifications of healthcare professionals, evaluating practitioner and provider performance, conducting training programs, accreditation, certification, licensing or credentialing activities.

**Your Authorization:** In addition to Office of Health Services' use of your health information for treatment, payment or healthcare operations, you may give written authorization to use your health information or to disclose it to anyone for any purpose. If you give an authorization, you may revoke it in writing at any time. Your revocation will not affect any use or disclosures permitted by your authorization while it was in effect. Unless you give a written authorization, Office of Health Services cannot use or disclose your health information for any reason except those described in this Notice.

**To Your Family and Friends:** Office of Health Services must disclose your health information to you, as described in the Patient Rights section of this Notice. We may disclose your health information to a family member, friend or other person to the extent necessary to help with your healthcare or with payment for your healthcare, but only if you agree that we may do so.

**Persons Involved In Care:** Office of Health Services may use or disclose health information to notify, or assist in the notification of (including identifying or locating) a family member, your personal representative or another person responsible for your care, of your location, your general condition, or death. If you are present, then prior to use or disclosure of your health information, we will provide you with an opportunity to object to such uses or disclosures. In the event of your incapacity or emergency circumstances, we will disclose health information based on a determination using our professional judgment disclosing only health information that is directly relevant to the person's involvement in your healthcare. We will also use our professional judgment and our experience with common practice to make reasonable inferences of your best interest in allowing a person to pick up filled prescriptions, medical supplies, x-rays, or other similar forms of health information.

**Marketing Health-Related Services:** Office of Health Services will not use your health information for marketing communications without your written authorization.

**Required by Law:** Office of Health Services may use or disclose your health information when we are required to do so by law.

**Abuse or Neglect:** Office of Health Services may disclose your health information to appropriate authorities if we reasonably believe that you are a possible victim of abuse, neglect, or domestic violence or the possible victim of other crimes. We may disclose your health information to the extent necessary to avert a serious threat to your health or safety or the health or safety of others.

**National Security:** Office of Health Services may disclose to military authorities the health information of Armed Forces personnel under certain circumstances. We may disclose to authorized Federal Officials health information required for lawful intelligence, counterintelligence, and other national security activities. We may disclose to correctional institution or law enforcement official having lawful custody of protected health information of inmate or patient under certain circumstances.

**Appointment Reminders:** Office of Health Services may use or disclose your health information to provide you with appointment reminders (such as voicemail messages and email).

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## **PATIENT RIGHTS**

**Access:** You have the right to review or obtain copies of your health information according to established procedures. To receive copies of your health information, you must first obtain and complete a form designed for this purpose from Office of Health Services Privacy Officer (contact information for the Privacy Officer is at the top of this notice). OHS may charge reasonable fees for expenses related to providing you with a copy of your health information, either as photocopies, in an alternate format (as permitted by statute), or as a comprehensive summary. The OHS Privacy Officer will provide a full explanation of our fee structure upon request.

**Disclosure Accounting:** You have the right to receive a list of instances in which we or our business associates disclosed your health information for purposes, other than treatment, payment, healthcare operations and certain other activities, for the last 7 years, but not before 30 April 2000. If you request this accounting more than once in a 12-month period, you may be charged a reasonable, cost-based fee for responding to these additional requests.

**Restriction:** You have the right to request that Office of Health Services place additional restrictions on our use or disclosure of your health information. Office of Health Services is not required to agree to these additional restrictions, but if we do, we will abide by our agreement (except in an emergency).

**Alternative Communication:** You have the right to request that we communicate with you about your health information by alternative means or to alternative locations. You must make your request in writing. Your request must specify the alternative means or location, and provide satisfactory explanation how payments will be handled under the alternative means or location you request.

**Amendment:** You have the right to request that Office of Health Services amend your health information. Your request must be in writing, and it must explain why the information should be amended. Your request may be denied under certain circumstances.

**Electronic Notice:** If you receive this Notice on the Academy's Web site or by email, you are entitled to receive this Notice in written form.

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## **QUESTIONS AND COMPLAINTS**

If you want more information about our privacy practices or have questions or concerns, please contact **Office of Health Services Privacy Officer** at (516) 726-5952.

If you are concerned that Office of Health Services may have violated your privacy rights, or you disagree with a decision we made about access to your health information or in response to a request you made to amend or restrict the use or disclosure of your health information or to have us communicate with you by alternative means or at alternative locations, you may complain to us using the information listed at the top of this Notice. You also may submit a written complaint to the U.S. Department of Health and Human Services. We will provide you with the address to file your complaint with the U.S. Department of Health and Human Services upon request.

Office of Health Services supports your right to the privacy of your health information. We will not retaliate in any way if you choose to file a complaint with us or with the U.S. Department of Health and Human Services.