PURPOSE: To Use/Disclose PHI within SHS for the purpose of treatment, payment and health care operations while protecting the privacy of the patient’s health information.

POLICY:
SHS will provide the opportunity for each patient to review the NPP and make a good faith effort to obtain written consent for Use/Disclosure of PHI for the purpose of treatment, payment and health care operations.

Treatment: A patient’s medical information will be used or disclosed to provide care and coordinate health care and any related services. Information may be used by all staff members that are involved in a patient’s treatment, including but not limited to physicians and nurses, to coordinate the different services a patient needs. In addition, medical information may be provided to another health care provider, such as a physician, to whom a patient is referred to ensure that they have the necessary information to diagnose and treat the patient. We may also contact the patient about possible treatment alternatives.

Payment: We will use and disclose medical information about a patient to bill and collect payment and to insurance companies or third party payers to determine coverage or coordinate payment for treatment.

Health Care Operations: Medical information will be used or disclosed to schedule and coordinate a patient’s health care and any related services. This may include contacting a patient to remind them of an appointment. Medical information may be disclosed to doctors, nurses, medical students and/or residents for educational purposes.

Staff members involved in quality improvement may use a patient’s medical information to assess the care and outcomes of like cases. The results from quality improvement programs will be used to improve the quality of care for all patients we serve.

We may release limited medical information about a patient to authorized staff of the University to verify receipt of certain tests or vaccinations required for enrollment at the University or in a specific field of study.

A Patient may revoke an Authorization at any time, provided the revocation is in writing. A revocation is not valid for Disclosure made prior to receipt of the revocation. A copy
of the Authorization and a revocation, if any, must be given to the Patient and a copy retained in the Patient’s DRS.

**KU students 18 and older** will be asked to sign all forms on his/her own behalf.

**KU students under 18 years old:** The consent to treat, Notice of Privacy Practices, consent to use disclose PHI (for treatment, payment and operations) and acknowledgement of Notice of Privacy Practices will be sent to student’s home at the time student is notified of acceptance to KU. The parent’s signature for each document will be requested. **At the time treatment is requested by the student, the following steps will be taken:**

  **If 16 or 17 years old:** The student will be asked to sign all forms described above on his or her own behalf when treatment is rendered. This approach will be followed even if the parents already signed the forms. This will be done both for FERPA purposes and because the parents may not always return the forms. In those cases, the statute sited, K.S.A. 38-123b, states that a minor 16 years of age or older can consent to medical treatment, as the parents are not immediately available. This would be the basis for permitting the 16 year old to consent to the use of the information generated from such visits.

  **If the student is less than 16 years old:** If the forms sent to the student’s home for the parent’s signature have not been returned, staff will do the following. In **non-emergency situations**, a parent will be asked to provide a signed consent to treat, consent to use and disclose PHI and acknowledgment of NPP prior to treatment. In an **emergency situation**, care will be rendered immediately and staff will follow up with the parent to obtain signed forms as soon as reasonably practicable after emergency treatment is rendered.

**Non-KU students (Campers)**

1. **18 and older**- The camper will be asked to sign all forms on his or her own behalf.

2. **Under 18 years old:** The parent will be asked (in advance) to sign all general forms e.g., consent to treat, consent to use and disclose PHI, acknowledgement of Notice of Privacy Practices. If documents are not received by the time care is requested:
   a. **If 16 or 17 years old:** The camper will sign all such documents on his own behalf when treatment is rendered.
   b. **If less than 16 years old:** In non-emergency situations, a parent will be asked to provide a signed consent to treat, consent to use and disclose PHI and acknowledgment of NPP prior to treatment. In an **emergency situation**, care will be rendered immediately and staff will follow up with parent to obtain signed forms as soon as reasonably practicable after emergency treatment is rendered.