

**MUHLENBERG COLLEGE HEALTH SERVICES**  
**2400 Chew Street**  
**Allentown, Pennsylvania 18104**  
**484.664.3199**

*This notice describes how medical information about you may be used and disclosed (shared) and how you can get access to this information. Please review it carefully.*

Muhlenberg College Health Services and all employees, staff, physicians, health professional and other personnel are legally required to follow the policies in this notice. We have legal duty to safeguard your Protected Health Information (PHI). PHI includes information that can be used to identify you. We collect or receive this information about your past, present, or future health or condition, to provide health care to you, or to receive payment for this health care. We must provide you with this notice that explains how, when and why we use and share your PHI.

Understanding what is in your record and how your health information is used helps you to ensure its accuracy, better understand who, what; when, where, and why others may access your health information. In addition, it allows you to make an informed decision when authorizing disclosure to others.

**WE MAY USE AND SHARE YOUR PROTECTED HEALTH INFORMATION** for many different reasons. Below, we describe the different categories of when we use and share your PHI. We give you some examples of each category. All of the ways we are permitted to use and share information will fall within one of the categories.

- **For Treatment and Services.** We may share your PHI with physicians, nurses, medical students, and other health care personnel and agencies that provide or are involved in your health care. If you are being treated for an injury, we may share your PHI with other healthcare professionals in order to coordinate your care.
- **To obtain payment for treatment.** We may use and share your PHI in order to bill and collect payment for the services provided to you. It is important that you provide us with correct and up to date PHI. We may share portions of your PHI with our billing department and your health plan to get paid for the health care services we provided to you.
- **To run the Health Center business.** We may share your PHI in order to run our facility according to healthcare regulations. We may use your PHI to

review the quality of our services and to measure the performance of our staff caring for you. We may use or disclose information to notify or assist in notifying a family member, personal representative, or another person responsible for your care, your location, and general condition. Members of the medical staff and/or the risk or quality improvement manager may use information in your health record to assess the care and outcomes in your case and others similar. This information will then be used in an effort to continually improve the quality and effectiveness of the health care and services we provide.

- **To business associates.** There are some services that we contract with as business associates. We may share your information with them. However, we require our business associates to protect your PHI. Examples include physician services in the Emergency Department and radiology, certain laboratory tests, and other healthcare providers. When these services are contracted, we may disclose your health information to our business associate so that they can perform the job we have asked them to do, and bill you or your third-party payer for services rendered. To protect your health information, however, we require the business associate to appropriately safeguard your information.
- **To comply with requests from government or law enforcement agencies.** We share your PHI when a law or law enforcement agency requires that we report information about victims of abuse, neglect, domestic violence or in response to a court order, subpoena, warrant, summons or similar request.
- **Legal documents describing the care you received**
- **Requests from public health agencies.** We report information to the FDA as required by law. We may disclose to the FDA health information relative to adverse events with respect to food, supplements, product and product defects, or post marketing surveillance information to enable product recalls, repairs, or replacement.
- **For Health Oversight Activities.** We may share your PHI with health oversight agencies as authorized by the law. Activities such as audits, investigations, inspections and licensure are necessary for the government to monitor the health care system, government benefit programs and our compliance with your civil rights.
- **For Military and Veterans.** We may share your information about foreign military personnel with the appropriate foreign military authority.
- **For research.** We may share your PHI for a source of data for medical research.
- **For worker's compensation purposes.** We may share your PHI to comply with worker's

compensation laws.

***You have opportunity to object to Information shared with family, friends or others. Unless you object, we may share your PHI to a family member, friend or other person that you choose to involve in your care or the payment for your health care. Your choice to object may be made at any time.***

**Your Prior Written Consent is required in other situations.** In situations not described above, we will ask for your specific written consent before using or sharing any of your PHI. If you choose to sign a specific consent to share your PHI, you can later cancel that consent in writing. This will stop any future sharing of your PHI.

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## YOUR RIGHTS REGARDING YOUR PHI

- **You have the right to request limits on how we use and share your PHI.** If we accept your request, we will put your limits in writing and follow them except in emergency situations. You may not limit PHI that we are legally required or allowed to share.
- **You have the right to choose how we communicate PHI to you.** All of our communications to you are considered confidential. You have the right to ask and we will send information to you at another address or by other means such as e-mail instead of regular mail. You may be billed for any additional cost.
- **You have the right to see and get copies of your PHI.** This request must be made in writing. We will respond to you within 30 days after receiving your written request. If you request copies of your PHI, we will quote and charge you the current rate for each page.
- **You have the right to get a list of when and to whom we have shared your PHI.** This list will not include uses to which you have already consented. We will respond within 60 days of receiving your request.
- **You have the right to correct, update, or amend your PHI.** If you believe that there is a mistake in your PHI or that a piece of important information is missing, you have the right to request that we correct it. We can do this for as long as the information is kept by Muhlenberg College. You must provide the request and your reason for the request in writing. We will respond within 60 days of receiving your request. If we deny your request our written denial will give our reasons and explain how to tell us why you disagree. You have the right

to request that the above information be attached to all future uses or sharing of your PHI. If we approve your request, we will make the change to your PHI, tell you that we have done it, and tell others that need to know about the change.

- **You have the right to get this privacy notice by email.** Even if you have agreed to receive notice via email, you have the right to request a paper copy of this notice.

**Please forward all requests for information in writing to:**

**Director, Health Services**  
Muhlenberg College Health Center  
2400 Chew Street  
Allentown, Pennsylvania 18104

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## CHANGES TO THIS NOTICE

We may change the terms of this notice and our privacy policies at any time. Any changes to this notice will apply to the PHI that we already have. Before we make any change to our policies, we will promptly change this notice and post a new notice in our lobby. You may request a copy of this notice from the Health Center at any time.

**HOW TO VOICE YOUR CONCERNS ABOUT OUR PRIVACY PRACTICES.** If you think that we may have violated your privacy rights, or you disagree with a decision we made about access to your PHI, you may send a written complaint to the person listed at the end of this notice. You may also send a written complaint to the Secretary of the Department of Health and Human Services. **You will not be penalized for filing a complaint.**

**In the event you need to contact for information about this notice or to voice your concerns about our privacy practices, contact the following:**

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