





**our business and management purposes. For example, we may use PHI to review the adequacy and quality of the care that our patients receive.**

**4 For Educational Purposes. Wichita State University is an academic environment, so we may use your information in the process of educating and training students and students may also use or disclose your PHI.**

**5 Appointment Reminders, Treatment Alternatives, and Health Related Benefits and Services. We may use and disclose PHI to contact you as a reminder that you have an appointment with us. We**

**the need for privacy of PHI. We also may permit researchers to look at records to help them identify patients who may be included in their research project or for other similar purposes.**

### **SPECIAL CIRCUMSTANCES**

**In addition to the above, we may use and disclose PHI in the following special circumstances:**

- 10. As Required by Law:** We will disclose PHI when required to do so by international, federal, state or local law.
- 11. To Avert a Serious Threat to Health or Safety:** We may use and disclose PHI when necessary to prevent or lessen a serious threat to your health or safety, or the health or safety of the public or



We may use and disclose HIV test results for the purposes described above only if you give your permission to use and disclose these HIV test results along with your medical records at the time of testing. If you do not give such permission, we may use and disclose this information only for the following limited purposes without your written authorization: (1) for health care treatment (as described above) and to provide you with health care services, such as informing a specialist about your HIV status to enable the specialist to provide additional services to you; (2) for payment (as described above), such as compiling or reviewing records as part of routine billing; (3) for health care operations (as described above), such as to enable our health facility staff to monitor and evaluate our programs; (4) to child placing or child care agencies, family foster homes, residential facilities or community based care programs that are directly involved in placement, care, control or custody and who have a need to know such information; (5) to a sex or needle sharing partner in accordance with applicable law; (6) to the Kansas Department of Health & Environment for public health reporting and disease control purposes, in accordance with applicable law; (7) to organizations that procure, process, distribute or use organs, eyes, or tissues for donation purposes; (8) to authorized medical or epidemiological researchers; (9) in accordance with a valid court order that specifically requires us to release HIV test results; (10) if an officer, law enforcement personnel, firefighter, ambulance driver, paramedic or emergency medical technician comes into contact with a person in such a way that significant exposure to HIV has occurred, then we may release such HIV test results to a person who was significantly exposed to HIV.

#### **R**

Separate authorizations are generally required for most uses and disclosures of psychotherapy notes. We may use and disclose notes taken during psychotherapy counseling that you received from WSU only for the following limited purposes: (1) for health care treatment (as described above) and to provide you with health care services, such as a physician reviewing his/her notes prior to your therapy session; (2) to defend WSU in a legal action or other proceeding, such as providing psychotherapy notes to our lawyers; (3) when required by law (as described above) under international, federal, state or local law; (4) to a health oversight agency for oversight activities involving the creation of the notes (as described above); (5) to identify you to a coroner or medical examiner (as described above); (6) when necessary to prevent or lessen a serious threat to health and safety (as described above).

You have the following rights, subject to certain limitations, regarding PHI that we maintain about you:

#### **a Right to Inspect and Copy**

- **is not part of the records used to make decisions about you**
- **is not part of the information which you are permitted to inspect and/or receive a copy of, or**
- **is accurate and complete**

**c Right to an Accounting of Disclosures You have the right to request, in writing, a**

