III. YOUR RIGHTS CONCERNING YOUR MEDICAL INFORMATION

A. Right To Request Restrictions. Although Schreiner University is generally permitted to use or disclose your medical information for treatment, payment, health care operations, and notification to individuals involved with your health care, you have the right to request that Schreiner University limit those uses and disclosures of medical information. You must make your request in writing to Schreiner University’s Contact Person identified in Section IV of this Notice. Your request must state (1) the information you want to limit, (2) to whom you want the limit to apply, (3) the special circumstances that support your request for a restriction on Plan disclosures, and (4) if your request would impact payment, how payment will be handled. Schreiner University will consider your request but does not have to agree to it. If Schreiner University does agree, Schreiner University will comply with your request (unless the disclosure is for your emergency treatment or is required by law) until you or Schreiner University cancels the restriction. There is a form you can use to make this request which is available on the Schreiner University website or by contacting Schreiner University Human Resources Office.

B. Right To Confidential Communications. You have the right to request that Schreiner University communicate your medical information to you by a certain method (for example, by e-mail) or at a certain location (for example, at a post office box). You must make your request in writing to Schreiner University’s Contact Person. Your request must include the method or location desired. If your request would impact payment, you...
must describe how payment will be handled. Your request must indicate why disclosure of your medical information by another method or to another location could endanger you.

C. Right To Inspect and Copy. You have the right, in most cases, to inspect and copy your medical information maintained by or for Schreiner University. You must make your request in writing to Schreiner University’s Contact Person identified in Section IV of this Notice. If Schreiner University grants your request to copy your information, Schreiner University will provide you with the requested documents, but may charge you a fee.

D. Right To Amend. If you feel that medical information Schreiner University has about you is incorrect or incomplete, you may ask Schreiner University to amend the information. You have the right to request an amendment for as long as the information is kept by or for Schreiner University. You must make your request in writing to the Contact Person identified in Section IV of this Notice, and you must give a reason that supports your request. If Schreiner University denies your request for an amendment, Schreiner University will explain to you its reasons for denial and your appeal rights following denial.

E. Right To an Accounting of Disclosures. You have the right to request a list of disclosures of your medical information that have been made by Schreiner University and its business associates. Schreiner University does not have to list the following disclosures:

- Disclosures for treatment;
- Disclosures for payment;
- Disclosures for health care operations;
- Disclosures of a limited data set for health care operations, research, or public health activities;
- Disclosures to you;
- Disclosures to individuals involved with your health care;
- Disclosures to authorized federal officials for national security activities;
- Disclosures that occur incidentally with other permissible uses and disclosures;
- Disclosures made under your written authorization; and
- In certain circumstances, disclosures to law enforcement officials or health oversight agencies.

You must make your request in writing to the Schreiner University Contact Person identified in Section IV of this Notice. Your request must state the time period during which the disclosures were made, which may not include dates more than six years prior to the request or before April 14, 2004. Schreiner University may charge you a fee for the list of disclosures if you request more than one list within 12 months.

F. Right To Make a Complaint. If you believe your privacy rights have been violated, you may file a written complaint with Schreiner University’s contact person or with the federal government’s Department of Health and Human Services. Schreiner University will not penalize you or retaliate against you in any way if you file a complaint.

G. Right to a Paper Copy of This Notice. You have the right to request a paper copy of this Notice, even if you have received this Notice electronically. You may make your request to the Schreiner University Contact Person identified in Section IV of this Notice at any time.

IV. WHOM TO CONTACT REGARDING SCHREINER UNIVERSITY’S PRIVACY POLICIES.

Schreiner University’s Contact Person. To obtain a copy of the most current Notice, to exercise any of your rights described in this Notice, or to receive further information about the privacy of your medical information, you may contact Schreiner University’s Contact Person at:

Cathy Scozzari, Human Resources Coordinator
Schreiner University
CMB 6206, 2100 Memorial Blvd.
Kerrville, Texas 78028
(830) 792-7365

Department of Health and Human Services. To obtain further information about the federal privacy rules or to submit a complaint to the Department of Health and Human Services, you may contact the Department by telephone at (214) 767-4056, fax at (214) 767-0432, TDD at (214) 767-8940, or by regular mail addressed to:

Region VI, Office for Civil Rights
U.S. Department of Health and Human Services
1301 Young Street, Ste 1169
Dallas, TX 75202

Electronic Copy of This Notice. You may obtain an electronic copy of the most current version of this Notice at the following website:

www.schreiner.edu under Employment/Benefits

V. SCHREINER UNIVERSITY’S RIGHT TO REVISE THIS NOTICE. Schreiner University reserves the right to change the terms of this Notice at any time. Schreiner University also reserves the right to make the revised notice effective for medical information Schreiner University already has about you as well as any information Schreiner University receives while such notice is in effect. Within 60 days of a material revision to this Notice, Schreiner University will provide the revised notice to all individuals then covered by a Plan. If you want to make sure that you have the latest version of this Notice, you may contact Schreiner University’s Contact Person.