

University of Memphis

NOTICE OF PRIVACY PRACTICES

Effective Date: July 1, 2026

THIS NOTICE DESCRIBES HOW MEDICAL INFORMATION ABOUT YOU MAY BE USED AND DISCLOSED AND HOW YOU CAN GET ACCESS TO THIS INFORMATION. PLEASE REVIEW IT CAREFULLY.

This Notice of Privacy Practices applies to the University of Memphis Student Health Center and Counseling Center, including all personnel and trainees who work at the centers.

- *While neither the Student Health Center nor the Counseling Center is a Covered Entity as defined by the Health Insurance Portability and Accountability Act of 1996, as amended (HIPAA), the Centers feel it is important that you understand how your information may be collected, used, disclosed, and stored so they have written this Notice of Privacy Practices to share with you.*

Routine Uses and Disclosures of Your Information

We typically use or share your health information in the following ways:

- **For Treatment** - We may use your health information and share it with other professionals who are treating you.
Example: Professional staff at the Student Health Center may consult with staff at the U of M Counseling Center to see how you are responding to medication prescribed by the Student Health Center
- **For Payment** – We may use your health information to bill and receive payment from you.
Example: A charge for services rendered will be billed to your U of M account.
- **For Health Care Operations** -- We may use and share your health information to run our practice, improve efficiency, and contact you when necessary.
Example: We use health information about you to send you appointment reminders.

Other Uses and Disclosures of Your Information

We may also use or disclose your health information for the following purposes if the situation arises:

- **Patient Portal** – We may use and disclose information through a secure patient portal which allows you to view, download, and transmit certain parts of your medical

information in a secure manner when using the portal. Please be aware that if you choose to store, print, email, or post the information outside the patient portal, it may no longer be secure.

- **Note: When you register for access to the patient portal, you will be asked to agree to the Terms of Service written by the electronic medical record company that maintains the portal. Please review the Terms of Service carefully so that you understand how the patient portal will maintain your information.**
- **Text Messages: You will have the opportunity to opt in to receive text messages related to your care, including appointment confirmations, appointment reminders, and other service-related communications. Message frequency may vary depending on your appointments and healthcare needs. Consent to receive text messages is voluntary and is not a condition of receiving services. Like all text messages, there may be a cost from your phone carrier for text messages and/or data if you do not have an unlimited plan. The text reminder service will not share your mobile information with any third parties or their affiliates for marketing/promotional purposes. You may opt out of receiving text messages at any time by submitting your request via the patient portal. Once opt out, you will no longer receive text messages from us unless you subsequently opt back in.**
- **Health Services, Products, Treatment Alternatives and Health-Related Benefits –** We may recommend alternative treatments, therapies, providers, or settings of care.
- **Appointment Reminders –** We may use your information to contact and remind you of an appointment.
- **Individuals Involved in Your Care or Payment for Your Care –** We may share information with a friend or family member who helps take care of you, if you have given us written permission to do so. We may share information with someone who pays for your care, if you have given us written permission to do so.
- **Personal Representative --** If you have a durable power of attorney for healthcare, please provide us with a copy of the legal document granting authority to your personal representative/medical decision-maker so that we will know your wishes. If you have a legal guardian, please provide us with the legal documents that designate the person as your legal guardian and explain the person's authority.
- **Required by Law --** We may share information about you if federal, state or local laws require it, such as:
 - To report child, elder or vulnerable adult abuse or neglect.
- **Public Health Risks –** We may disclose your medical information for public health purposes, such as:

- The Student Health Center is required to report patient specific information about positive tests for communicable diseases to the Memphis Shelby County Health Department.
- **Health Oversight Activities** – We may disclose your medical information to a federal or state agency for health oversight activities, such as audits, investigations, inspections, or licensure of our clinics and the licensed health care providers/providers-in-training.
- **Law Enforcement** – We may disclose limited medical information upon the request of a law enforcement official conducting an investigation. We may also disclose medical information if needed to report a crime on our premises.
- **Serious Threat to Health or Safety** – We may use and disclose your medical information when necessary to prevent a serious threat to your health and safety or to the health and safety of the public or another person. If you threaten to harm yourself, and/or others, the University may be obligated to share information about your expressed intentions with others in order to lessen the risk to life and safety.
- **Medical Examiner or Funeral Director** -- We may share health information with a coroner, medical examiner, or funeral director so that they may carry out their duties.
- **Worker's Compensation** – We may disclose your medical information for worker's compensation or similar programs that provide benefits for work-related injuries or illness, as specified by state law.
- **Military and Veterans** – If you are a member of the U.S. or foreign armed forces or a veteran, we may release your medical information as required by military command authorities.
- **National Security** – We may disclose your medical information to authorized federal officials for national security activities authorized by law.
- **Protective Services** – We may disclose your medical information to authorized federal officials so they may provide protection to the President of the United States and other persons under their protection.
- **Lawsuits and Disputes** – We may use or disclose your medical information to defend the clinics or the health care providers and/or trainees who treated you if you bring a legal action against the clinic or providers who treated you. We may also disclose your medical information to respond to a court or governmental agency request, order, or search warrant or in response to a subpoena, discovery request, or other lawful process by another party to a legal dispute, if certain steps have been followed to make you aware of the subpoena or discovery request.
- **Special Protections** -- Depending upon the circumstances, Tennessee state law may provide additional privacy rights for your communications with your therapist during therapy.

Other Uses or Disclosures

For other uses or disclosures of your information not referenced in this Notice or otherwise required by law, you will be asked to sign an Authorization form giving us permission to disclose your information. It will be your choice whether to give us permission to disclose the information.

Changes to the Terms of this Notice

We reserve the right to change the terms of this Notice. The changes will apply to all information we have about you. The new Notice will be posted in the clinics, with copies available upon request.

Questions

If you have any questions about this Notice or how your information is collected, used, disclosed, or stored, please submit your question via the patient portal or submit your questions to counseling@memphis.edu.