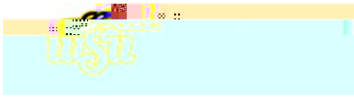


uses and disclosures of PHI where WSU receives payment in exchange for disclosing such PHI; and (4) any other uses and disclosures of PHI not described in this Notice.

The following categories of activities describe the ways that we may use and disclose PHI without obtaining your prior written authorization. Some of the categories include examples, but not every type of use or disclosure included in a category is listed. Except for the categories of activities described below, we will use and disclose PHI only with written permission

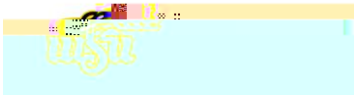


profit entities with whom the University is conducting a joint fundraising project. For example, you may get invitations to fundraising events or other types of mailing for University events, affiliated programs, and other joint fundraising programs.

7. *Facility Directory.* If you are a patient at a WSU facility, we may list your name, general condition (e.g., fair, critical), and location in our directory, unless you ask us not to. We may disclose this information to anyone who asks for you by name.
8. *Clergy.* We may disclose the information in our facility directory and information that you choose to provide us regarding your religious affiliation to members of the clergy for use and disclosure in their religious activities.
9. *Individuals Involved in Your Care or Payment for Your Care* We may disclose PHI to a person, such as a



14. *Military and Veterans.* If you are a member of the armed forces, we may release PHI as required by military command authorities. We also may release PHI to the appropriate foreign military authority if you are a member of a foreign military.
15. *Workers' Compensation.* We may disclose PHI as authorized by and to the extent necessary to comply with laws relating to workers' compensation or similar programs. These programs provide benefits for work-related injuries or illness.
16. *Public Health Risks.* We may disclose PHI for public health activities. These activities generally include disclosures to prevent or control disease, injury or disability; report births and deaths; report child abuse or neglect; report reactions to medications or problems with products; notify people of recalls of products they may be using; track certain products and monitor their use and effectiveness; if authorized by law, notify a person who may have been exposed to a disease or may be at risk for contracting or spreading a disease or condition; and conduct medical surveillance of our facilities in certain limited circumstances concerning workplace illness or injury. We also may release PHI to an appropriate government authority if we believe a patient has been the victim of abuse, neglect or domestic violence; however, we will only release this information if the patient agrees or when we are required or authorized by law.
17. *Health Oversight Activities.* We may disclose PHI to a health oversight agency for activities authorized by law. These oversight activities include, for example, audits, investigations, inspections, and licensure of our facilities and providers. These activities are necessary for the government to monitor the health care system, government programs, and compliance with civil rights laws.
18. *Lawsuits and Disputes.* If you are involved in a lawsuit or a dispute, we may disclose PHI in response to a court or administrative order. We also may disclose PHI in response to a subpoena, discovery request, or other lawful process by someone else involved in the dispute, but only if efforts have been made to tell you about the request or to obtain an order protecting the information requested.
19. *Law Enforcement.* We may release PHI if asked by a law enforcement official as follows: (a) in response to a court order, subpoena, warrant, summons or similar process; (b)



23. *Inmates or Individuals in Custody.* In the case of inmates of a correctional institution or that are under the custody of a law enforcement official, we may release PHI to the appropriate correctional institution or law enforcement official. This release would be made only if necessary (a) for the institution to provide you with health care; (2=b) to protect your health and safety or the health and safety of others; or (c) for the safety and security of the correctional institution.

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 did 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-caring 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 Florida Department of Health for public health reporting and disease control purposes, in accordance with applicable law; (6) to organizations that procure, process, distribute or use organs, eyes, or tissues for donation purposes; (7) to authorized medical or epidemiological researchers; (8) in accordance with a valid court order that specifically requires us to release HIV test results; (9) 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.

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 hisyptequiiit4(s)5()8(if)uses and disclosures o Tm-19(o)4(t)45(ur)10(e18(pi45(e1it4(s)5()8(if)u-

