

Effective Date: 8/3/2026

HIPAA NOTICE OF PRIVACY PRACTICES

Los Rios Community College District, Student Health and Wellness Center
1919 Spanos Ct, Sacramento, CA 95825 | <https://losrios.edu/shwc>

Your Health Information. Your Rights. Our Responsibilities.

This Notice explains how the Los Rios Community College District Student Health & Wellness Centers (SHWC) may use and share your protected health information (PHI), your privacy rights under the Health Insurance Portability and Accountability Act (HIPAA), and our responsibilities to protect your information. Please read this Notice carefully. If you have questions, we are happy to help.

Highlights of this Notice

- We keep your health information private.
- We use it to provide your care.
- We may share it when required or permitted by law.
- Most other uses require your written permission.
- You have the right to see your records, request corrections, ask for confidential communications, and file a complaint if you believe your privacy rights have been violated.

Our Commitment to Your Privacy

The Student Health & Wellness Centers are committed to protecting your health information. Federal law requires us to:

- Protect the privacy and security of your PHI.
- Give you this Notice explaining our privacy practices.
- Follow the privacy practices described in this Notice.
- Notify you if there is a breach that may have compromised the privacy or security of your health information.

This Notice applies to all health information maintained by the Los Rios Community College District Student Health & Wellness Centers, including records related to your physical and mental health care.

How We May Use and Share Your Health Information

We may use and share your health information to provide you with quality care and to operate our health centers.

Treatment

We use your health information to provide physical and mental health care. To support safe, coordinated, and high-quality care, members of your Student Health & Wellness care team may share health information with one another as needed for your treatment. We may also share information with outside health care providers, specialists, laboratories, pharmacies, or hospitals involved in your treatment. We may contact you with appointment reminders, follow-up instructions, or other information related to your care.

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Payment

If your services are billed to insurance or another payer, we may share the information needed to process payment or obtain reimbursement. At this time, Student Health & Wellness Center services are provided without billing insurance.

Health Care Operations

We may use your information to improve the quality of our services, conduct quality improvement activities, manage our operations, meet legal requirements, and conduct patient satisfaction surveys.

Treatment Options and Health Services

We may contact you with information about treatment options, preventive care, wellness programs, or other health services that may benefit you.

Family Members or Others Involved in Your Care

With your permission, or when allowed by law, we may share relevant information with a family member, legal guardian, emergency contact, or another person involved in your care or payment for your care. If you are unable to tell us your wishes because of an emergency, we may share information if we believe it is in your best interest.

Situations Where We May Share Information Without Your Authorization

In certain situations, the law allows or requires us to share your health information without your written permission. These situations include:

For Physical Health and Mental Health Services:

- Suspected abuse or neglect of a child, dependent adult, or elder
- A serious and imminent threat of harm to yourself or others
- Court orders, subpoenas, warrants or other lawful legal process
- Federal or California state legal requirements

Additional exceptions for Physical Health Services:

- Medical emergencies requiring coordination of your care
- Reporting certain communicable diseases, as required by law
- Reporting injury or illness related to firearms or suspected physical or sexual abuse, as required by law
- Reporting reactions to medications or medical products

Health Oversight

We may provide information to agencies responsible for licensing, inspections, audits, investigations, or other oversight activities authorized by law.

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Specialized Government Functions

We may disclose information for military, national security, workers' compensation, correctional institutions, or other government purposes when authorized by law.

Research

Under certain circumstances, we may use or disclose health information for research that has been approved and conducted in accordance with applicable privacy laws.

When We Need Your Written Permission

Except as described in this Notice or required by law, we will obtain your written authorization before using or sharing your health information. This includes most uses for:

- Marketing
- The sale of your health information
- Other purposes not described in this Notice

You may revoke your authorization at any time in writing, unless we have already acted based on your permission.

Your Privacy Rights

You have the right to:

- Get a Copy of Your Records: You may inspect or request a hard copy of your physical or mental health records. We will generally provide the records within 30 days, as required by law. You may access your records electronically through the patient portal at any time.
- Request a Correction: If you believe information in your record is incorrect or incomplete, you may ask us to amend it. We may deny your request in certain situations, but we will explain the reason in writing.
- Request Confidential Communications: You may ask us to contact you in a certain way or at a certain location if it will help protect your privacy.
- Request Restrictions: You may ask us not to use or share certain information. While we will consider every request, we are not always required to agree if doing so would affect your care or is otherwise not permitted by law.
- Receive an Accounting of Disclosures: You may request a list of certain disclosures we have made of your health information during the previous six years.
- Receive a Paper Copy of This Notice: You may request a paper copy of this Notice at any time, even if you agreed to receive it electronically.
- Choose Someone to Act for You: If someone has legal authority to make health care decisions for you, that person may exercise your privacy rights on your behalf.

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Our Responsibilities

We are required to:

- Keep your health information private and secure.
- Follow the privacy practices described in this Notice.
- Notify you if your information is compromised in a breach.
- Obtain your authorization whenever required by law.
- Update this Notice if our privacy practices change.
- We will not use or share your health information for purposes not described in this Notice without your written permission, unless required or permitted by law.

Any changes to this Notice will apply to all health information we maintain and will be available in our Student Health & Wellness Centers and on our [website](#).

Questions or Complaints

You may file a complaint with the U.S. Department of Health and Human Services Office for Civil Rights. Filing a complaint will not affect your care or result in retaliation.

Thank you for trusting the Los Rios Community College District Student Health & Wellness Centers with your care. We are committed to protecting your privacy while providing high-quality, compassionate health services.

Resources:

<https://www.hhs.gov/hipaa/index.html>