

# University Medical Services Notice of Privacy Practices

**THIS NOTICE DESCRIBES HOW INFORMATION ABOUT YOU MAY BE USED AND DISCLOSED AND HOW YOU CAN GET ACCESS TO THIS INFORMATION. PLEASE REVIEW IT CAREFULLY. THIS NOTICE TAKES EFFECT ON APRIL 14, 2003, AND REMAINS IN EFFECT UNTIL WE CHANGE OR REPLACE IT.**

## 1. Understanding Your Health Record/Information

Each time you visit University Medical Services (UMS) or a hospital, physician, or other health care provider, a record of your visit is made. Typically, this record contains your symptoms, examination and test results, diagnoses, treatment, and may include a plan for future treatment. This information, often referred to as your health or medical record, is a

1. Tool for planning your care and treatment.
2. Basis of communication among the many health professionals who contribute to your care.
3. Legal document describing the care and treatment you received.
4. Record so you or an insurance company can document that services were actually provided to you.
5. Tool in educating health professionals.
6. Source of information for medical research.
7. Source of data for public health officials.
8. Tool with which UMS can improve the care we provide to our patients and the outcomes we achieve.

Understanding what is in your record and how your health information is used helps you to

1. Ensure its accuracy.
2. Better understand who, what, when, where, and why others may access your health information.
3. Make more informed decisions when you authorize disclosure to others.

## 2. Your Health Information Rights

Although your health record is the property of UMS or practitioner or facility that compiled it, the information belongs to you. You have the right to

1. Request a restriction on certain uses and disclosures of your information.
2. Obtain a paper copy of the notice of information practices upon request.
3. Inspect and copy your health record.
4. Request that UMS amend your health record. UMS is not required to agree to amend your protected health information. If your request to amend your health information has been denied, you will be provided with an explanation of our denial reason(s) and information about how you can disagree with the denial.
5. Obtain an accounting of disclosures of your health information.
6. Request communications of your health information by alternative means or at alternative locations.
7. Revoke your authorization to use or disclose health information except to the extent that action has already been taken.

## 3. Our Responsibilities

UMS is required to

1. Maintain the privacy of your health information.
2. Provide you with a notice as to our legal duties and privacy practices with respect to information we collect and maintain about you.
3. Abide by the terms of this notice.
4. Notify you if we are unable to agree to a requested restriction.
5. Accommodate reasonable requests you may have to communicate health information by alternative means or at alternative locations.

We reserve the right to change our practices and to make the new provisions effective for all protected health information we maintain. Should our information practices change, we will mail a revised notice to the address you've supplied us. We will not use or disclose your health information without your authorization, except as described in this notice.

## 4. For More Information or to Report a Problem

If you have questions and would like additional information, you may contact UMS Privacy Officer Debra McDonald, R.N., at 937-766-7862.

If you believe your privacy rights have been violated, you can file a complaint with the privacy officer named above or with the Office of Civil Rights of the United States Department of Health and Human Services, 200 Independence Avenue, S.W., Room 509F, HHH Building, Washington, D.C. 20201-0004 (Telephone: 1-800-368-1019). There will be no retaliation for filing a complaint.

## 5. Examples of Disclosures for Treatment, Payment, and Health Operations

**We will use your health information for treatment.**

For example: Information obtained by a nurse, physician, or other member of the staff at UMS will be recorded in your record and used to determine the course of treatment that should be best for you. Your physician will document in your record his/her directions to your health care team. Members of our staff will then record the actions taken and their observations. In that way the physician will know how you are responding to treatment.

We will also provide your physician or a subsequent health care provider with copies of various reports that should assist him/her in treating you after you are treated or receive medical services from UMS.

**We will use your health information for payment.**

For example: A bill may be sent to you, to the University Business Office, or a third party payer (insurance company). The information on or accompanying the bill may include information that identifies you, as well as your diagnosis, procedures, and supplies used.

**We will use your health information for regular health operations.**

For example: Members of the UMS staff may use information in your health record to assess the care and outcomes in your case and others like it. This information will then be used in an effort to continually improve the quality and effectiveness of the health care and service we provide.

## 6. Other Uses or Disclosures

**Business Associates:** There are some services provided in our organization through contacts with business associates. Examples may include physicians with whom we contract for services at UMS, laboratories, and professional advisors (attorneys and accountants) performing services on behalf of UMS. When these services are contracted, we may disclose your health information to our business associates so that they can perform the job we've asked them to do and bill you or your third party payer for services rendered. So that your health information is protected, however, we require the business associate to appropriately safeguard your information.

**Directory:** Unless you notify us that you object, we may use your name and presence at UMS for directory purposes. This information may be provided to members of the clergy and, except for religious affiliation, to other people who ask for you by name.

**Notification:** We may use or disclose information to notify or assist in notifying a family member, personal representative, or another person responsible for your care, your location, and general condition.

**Communication with Family:** Health professionals, using their best judgement, may disclose to a family member, other relative, close personal friend, or any other person you identify, health information relevant to that person's involvement in your care or payment related to your care.

**Funeral Directors:** We may disclose health information to funeral directors consistent with applicable law to carry out their duties.

**Organ Procurement Organizations:** Consistent with applicable law, we may disclose health information to organ procurement organizations or other entities engaged in the procurement, banking, or transplantation of organs for the purpose of tissue donation and transplant.

**Food and Drug Administration (FDA):** We may disclose to the FDA health information relative to adverse events with respect to food, supplements, product and product defects, or post-marketing surveillance information to enable product recalls, repairs, or replacement.

**Workers' Compensation:** We may disclose health information to the extent authorized by and to the extent necessary to comply with laws relating to workers' compensation or other similar programs established by law.

**Public Health:** As required by law, we may disclose your health information to public health or legal authorities charged with preventing or controlling disease, injury, or disability.

**Correctional Institution:** Should you be an inmate of a correctional institution, we may disclose to the institution or agents thereof health information necessary for your health and the health and safety of other individuals.

**Law Enforcement:** We may disclose health information for law enforcement purposes as required by law or in response to a valid subpoena.

Federal law makes provision for your health information to be released to an appropriate health oversight agency, public health authority, or attorney, provided that a workforce member or business associate believes in good faith that we have engaged in unlawful conduct or have otherwise violated professional or clinical standards and are potentially endangering one or more patients, workers, or the public.

This notice is effective as of April 14, 2003.