

Student Health Service/ UIHC Privacy Notice:

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.

Our Legal Responsibility

As your health care provider, we are legally required to protect the privacy of your health information, and to provide you with this notice about our legal obligations and privacy practices.

Student Health Service is legally required to follow the privacy practices described in this notice. If you have any questions or want more information about this notice, please contact our Privacy Officer listed at the end of this notice.

Your Protected Health Information (PHI)

Throughout this notice we will refer to your protected health information as PHI. Your PHI includes data that identifies you and reports about the care and services you receive at the hospital, in the clinics, or at Student Health Service.

This notice applies to all of the records, both electronic and paper, about your care. It includes all information created by University of Iowa Health Care or Student Health Service staff. This staff includes physicians, other health care professionals, students, and other departmental staff.

This notice about our privacy practices explains how, when, and why we use and share your PHI. We may not use or disclose any more of your PHI than is necessary, with some exceptions. If state law is more protective of your privacy, we will follow state law.

Changes to This Notice

We reserve the right to change the terms of this notice and our privacy policies. Any changes will apply to your past, current, or future PHI. When we make an important change to our policies, we will change this notice and post a new notice on our Web site, www.uihealthcare.com/hipaa. You can also request a copy of our current notice at any time from the Student Health Service registration desk.

Uses of Protected Health Information

Student Health Service collects health information about you and stores it in a chart and on a computer. This is your medical record. The medical record is the property Student Health Service, but the information in the medical record belongs to you.

We use and disclose health information for many reasons. The following examples describe some of the categories of our uses and disclosures. Please note that not every use or disclosure in a category is listed.

- **Treatment.** We may use and disclose medical information about you to physicians, nurses, technicians, physicians in training, or other health care professionals who are involved with your care. For example, if you are being treated for a knee injury, we may disclose your PHI to the Department of Rehabilitation Therapies. Different health care professionals, such as pharmacists and lab technicians, also may share information

about you in order to coordinate your care. In addition, we may send information to the physician who referred you to University of Iowa Health Care.

- **Payment.** We may use and disclose your PHI in order to bill and collect payment for the treatment and services we provided to you. For example, we may provide PHI to an insurance company or other third party payer in order to obtain approval for treatment or admission to the hospital.
- If you are a University of Iowa student and incur a charge at Student Health Service, and you choose to place that charge on your University bill, the University of Iowa Business Office will receive notice that a visit occurred at Student Health Service and the charge for that visit.
- **Health care operations.** We may use and disclose your PHI as part of our routine operations. For example, we may use your PHI to evaluate the quality of health care services you received or to evaluate the performance of health care professionals who cared for you. We may also disclose information to physicians, nurses, technicians, medical students, nursing and other health professional students, and other hospital personnel as part of our educational mission.
- If you are a University of Iowa student, Student Health Service is responsible for tracking compliance with University of Iowa immunization requirements. This information is shared with the University of Iowa Office of the Registrar.
- **Appointment reminders and health-related benefits or services.** We may use your PHI to provide appointment reminders or give you information about treatment alternatives or other health care services.
- **Public health activities.** We report information about births, deaths, and various diseases to government officials in charge of collecting that information. We provide coroners, medical examiners, and funeral directors with information about an individual's death.
- **Law enforcement.** We may disclose PHI to government agencies and law enforcement personnel when the law requires it. For example, we report about victims of abuse, neglect, domestic violence, and gunshots, or when ordered to do so in judicial or administrative proceedings.
- **Health oversight activities.** We may disclose PHI to a health oversight agency for audits, investigations, inspections, and licensure, as authorized by law. For example, we may disclose PHI to the Food and Drug Administration, state Medicaid fraud control, or the Department of Health and Human Services Office for Civil Rights.
- **Research studies.** We may disclose your PHI to help conduct research. Research may involve finding a cure for an illness or helping to determine the effectiveness of a treatment. All research studies are subject to a specific approval process by a Privacy Board or Institutional Review Board. This process evaluates a proposed research study to determine that measures are in place to balance research needs with the need for the privacy of your health information. For some research activities you may be asked to participate in a study, and if you agree, the researcher will be required to obtain your permission to use your PHI for that study.

- **Workers' compensation purposes.** We may disclose PHI to your employer or your workers' compensation carrier.
- **National security and intelligence activities.** We may release PHI to authorized federal officials when required by law. This information may be used to protect the President, other authorized persons or foreign heads of state, to conduct special investigations, for intelligence and other national security activities authorized by law.

Uses and Disclosures for Which You Have the Opportunity to Object

- **Disclosures to family, friends, or others.** We may provide your PHI to a family member, friend, or other person you tell us is involved in your care or involved in the payment of your health care, unless you object in whole or in part. If you are unable to agree or object to such a disclosure, we may disclose such information as necessary if we determine that it is in your best interest.

Except as described above, all other uses and disclosures of your PHI will require your authorization.

Your Rights Regarding PHI

You have the right to:

- **Request Restrictions.** You have the right to ask that we limit how we use and disclose your PHI. We will consider your request, but we are not legally required to accept it. If we accept your request, we will honor that request except in emergency situations. You may not limit the uses and disclosures that we are legally required or allowed to make. To request a restriction, contact the Privacy Officer listed at the end of this notice.
- **Request Confidential Communications.** You have the right to ask that we send PHI to you at an alternate address. For example, you may wish to have appointment reminders and test results sent to a P.O. Box or an address different from your home address. We will accommodate reasonable requests. To make a request, contact Joint Office for Patient Financial Services listed at the end of this notice.
- **Inspect and Copy.** You have the right to inspect and obtain a copy of medical information that may be used to make decisions about your care. Usually this includes the medical record and billing records. To inspect and obtain a copy of your medical information, you must submit your request in writing to either:
 1. Release of Information
(for medical information) or
 2. Joint Office for Patient Financial Services (for billing)

Both are listed at the end of this notice.

We will make every effort to respond to your request within a reasonable period of time. You may be charged a fee to cover the costs of copying, mailing, or other supplies associated with your request.

- **Accounting of Disclosures.** You have the right to obtain a list of instances in which we have disclosed your PHI. Your request must state a time period not longer than six years and your request may not include dates before April 14, 2003. The list will not include uses or disclosures made for treatment, payment, or health care operations. In addition,

the list will not include uses or disclosures that you have specifically authorized in writing, such as, copies of records to your attorney or to your employer. To request an accounting of disclosures, contact the Privacy Officer listed at the end of this notice.

- **Amend.** You have the right to request an amendment of your PHI if you think that information is inaccurate or incomplete in your medical record or in a billing record. You may request an amendment for as long as that record is maintained. You may submit a written request for an amendment to either:
 1. Release of Information
(for amendment to your medical record) or
 2. Joint Office for Patient Financial Services
(for amendment to your billing record)

Both are listed at the end of this notice.

UI Health Care may deny your request for an amendment if:

- it is not in writing
 - it relates to information not created or produced by UI Health Care staff
 - we decide that the information is accurate and complete
- **Paper copy of this notice.** You have the right to request a paper copy of this notice. You may pick up a copy at any check-in point throughout the hospitals and clinics; at the registration desk; at Student Health Service; or request that a copy be sent to you. The notice also can be downloaded from www.uihealthcare.com/hipaa.

Revocation of Permission

If you provide us with permission to use or disclose medical information about you, you may revoke that permission at any time. To request revocation of permission, contact Release of Information listed at the end of this notice.

If you revoke your permission, we will no longer use or disclose medical information about you for the reasons covered by your written revocation. We are unable to take back any disclosures previously made with your permission. Also, we are required to keep all records of the care that we provided to you.

Complaints and Questions

If you believe your privacy rights have been violated, you may file a complaint with University of Iowa Health Care or with the Secretary of the U.S. Department of Health and Human Services.

To file a complaint with University of Iowa Health Care, contact the Patient Representative program at UI Hospitals and Clinics. The address and phone number are listed at the end of this notice. You may also contact the University of Iowa Health Care Privacy Officer at the address and phone number listed at the end of this notice. You will not be penalized for filing a complaint and your care will not be compromised.