

University Health Services NOTICE OF PRIVACY PRACTICES

As required by the Health Insurance Portability and Accountability Act (HIPAA) of 1996, this notice describes how health information about you may be used and disclosed. This information is not applicable to patient information covered under the Family Education Rights Act (FERPA) or that is specifically exempted from FERPA. Please read this carefully.

WHO WILL FOLLOW THIS NOTICE

University Health Services (hereinafter referred to as UHS) may use your health information for treatments, and/or payment as described in this notice. All employees of UHS follow these privacy policies.

ABOUT THIS NOTICE

This notice will tell you about the ways we may use and disclose health information about you. We also describe your rights and certain obligations we have regarding the use and disclosure of health information. We are required by law to:

- Make sure that health information that identifies you is kept private.
- Give you this notice of our legal duties and privacy practices with respect to your health information and,
- Follow the terms of the notice that is currently in effect.

HOW WE MAY USE AND DISCLOSE HEALTH INFORMATION ABOUT YOU

The following categories describe different ways that we use and disclose health information. For each category or uses or disclosures we will explain what we mean and give examples. Not every use or disclosure in a category will be listed. However, all of the ways we are permitted to use and disclose information will fall within one or more of the categories.

For Treatment: We may use health information about you to provide you with medical treatment or services. We may disclose health information about you to doctors, nurses, counselors, technicians or other UHS personnel who are involved in taking care of you.

- If you are being seen in the UHS Counseling Center and are receiving care by a medical provider here as well, health information may need to be shared to ensure that you are receiving appropriate integrated care. Departments within UHS may share health information about you to coordinate your care.
- We may need to provide information to your insurance company to obtain prior approval to determine whether your plan will cover your treatment.
- We may disclose health information about you to people outside of UHS involved in your health care with a signed authorization form from you.

Appointment Reminders: We may use and disclose health information about you to remind you that you have an appointment for treatment or services in the UHS.

Individuals Involved In Your Care: We may release health information about you to you or any other person identified on an authorization form completed by you.

As Required by Law: We will disclose health information about when required to do so by state or federal law.

To Avert a Serious Threat to Health or Safety: We may use and disclose your health information to prevent a serious threat to your health or safety or the health and safety of the public or another person when, in our judgment, such a threat exists. Any disclosure would be only to someone able to help prevent the threat or resolve the crisis that contributes to an unsafe situation.

Military and Veterans: If you are a member of the armed forces of the United States or another country we may release health information about you as required by military command authorities.

Workers Compensation: We may disclose health information about you for workers compensation or similar programs. These programs provide benefits for work-related injuries or illness.

Public Health Risks: We may disclose to authorized public health or government officials, health information about you for public health activities. These activities generally include the following:

- To the Food and Drug Administration (FDA) for purposes related to the quality, safety or effectiveness of an FDA-regulated product or service.
- To prevent or control disease, injury or disability.
- To report disease or injury; to report births or deaths
- To report child abuse or neglect
- To report reactions to medications and food problems with products
- To notify people of recalls or replacement of products they may be using
- To notify a person who may have been exposed to a disease or may be at risk for contracting or spreading disease or condition
- To notify the appropriate government authority if we believe a patient has been the victim of abuse, neglect or domestic violence. We will only make the disclosure if you agree or when required by authorized law.

Health Oversight Activities: We may disclose health information to a health oversight agency for activities authorized by law. These oversight activities include, for example, audits, investigations, inspections, and licensure. These activities are necessary to monitor health care systems, government programs and compliance with civil right laws.

Lawsuits and Disputes: If you are involved in a lawsuit or a dispute, we may disclose health information about you in response to a court or administrative order. We may also disclose health information about you in response to a subpoena, discovery request, or other legal demand 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.

Law Enforcement: We may disclose health information if asked to do so by a law enforcement official:

- In response to a court order, subpoena, warrant, summons or similar process.
- To identify or locate a suspect, fugitive, material witness, or missing person
- About the victim of a crime, if under certain circumstances, the person is unable to give consent.
- About a death we believe may be the result of criminal conduct.
- About criminal conduct relative to UHS operations.
- In emergency circumstances to report a crime, location of a crime or victims, or the identity, description or location of the person who committed the crime.
- To authorized federal officials so they may provide protection for the President and other authorized persons or to conduct special investigations.

Coroners, Medical Examiners and Funeral Directors: We may disclose health information to a coroner or medical examiner. This may be necessary, for example, to identify a deceased person or determine the cause of death. We may also obtain disclose health information to funeral directors as they carry out their duties.

National Security and Intelligence Activities: We may disclose health information about you to authorized federal officials for intelligence, counterintelligence, and other national security activities authorized by law.

In Legal Custody: If you are an inmate of a correctional institution or under custody of law enforcement officials, we may disclose health information about you to the correction institution or law enforcement official.

Other Uses of Health Information: Other uses and disclosures of health information not covered by this Notice or the laws that apply to us will be made with your written authorization. You revoke such an authorization by writing to the Privacy Officer, and such revocation will be effective to the extent that we have not already released the information pursuant to the authorization or otherwise taken action based on the authorization.

YOUR RIGHTS REGARDING MEDICAL INFORMATION ABOUT YOU

You have the following rights regarding health information we maintain about you:

Right to Inspect and Copy: You have the right to inspect and copy health information that may be used to make decisions about your care. Usually, this includes medical and billing records. This right does not include psychotherapy notes; information compiled for use in a legal proceeding, or certain information subject to the Clinical Laboratory Improvement Act (ACT) Amendments of 1988.

In order to inspect and copy health information that may be used to make decisions about you, you must submit your request in writing to the Privacy Officer at UHS, University of Massachusetts Boston, 100 Morrissey Blvd., Boston, MA 02125. If you request a copy of the information, we may charge a fee for the cost of copying, mailing or other supplies associated with your request.

We may deny your request to inspect and copy in certain limited circumstances. If you are denied access to health information, you may be request in writing that the denial be reviewed. A licensed healthcare professional will review your request and the denial. The reviewer will not be the person who denied your request. We will comply with the outcome of the review.

Right to Amend: If you think your health information is incorrectly recorded or incomplete, you may ask us to amend the information. The right to amend does not mean the right to obliterate or totally remove documentation from the record. Rather it is an opportunity to “append” a statement of correction or clarification to the record and to know that when the original statement is used or disclosed, the new “corrective” or “clarified” statement will accompany any released copies. You have the right to request an amendment for as long as the information is maintained by UHS.

To request an amendment, your request must be made in writing and submitted to the Privacy Officer at UHS. In addition, You must give a reason that supports your request. We may deny your request for an amendment if it is not in writing or does not include a reason to support the request. In addition, we may deny your request if you ask us to amend information that:

- Was not created by us, unless the person or entity that created the information is no longer available to make the amendment.
- Is not part of the health information kept by or for UHS.
- Is not part of the information that you would be permitted to inspect and copy.
- Is not accurate and complete.

We will provide you of written notice of action we take in response to your request for an amendment.

Right to an Accounting of Disclosure: You have the right to request an “accounting of disclosure”. This is a list of certain disclosures we made of your health information. The accounting will include:

- The date of the disclosure
- The name of the entity or person who received the health information and, if known, the address of such entity or person.
- A brief description of the health information disclosed.
- A brief statement of the purpose of the disclosure or a copy of their authorization.

We are not required to account for any disclosures made to you or for disclosures related to treatment, payment, healthcare operations, or made pursuant to an authorization signed by you.

To request an accounting of disclosures, you must submit your request in writing to the Privacy Officer. Your request must state a time period, which may not be longer than six years and may not include dates before April 10, 2006 (the effective date of this Privacy Notice). Your request should indicate on what form you want the list (for example, on paper or electronically). The first list you request within a 12-month period will be free. For additional lists, we may charge you the cost of providing the list. We will notify you of the costs involved and you may choose to withdraw or modify your request at that time before any costs are incurred.

Right to Request Restrictions: You have the right to request a restriction or limitation on the health information we use to disclose about you for treatment, payment, etc. You also have the right to request a limit on the health information we disclose about you to someone who is involved in your care or the payment of your care, such as a family member or friend. To request restrictions, you must make your request in writing to the Privacy Officer. In your request, you must tell us:

- What information you want to limit
- Whether you want to limit our use, disclosure or both
- To whom you want limits to apply, i.e., disclosure to parents.

We are not required to agree to your request. If we agree, we will comply with your request unless the information is needed to provide you emergency treatment.

Right to Request Confidential Communications: You have the right to request that we communicate with you about health matters in a certain way or at a certain location. For example, you can ask that we only contact you at work or by mail. To request confidential communications, you must make your request in writing to the UHS Privacy Officer. Your request must specify how or where you wish to be contacted. We will not ask you for the reason for your request. We will attempt to accommodate reasonable requests.

Right to a Paper Copy of This Notice: You have a right to a paper copy of this notice. You may ask us to give you a copy of this notice at any time. Even if you have agreed to receive this notice electronically, you are still entitled to a paper copy of this notice.

To obtain a paper copy of this notice you must contact the UHS Privacy Officer.

CHANGES TO THIS NOTICE

We reserve the right to change this Notice. We reserve the right to make the revised or changed Notice effective for health information about you we already have as well as any information we receive in the future. The current Notice in effect at any time will be posted on our website at <http://www.healthservices.umb.edu/> and will also be available at UHS.

COMPLAINTS

If you believe your privacy rights have been violated, you may file a complaint with UHS’ Privacy Officer or with the Asst. to the Executive Director, UHS. To file a complaint with UHS, please call or write to the Privacy Officer at the address listed at the end of this Notice. You will not be penalized for filing a complaint.

QUESTIONS

If you have a question about the Privacy Notice, please contact:

Privacy Officer
University Health Services
University of Massachusetts Boston
100 Morrissey Blvd.
Boston, MA 02125-3393
(617) 287-5679

EFFECTIVE DATE: April 10, 2006