

# NOTICE OF PRIVACY PRACTICES

***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.***

The effective date of this Notice of Privacy Practices (the "Notice") of University Health Services ("UHS") is April 14, 2003, as amended February 17, 2010.

University Health Services is required by law to provide notice to you of our duties and privacy practices with respect to your PHI, and is doing so through this Notice. This Notice describes the different ways in which we may use and disclose PHI.

University Health Services is distributing this Notice, and will distribute any revisions, only to Covered Individuals, and authorized representatives, if any.

Please note that this Notice applies only to your PHI that University Health Services maintains. It does not affect your doctor's or other health care provider's privacy practices with respect to your PHI that they maintain.

## **Receipt of Your PHI by Business Associates:**

UHS may disclose your PHI to, and allow use and disclosure of your PHI by Business Associates without obtaining your authorization.

**Business Associates:** We require all Business Associates to agree in writing that they will protect your PHI against inappropriate use or disclosure, and will require their subcontractors and agents to do so, too.

## **How UHS May Use or Disclose Your PHI:**

We may use and disclose your PHI for the following purposes without obtaining your authorization.

**Your Health Care Treatment:** We may disclose your PHI for treatment (as defined in applicable federal rules) activities of a health care provider.

*Example: Your doctor requests information from us.*

**Making or Obtaining Payment for Health Care or Coverage:** We may use or disclose your PHI for payment (as defined in applicable federal rules) activities, including making payment to or collecting payment from third-parties, such as health care providers and health plans.

We may use or disclose your PHI for payment purposes which may include uses and disclosures for the following purposes, among others.

- Claims management, and related health care data processing
- Reviewing health care services to determine medical necessity, coverage, appropriateness of care, or justification of charges
- Utilization review activities, including pre-certification and preauthorization of services, concurrent and retrospective review of services

**Health Care Operations:** We may use and disclose your PHI for health care operations (as defined in applicable federal rules) which includes a variety of facilitating activities.

Our use and disclosure of your PHI for health care operations purposes may include uses and disclosures for the following purposes.

- Quality assessment and improvement activities
- Contacting health care providers with information about treatment alternatives

**Limited Data Set:** We may disclose a limited data set to a recipient who agrees in writing that the recipient will protect the limited data set against inappropriate use or disclosure. A limited data set is health information about you and/or others that omits your name and Social Security Number and certain other identifying information.

**Legally Required:** We will use or disclose your PHI to the extent required to do so by applicable law. This may include disclosing your PHI in compliance with a court order, or a subpoena or summons. In addition, we must allow the Department of Health and Human Services to audit our records.

**Health or Safety:** When consistent with applicable law and standards of ethical conduct, we may disclose your PHI if we, in good faith, believe that such disclosure is necessary to prevent or lessen a serious and imminent threat to your health or the health and safety of others.

**Law Enforcement:** We may disclose your PHI for limited law enforcement purposes.

**Lawsuits and Disputes:** In addition to disclosures required by law in response to court orders, we may disclose your PHI in response to a subpoena, discovery request or other lawful process, but only if certain efforts have been made to notify you of the subpoena, discovery request or other lawful process or to obtain an order protecting the information to be disclosed.

**Workers' Compensation:** We may use and disclose your PHI when authorized by and to the extent necessary to comply with laws related to workers' compensation or other similar programs.

**Emergency Situation:** We may disclose your PHI to a family member, friend, or other person, for the purpose of helping you with your health care or payment for your health care, if you are in an emergency medical situation and you have not designated an authorized representative.

**Personal Representatives:** We will disclose your PHI to your personal or authorized representatives appointed by you or designated by applicable law (a parent acting for a minor child, or a guardian appointed for an incapacitated adult, for example).

**Public Health:** To the extent that other applicable law does not prohibit such disclosures, we may disclose your PHI for purposes of certain public health activities, including, for example, reporting information related to an FDA-regulated product's quality, safety or effectiveness to a person subject to FDA jurisdiction.

**Health Oversight Activities:** We may disclose your PHI to a public health oversight agency for authorized activities, including audits, civil, administrative or criminal investigations; inspections; licensure or disciplinary actions.

**Coroner, Medical Examiner:** We may disclose your PHI to a coroner or medical examiner for the purposes of identifying a deceased person, determining a cause of death or other duties as authorized by law.

**Organ Donation:** We may use or disclose your PHI to assist entities engaged in the procurement, banking, or transplantation of cadaver organs, eyes, or tissue.

**Specified Government Functions:** In specified circumstances, federal regulations may require us to use or disclose your PHI to facilitate specified government functions related to the military and veterans, national security and intelligence activities, protective services for the president and others, and correctional institutions and inmates.

**Authorization to Use or Disclose Your PHI:**

Except as stated above, we will not use or disclose your PHI unless we have received written authorization from you. If you authorize us to use or disclose your PHI, you may revoke that authorization in writing at any time, by sending notice of your revocation to the contact person named at the end of this Notice. To the extent that we have taken action in reliance on your authorization (entered into an agreement to provide your PHI to a third-party, for example) you cannot revoke your authorization.

You should note that we may contact you about treatment alternatives or other health-related benefits and services that may be of interest to you.

**Your Rights With Respect to Your PHI:**

**Confidential Communication by Alternative Means:** If you feel that disclosure of your PHI could endanger you, we will accommodate a reasonable request to communicate with you by alternative means or at alternative locations. For example, you might request that we communicate with you only at a particular address. If you wish to request confidential communications, you must make your request in writing to the contact person named at the end of this Notice. You do not need to state the specific reason that you feel disclosure of your PHI might endanger you in making the request, but you do need to state whether that is the case. Your request also must specify in writing how or where you wish to be contacted.

**Request Restriction On Certain Uses and Disclosures:** You may request us to restrict the uses and disclosures of your PHI. You should not assume that we have accepted a requested restriction until we confirm our agreement to that restriction in writing.

**Paper Copy of This Notice:** You have a right to request and receive a paper copy of this Notice at any time, even if you received this Notice previously, or have agreed to receive this Notice electronically. To obtain a paper copy please call or write the contact person named at the end of this Notice.

**Right to Access Your PHI:** You have a right to access your PHI and case management records, or other records used by us to make decisions about you, in order to inspect it and obtain a copy of it. This applies to PHI that is maintained in traditional medical records and to electronic copies. Your request for access to this PHI should be made in writing to the contact person named at the end of this Notice. If access is denied, you will be provided with a written notice of the denial, a description of how you may exercise any review rights you might have, and a description of how you may complain to us or the Secretary of Health and Human Services. If you request a copy of your PHI, we may charge a reasonable fee for copying and, if applicable, postage associated with your request.

**Right to Amend:** You have the right to request amendments to your PHI in our records if you believe that it is incomplete or inaccurate. A request for amendment of PHI must be made in writing to the contact person named at the end of this Notice. We may deny the request if it does not include a reason to support the amendment. If we deny your request for an amendment to your PHI, we will notify you of our decision in writing, providing the basis for the denial, information about how you can include information on your requested amendment in our records, and a description of how you may complain to the Secretary of Health and Human Services.

**Accounting:** You have the right to receive an accounting of certain disclosures made of your health information. If PHI is maintained in an electronic medical record, you have a right to receive an accounting for disclosures that occurred prior to three years from the date of your written request.<sup>1</sup> To request an accounting of disclosures of your PHI, you must submit your request in writing to the contact person named at the end of this Notice. Your request must state a time period which may not be longer

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<sup>1</sup> The right to request an accounting of disclosures from electronic medical records becomes effective on January 1, 2014, for electronic medical records created prior to January 1, 2009. The right to request an accounting of disclosures from electronic medical records becomes effective on January 1, 2011 for electronic medical records created after January 1, 2009.

than six years and may not include dates before April 14, 2003. Your request should indicate in what form you want the accounting to be provided (for example on paper or electronically). The first list you request within a 12-month period will be free. If you request more than one accounting within a 12-month period, we will charge a reasonable, cost-based fee for each subsequent accounting.

**Personal Representatives:** You may exercise your rights through a personal representative. Your personal representative will be required to produce evidence of his/her authority to act on your behalf before that person will be given access to your PHI or allowed to take any action for you. We retain discretion to deny a personal representative access to your PHI to the extent permissible under applicable law.

**Right to a Notice of a Breach of Unsecured PHI.** In the event that there is a breach or unauthorized acquisition, access, use or disclosure of your PHI, which compromises the security or privacy of such PHI and which may lead to significant financial, reputational or other harm to you, we are required to notify you and the Department of Health and Human Services. Within 60 days of the discovery of a breach, we will provide notice via first class mail to your last known address, unless you have requested an alternative means of communication. We will describe what happened and the date of the breach, a description of the information involved in the breach, the steps you should take to protect yourself, and a description of our investigation and mitigation efforts. However, our obligation to notify you does not apply in certain circumstances where the breach was unintentional or inadvertent by an authorized person or business associate and not further used or disclosed, or where an unauthorized person to whom the information was disclosed would not reasonably be able to retain the information. We will also provide you with contact information so that you can reach us.

## Complaints

If you believe that your privacy rights have been violated, you have the right to express complaints to us and to the Secretary of the Department of Health and Human Services. Complaints should be made in writing to the contact person named at the end of this Notice. We encourage you to express any concerns you may have regarding the privacy of your information. You will not be retaliated against in any way for filing a complaint.

### Contact Information

University Health Services has designated EMU's Privacy Officer for all issues regarding our privacy practices and your privacy rights.

Mail: Privacy Officer  
Eastern Michigan University  
University Health Services  
Ypsilanti, Michigan 48197

Email: [HIPPA\\_Privacy\\_Director@emich.edu](mailto:HIPPA_Privacy_Director@emich.edu)