

**NOTICE OF PRIVACY PRACTICES
UNIVERSITY OF TEXAS AT AUSTIN
UNIVERSITY HEALTH SERVICES**

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.

HIPAA PRIVACY RULES REQUIRE THAT WE FURNISH YOU WITH THIS NOTICE.

- I. **Purpose:** University Health Services and its professional staff, employees, and volunteers follow the privacy practices described in this Notice. UHS maintains your medical information in records that will be maintained in a confidential manner, as required by law. However, UHS must use and disclose your medical information to the extent necessary to provide you with quality health care. To do this, UHS must share your medical information as necessary for treatment, payment, and health care operations.
- II. **What Are Treatment, Payment, and Health Care Operations?** Treatment includes sharing information among health care providers involved in your care. For example, your physician may share information about your condition with the pharmacist to discuss appropriate medication, or with radiologist or other consultants in order to make a diagnosis. UHS may use your medical information as required by your insurer to obtain payment for your treatment. We also may use and disclose your medical information to improve the quality of care, e.g., for review and training purposes.
- III. **What Are Other Ways UHS May Use Your Medical Information?** Your medical information may be used, unless you ask for restrictions on a specific use of disclosure for the following purposes:
- Appointment reminders.
 - To inform you of treatment alternatives or benefits or services related to your health. (You will have an opportunity to refuse to receive this information.)
 - To carry out health care treatment, payment, and operations functions through business associates, e.g., to install a new computer system.
 - Worker's Compensation. (Your medical information regarding benefits for work-related illnesses may be released as appropriate.)
 - Health oversight activities, e.g., audits, inspections, investigations, and licensure.
 - Certain research projects.
 - To prevent a serious threat to health or safety.
 - Law enforcement (e.g., in response to a court order or other legal process; to identify or locate an individual being sought by authorities; about the victim of a crime under restricted circumstances; about a death that may be the results of criminal conduct; circumstances relating to reporting information about a crime.)
 - Disaster relief agency if injured in a disaster.
 - National security and intelligence activities.
 - Protection of the President or other authorized persons for foreign heads of state, or to conduct special investigations.
 - Lawsuits and disputes. (We will attempt to provide you advance notice of a subpoena before disclosing the information.)
 - As required by law.
- IV. **Your Authorization Is Required for Other Disclosures.** Except as described above, we will not use or disclose your medical information unless you authorize (permit) UHS in writing to disclose your information. You may revoke your permission, which will be effective only after the date of your written revocation.
- V. **You Have Rights Regarding Your Medical Information.** You have the following rights regarding your medical information, provided that you make a written request to invoke the right on the form provided by UHS.
- **Right to request restrictions.** You may request limitations on your medical information we use or disclose for health care treatment, payment, or operations (e.g., you may ask us not to disclose that you have had a particular surgery), but 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 with emergency services.
 - **Right to confidential communications.** You may request communication in a certain way or at a certain location, but you must specify how or where you wish be contacted.
 - **Right to inspect and request a copy.** You have the right to inspect and request a copy your medical information regarding decisions about your care. We charge a fee for copying, mailing, and supplies. Under limited circumstances, your request may be denied; you may request review of the denial by another licensed health care professional chosen by UHS. UHS will comply with the outcome of the review.
 - **Right to request amendment.** If you believe that the medical information we have about you is incorrect or incomplete, you may request an amendment on the form provided by UHS, which requires certain specific information. UHS is not required to accept the amendment.
 - **Right to accounting disclosures.** You may request list of the disclosures of your medical information that have been made to persons or entities other than for health care treatment payment or operations in the past six (6) years, but not prior to April 14, 2003. After the first request, there will be a charge.
 - **Right to copy of this Notice.** You may request a paper copy of this Notice at any time, even if you have been provided with an electronic copy. You may obtain an electronic copy of this Notice at our web site, <http://www.utexas.edu/student/health/>.
- VI. **Requirements Regarding This Notice.** UHS is required by law to provide you with this Notice. We will be governed by this Notice for as long as it is in effect. UHS may change this Notice and these changes will be effective for medical information we have about you as well as any information we receive in the future. Each time you register at UHS for health care services, you may receive a copy of the Notice in effect at the time.
- VII. **Complaints.** If you believe your privacy rights have been violated, you may file a complaint with UHS or with the Secretary of the United States Department of Health and Human Services. You will not be penalized or retaliated against in any way for making a complaint to UHS or the Department of Health and Human Services.
- Contact: Call the UHS HIM Administrator at (512) 475-8432 if:**
- **You have a complaint.**
 - **You have any questions about this Notice.**
 - **You wish to request restrictions on uses and disclosures for health care treatment, payment, or operations.**
 - **You wish to obtain a form to exercise your individual rights described in paragraph V.**