

UNIVERSITY OF VERMONT (“UVM”)
Authorization to Use or Disclose Protected Health Information
For Treatment, Payment, Health Care Operations and Other Limited Purposes

I understand that as part of my healthcare, The University of Vermont (“UVM”), and more specifically its health care services and clinic where I obtained medical care, at the Eleanor M. Luse Center for Communication, creates, receives and maintains personally identifiable health records about me that describe my health history, symptoms, examination and test results, diagnoses, treatment and any plans for future care or treatment (this information is referred to as “**protected health information**” or “**PHI**”).

I also understand that a federal law known as **HIPAA** (the Health Insurance Portability and Accountability Act of 1996) protects the privacy and confidentiality of my PHI. I understand that UVM is permitted under HIPAA to use and disclose my PHI without my consent or authorization, for certain specific purposes like treatment, payment and health care operations as well for certain other limited purposes specified in HIPAA. I further understand that there is a state law (12 V.S.A. § 1612: Patient's Privilege) which requires that UVM obtain my written agreement to a partial and limited waiver of my rights. This waiver will allow UVM to make disclosures of my PHI, without my specific authorization on each occasion, for the specific and limited purposes (described below) of treatment, payment health care operations and other limited purposes specified by HIPAA.

- **Treatment** means the provision, coordination, or management of health care and related services by one or more health care providers.
- **Payment** means the activities undertaken by a health care provider or health plan to obtain or provide reimbursement for the provision of health care.
- **Health care operations** means conducting quality assessment and improvement activities; reviewing the competence or qualifications of health care professionals; underwriting, premium rating, and other activities related to health insurance contracts; medical reviews; legal services; auditing functions; and business management and general administrative activities of UVM. One element of our Health Care Operation is the training of students, which involves student observation of services and the video and audio taping of services. These teaching activities will take place during your visits to optimize your service delivery and the training received by the clinician(s).
- **Other limited purposes** means all of the other purposes for which UVM would be allowed or may be required under HIPAA to use or disclose my PHI without my specific authorizations, and it includes purposes such as public health investigations and health and safety emergencies.

I also understand that the ways in which UVM is permitted to use and disclose PHI about me under HIPAA are more specifically described in the Notice of Privacy Practices (“NPP”) provided to me at or about the time I first received care here. An additional copy of that NPP will be provided to me at any time upon my request.

Name of patient _____ Date of Birth _____
(Please Print)

Signature of Person Authorizing Consent Relationship to patient

Date _____

July 2015