

NOTICE OF PRIVACY PRACTICES

UNIVERSITY OF VERMONT

THIS NOTICE DESCRIBES HOW MEDICAL INFORMATION ABOUT YOU MAY BE USED AND DISCLOSED BY UVM AND WHAT RIGHTS YOU HAVE CONCERNING THAT INFORMATION, INCLUDING YOUR RIGHTS OF ACCESS. PLEASE REVIEW IT CAREFULLY.

Important Note: This Notice does not apply to you if you are a UVM student. If you are a UVM student, a different federal law pertaining to student records, as well as Vermont statutory law, governs your medical information.

Effective: April 13, 2003, as amended June 1, 2006 and September 23, 2013

If you have any questions or requests, please contact any of the persons listed at the end of this Notice.

The University of Vermont is committed to preserving the privacy of your health information. We are required by HIPAA (the Health Insurance Portability and Accountability Act of 1996), to ensure the privacy of your **protected health information (“PHI”)**, and to provide you with this notice regarding our duties and your rights with respect to that information. PHI includes information that we have created or received about your past, present or future health condition(s), health care we provide to you, and payment for your health care. This notice applies to all of the paper and electronic records maintained by us regarding health care services you receive at the E.M. Luse Center. This notice describes what HIPAA mandates and authorizes with respect to how we must protect the privacy of your information, when and under what conditions we may use or disclose your information for various purposes and what rights you have with respect to your information.

This Notice describes the types of uses and disclosures that we may make and gives you some examples. In addition, we may make other uses and disclosures that occur as a byproduct of the permitted uses and disclosures described in this Notice. If we participate in an “organized health care arrangement” (as described in Section 3 below), the providers participating in the “organized health care arrangement” will share PHI with each other, as necessary to carry out treatment, payment or health care operations (defined below) relating to the “organized health care arrangement”.

We are required to follow the procedures in this Notice. We reserve the right to change the terms of this Notice and to make new notice provisions effective for all PHI that we maintain by first:

- Posting the revised notice in our offices;
- Making copies of the revised notice available upon request (either at our offices or through the contact person listed in this Notice); and
- Posting the revised notice on our website.

Ways We May Use and Disclose Your PHI Without Written Permission

We may use and disclose your PHI for routine situations: to provide treatment; for payment; for health care operations, as defined below.

1. Health Care Treatment.

We may use and share your PHI to provide, coordinate or manage your health care and related services. For example, we may use and disclose PHI about you when you need a prescription, lab work, an x-ray, or other health care services. We may disclose information about you to doctors, nurses, technicians, residents, student or other staff responsible for your care. For example: If you are referred to another doctor, that doctor will need to know if you are allergic to any medications. Similarly, your doctor may share PHI about you with a pharmacy when calling in a prescription.

2. Payment.

We may use and share your PHI to bill and collect payment for the treatment and services provided to you. PHI may be shared for purposes of payment with an insurance company, a billing department, or a third party, including a collection agency or an individual you designate as being primarily responsible for paying for your treatment. For example: We may give your health plan(s) and our billing department information about your condition, supplies used and services you receive (such as x-rays or surgery) so we can be paid or you can be reimbursed. This information may be given prior to service to obtain approval or coverage for the proposed service(s).

3. Health care operations.

We may use and disclose PHI in performing “health care operations” which allow us to improve the quality of care we provide and reduce health care costs. For example, we may use or disclose PHI about you to review the effectiveness of treatment and services; to evaluate the skills, qualification and performance of our staff, students or trainees involved in your care; or to make improvements in our care and services or to resolve any complaint you may have. We may also disclose PHI for the “health care operations” of any “organized health care arrangement” in which we participate or other providers involved in your care. An example of an “organized health care arrangement” is the care provided by a hospital and the physicians who see patients at the hospital. When we do disclose your PHI, we will provide only the “minimum necessary” information to accomplish the task.

We may also use and disclose PHI without your authorization or an opportunity to agree or object in the following circumstances:

1. *When law requires the use and/or disclosure.* For example: When federal, state or local law or other judicial or administrative proceeding requires a disclosure.
2. *When the use and/or disclosure is necessary for public health activities.* For example: We may disclose PHI about you if you have been exposed to a communicable disease or may otherwise be at risk of contracting or spreading a disease or condition.
3. *When the disclosure relates to victims of abuse, neglect or domestic violence.*
4. *When the use and/or disclosure is for health oversight activities.* For example: We may disclose PHI about you to a state or federal health oversight agency that is authorized by law to oversee our operations.
5. *When the disclosure is for judicial and administrative proceedings.* For example: We may disclose PHI about you in response to an order of a court or administrative tribunal.

6. *When the disclosure is for law enforcement purposes.* For example: We may disclose PHI about you in order to comply with laws that require the reporting of certain types of wounds or other physical injuries.
7. *When the use and/or disclosure relates to decedents.* For example: We may disclose PHI about you to a coroner or medical examiner for the purposes of identifying you should you die.
8. *When the use and/or disclosure relates to organ, eye or tissue donation purposes.*
9. *When the use and/or disclosure relates to medical research.* Under certain circumstances, we may disclose PHI about you for medical research (but usually a written authorization must be obtained from you for this purpose).
10. *When the use and/or disclosure is to avert a serious threat to health or safety.* For example: We may disclose PHI about you to prevent or lessen a serious and imminent threat to the health or safety of a person or the public.
11. *When the use and/or disclosure relates to specialized government functions.* For example: We may disclose PHI about you if it relates to military and veterans' activities, national security and intelligence activities, protective services for the President, and medical suitability or determinations of the Department of State.
12. *When the use and/or disclosure relates to correctional institutions and in other law enforcement custodial situations.* For example: In certain circumstances, we may disclose PHI about you to a correctional institution having lawful custody of you.

Unless you object, we may use or disclose PHI about you in the following circumstances:

1. We may share your name, your room number, and your general condition (critical, serious, etc.) in our patient listing, with clergy and with people who ask for you by name. We also may share your religious affiliation with clergy.
2. We may share with a family member, relative, friend or other person identified by you, PHI directly related to that person's involvement in your care or payment for your care. We may share with a family member, personal representative or other person responsible for your care PHI necessary to notify such individuals of your location, general condition or death.
3. We may share with a public or private agency (for example, American Red Cross) PHI about you for disaster relief purposes. Even if you object, we may still share the PHI about you, if necessary for the emergency circumstances.
4. We may contact you to provide appointment reminders.
5. We may contact you with information about treatment, services, products or health care providers. This may include telling you about treatments, services, products and/or other healthcare providers. We may also use and/or disclose PHI to give you gifts of a small value. For example, if you are diagnosed with diabetes, we may tell you about nutritional and other counseling services that may be of interest to you.
6. We may contact you for fundraising activities. We would only release contact information (name, address and phone number) and the year(s) you received treatment or services at our facility. If we do contact you for fundraising purposes, you will be provided the opportunity to opt out of future communications.

If you would like to object to our use or disclosure of PHI about you in the above circumstances, please call or write to our contact person listed on the cover page of this Notice.

**** ANY OTHER USE OR DISCLOSURE OF PHI
ABOUT YOU REQUIRES YOUR WRITTEN AUTHORIZATION ****

Under any circumstances other than those listed above, we will ask for your written authorization before we use or disclose PHI about you. If you sign a written authorization allowing us to disclose PHI about you in a specific situation, you can later cancel your authorization in writing by contacting the clinic where you have received care. If you cancel your authorization in writing, we will not disclose PHI about you after we receive your cancellation, except for disclosures that were being processed before we received your cancellation.

Below are a few examples of other uses or disclosures of PHI that would require your written authorization:

1. Use or disclosures of Psychotherapy notes, if these notes are recorded by the clinic where you received care.
2. Uses or disclosures of PHI for marketing purposes, including communications for subsidized treatments.
3. Disclosures that would be regarded as a sale of PHI.

You Have Several Rights Regarding PHI About You

1. **You have a right receive notice of a breach of your PHI.** You have a right to be provided notice of any known impermissible use or disclosure of your PHI unless we are able to demonstrate that there is a low probability that the PHI has been compromised
2. **You have the right to request restrictions on uses and disclosures of PHI about you.** You have the right to request that we restrict the use and disclosure of PHI about you. We may choose not to comply with a restriction request, unless you have paid for the services out-of-pocket, in full and you request that we not disclose your PHI related to the services to a health plan. Your restriction request must be made in writing to the HIPPA Coordinator as listed at the bottom of this notice and must include (1) the information to be restricted, (2) the type of restriction (i.e. use or disclosure, or both), and (3) to whom the limits should apply. However, even if we agree to any request beyond the above listed circumstance as permitted by law, in certain situations your restrictions may not be followed. These situations include emergency treatment, disclosures to the Secretary of the Department of Health and Human Services, and uses and disclosures described above related to disclosures we may make without your authorization or opportunity to object. You may request a restriction by contacting the clinic where you have received care.
3. **You have the right to request confidential communication.** You have the right to request how and where we contact you about PHI. For example, you may request that we contact you at your work address or phone number or by email. Your request must be in writing to the clinic where you have received care. We must accommodate reasonable requests, but, when appropriate, may condition that accommodation on your providing us with information regarding how payment, if any, will be handled and your specification of an alternative address or other method of contact.

4. **You have the right to see and copy PHI about you.** You have the right to request to see and receive a copy of PHI contained in clinical, billing and other records used to make decisions about you. This right extends to electronic PHI (ePHI) if records are maintained in electronic form and are readily producible. If PHI is in an electronic record, you may request that the PHI be sent to you by electronic mail (“e-mail”). However, sending PHI via e-mail includes some risk of breach and if you request e-PHI to be sent via e-mail, you acknowledge and accept that risk. Your request must be in writing to the clinic where you have received care. We may charge you related fees. Instead of providing you with a full copy of the PHI, we may give you a summary or explanation of the PHI about you, if you agree in advance to the form and cost of the summary or explanation. There are certain situations in which we are not required to comply with your request. Under these circumstances, we will respond to you in writing, stating why we will not grant your request and describing any rights you may have to request a review of our denial.

5. **You have the right to request amendment of PHI about you.** You have the right to request that we make amendments to clinical, billing and other records used to make decisions about you. Your request must be in writing to the clinic where you have received care and must explain your reason(s) for the amendment. We may deny your request if: 1) the information was not created by us (unless you prove the creator of the information is no longer available to amend the record); 2) the information is not part of the records used to make decisions about you; 3) we believe the information is correct and complete; or 4) you would not have the right to see and copy the record as described in paragraph 3 above. We will tell you in writing the reasons for the denial and describe your rights to give us a written statement disagreeing with the denial. If we accept your request to amend the information, we will make reasonable efforts to inform others of the amendment, including persons you name who have received PHI about you and who need the amendment.

6. **You have the right to a listing of disclosures we have made.** You have a right to an “accounting of disclosures” of your PHI. The request must be made in writing to the contact person and must state the period of time for which you request the listing, which may not be more than six years. We are required to provide a listing of all disclosures except for the following disclosures: those made prior to April 13, 2003; for your treatment; for billing and collection; for health care operations; those specifically authorized by you; those occurring as a byproduct of permitted uses and disclosures; those made to individuals involved in your care, for directory or notification or those made for disaster relief purposes; those allowed by law and related to certain specialized government functions; those made as part of a set of information which does not contain identifying information about you.

The list will include the date of the disclosure, the name (and address, if available) of the person or organization receiving the information, a brief description of the information disclosed, and the purpose of the disclosure. If, under permitted circumstances, PHI about you has been disclosed for certain types of research projects, the list may include different types of information.

If you request a list of disclosures more than once in 12 months, we can charge you a reasonable fee.

7. **You have the right to a copy of this Notice.** You have the right to request a paper copy of this Notice at any time by contacting the clinic where you have received care. We will provide a copy of this Notice no later than the date you first receive service from us (except for emergency services, and then we will provide the Notice to you as soon as possible).

You May File A Complaint About Our Privacy Practices

If you have any questions or if you think we have violated your privacy rights, or you want to complain to us about our privacy practices, you can contact the persons listed below:

HIPAA Coordinator
UVM – Luse Center
Pomeroy Hall
University of Vermont
489 S, Main
Burlington, VT 05405
Tel 802-656-3861

You may also send a written complaint to the United States Secretary of the Department of Health and Human Services.

If you file a complaint, we will not take any action against you or change our treatment of you in any way.