

**UNIVERSITY HEALTH CENTER (UHC)
NOTICE OF HEALTH INFORMATION
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.

Understanding Your Health Record/Information

Each time you visit a hospital, physician, or other healthcare provider, a record of your visit is made. Typically, this record contains your symptoms, examinations and test results, diagnoses, treatment, and a plan for future care or treatment. This information, often referred to as your health or medical record, serves as:

- A basis for planning your care and treatment;
- A means of communication among the many health professionals who contribute to your care;
- A legal document describing the care you received;
- A means by which you or a third-party payer can verify that services billed were actually provided;
- A tool in educating health professionals;
- A source of data for medical research;
- A source of information for public health officials charged with improving the health of the nation;
- A source of data for facility planning; and
- A tool with which we can assess and continually work to improve the care we render and the outcomes we achieve.

An Understanding to what is in your record and how your health information is used helps you to:

- Ensure its accuracy;
- Better understand who, what, when, where, and why others may access your health information;
- Make more informed decisions when authorizing disclosure to others.

Your Health Information Rights

Although your health record is the physical property of the healthcare practitioner or facility that compiled it, the information belongs to you. Federal Law provides you the right to:

- Request a restriction on certain uses and disclosures of your information. UHC is not required to agree to a restriction, except in limited circumstance, such as psychotherapy notes or information for judicial proceedings. Upon your request, you may at any time receive a paper copy of this notice, even if you earlier agreed to receive this notice electronically.
- UHC will agree to an individual's request to restrict certain information to their health plan if the individual has paid for the services out of pocket.
- Inspect and obtain a copy of your health records, UHC will provide electronic PHI from our electronic record when requested and may charge for this service.
- Amend your health record if you believe it is incorrect or incomplete. However, UHC is not required to amend your health information, and if your request is denied, UHC will provide you with information about our denial and how you can disagree with our denial.
- Obtain an accounting of disclosures of your health information. In some limited instances, you have the right to ask for a list of the disclosures of your health information made during the previous three years. The request cannot include dates before April 14, 2003. This list must include the date of each disclosure, who received the disclosed health information, a brief description of the health information disclosed, and why the disclosure was made. The list will not include disclosures made for the purposes of treatment, payment, healthcare operations, our directory, national security, law enforcement corrections, and certain health oversight activities. We must comply with your request for a list within 60 days, unless you agree to a 30-day extension. The first accounting in any 12 month period is provided without charge. We may charge you for subsequent requests.

- Receive communications of protected health information from UHC by alternative means or at alternative locations. UHC must accommodate reasonable requests.
- Authorize use or disclosure of your protected health information by completing the Authorization to Use or Disclose Health Information Form.
- Revoke your authorization to use or disclose health information except to the extent that action has already been taken.

Our Responsibilities

UHC agrees to:

- Maintain the privacy of your health information as required by law.
- Notify individuals whenever a breach of his/her unsecured PHI occurs.
- Provide you with a notice as to our legal duties and privacy practice with respect to information we collect and maintain about you.
- Abide by the terms of this notice.
- Notify you if we are unable to agree to a requested restriction.
- Accommodate reasonable requests you may have to communicate health information by alternative means or at alternative locations.

We reserve the right to change our practices and to make the new provisions effective for all protected health information we maintain. Should our information practices change, we will post a new revision on the University Health Center web site (www.uhs.uga.edu). We will not use or disclose your health information without your written authorization, except as described in this notice.

Uses and/or Disclosures for Treatment, Payment, and Health Care Operations Without Your Written Authorization

The following areas describe the ways UHC may use or disclose your health information. For each area, an example will be given. Not every use or disclosure in the respective areas will be listed. However, all the ways UHC is permitted to use and disclose information will fall within one of these areas.

We will use your health information for treatment.

For example: Information obtained by a nurse, physician, or other member of your healthcare team will be recorded in your record and used to determine the course of treatment that should work best for you. Your physician will document in your record his or her expectations of the members of your healthcare team. Members of your healthcare team will then record the actions they took and their observations. In that way, the physician will know how you are responding to treatment.

We will also provide your physician or subsequent healthcare provider with copies of various reports that should assist him or her in treating you once you are discharged from this facility.

We will use your health information for payment.

For example: A bill may be sent to you or a third-party payer. The information on or accompanying the bill may include information that identifies you, as well as your diagnosis, procedures, and the supplies used.

We will use your health information for regular healthcare operations.

For example: Members of the Medical Staff, the Risk or Quality Improvement Manager, or members of the Quality Improvement team may use information in your health record to assess the care and outcomes in your case and others like it. This information will then be used in an effort to continually improve the quality and effectiveness of the healthcare and service we provide.

Other Uses and Disclosures of Your Health Information Made without Your Authorization

Business Associates: There are some services provided in our organization through contracts with business associates. Examples include radiology, certain laboratory tests, software vendors, and The Joint Commission. When these services are contracted, we may disclose your health information to our business associate so that they can perform the job we have asked them to do or bill you or your

third-party payer for services rendered. To protect your health information, however, we require the business associate to appropriately safeguard your information.

To those involved with your care or payment of your care: If people such as family members, relatives, or close personal friends are helping care for you or helping you pay your medical bills, we may release important health information about you to those people. The information released to these people may include your location within our facility, your general condition, or death. You have a right to object to such disclosures, unless you are unable to function or there is an emergency. In addition, we may release your health information to organizations authorized to handle disaster relief efforts so those who care for you can receive information about your location or health status. We may allow you to agree or disagree orally to such release, unless there is an emergency.

Research: We may disclose information to researchers when their research has been approved by an institutional review board that has reviewed the research proposal and established protocols to ensure the privacy of your health information.

Marketing: We may contact you to provide information about treatment alternatives or other health-related benefits and services that may be of interest to you.

Food and Drug Administration (FDA): We may disclose to the FDA health information relative to adverse events with respect to food, supplements, product and product defects, or post marketing surveillance information to enable product recalls, repairs, or replacement.

Workers Compensation: We may disclose health information to the extent authorized by and to the extent necessary to comply with laws relating to workers compensation or other similar programs established by law.

Public Health: As required by law, we may disclose your health information to public health or legal authorities charged with preventing or controlling

disease, injury, or disability. UHC may also disclose your health information to appropriate persons in order to prevent or lessen a serious and imminent threat to the health or safety of a particular person or the general public.

Correctional Institution: Should you be an inmate of a correctional institution, we may disclose to the institution or agents thereof health information necessary for your health and the health and safety of other individuals.

Required by Law: We may disclose health information for law enforcement purposes, as required by law, or in response to a valid subpoena. Federal law makes provision for your health information to be released to an appropriate health oversight agency, public health authority or attorney, provided that a work force member or business associate believes in good faith that we have engaged in unlawful conduct or have otherwise violated professional or clinical standards and are potentially endangering one or more patients, workers or the public.

For More Information or to Report a Problem

If you believe your privacy rights have been violated, you can file a complaint in writing with the UHC Privacy Officer or with the Secretary of Health and Human Services. There will be no retaliation for filing a complaint.

If you would like to act upon any of your health information rights, as provided herein, have any questions or would like additional information, please contact the UHC Privacy Officer at 706-542-8617.

Effective Date: April 14, 2003

Revised Date: April 26, 2013

**NOTICE OF HEALTH
INFORMATION PRIVACY
PRACTICES FOR THE
UNIVERSITY HEALTH CENTER**



A Unit of the Division of
Student Affairs