

## UNIVERSITY HEALTH SERVICES 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.*

### I. UNDERSTANDING YOUR HEALTH INFORMATION

Each time you visit, contact via phone, or send an electronic message to a University Health Services (UHS) health care provider (physician, nurse, psychologist, etc.), a record of your visit is made. This record usually contains identification (including address, telephone numbers, etc.) and financial information as well as symptoms, diagnoses, test results, a description of a physical examination, and a treatment plan. This record is often referred to as your “medical record,” or “health information,” and may consist of both paper and electronic records.

Your health information is used:

- to plan for your care and treatment;
- for communication among your health care professionals;
- as a legal document describing the care you received;
- as a way for you or your insurance company to verify the services provided;
- to help UHS health care providers review and improve health care and outcomes;
- as a source of information for important health research;
- to train health professionals and students;
- for other similar activities that allow UHS to operate efficiently and provide you with quality care.

### II. UHS' DUTY TO PROTECT YOUR HEALTH INFORMATION

The health care information of **students** maintained by UHS is protected by a Federal law, the Family Educational Rights and Privacy Act (FERPA). Under FERPA, student health records maintained at UHS are considered to be educational records. Neither your educational records nor your personally identifiable information may be disclosed without your written consent unless otherwise allowed by law.

Health information related to UHS patients who are **not university students** falls under the privacy protection requirements of Health Insurance Portability and Accountability Act, also known as HIPAA. HIPAA requires privacy protection for health information (medical records) that is termed protected health information (PHI). PHI is health information or health care payment information including demographic information collected from individual patients. It is information that identifies the individual or could be used to identify the individual.

In addition to FERPA and HIPAA, there are certain state confidentiality laws that apply to your health information. There is also a federal law, 42 CFR Part 2, that protects records related to substance use treatment. These laws apply to both **students and non-students**. A summary of the requirements under 42 CFR Part 2 is available here: [www.uhs.wisc.edu](http://www.uhs.wisc.edu)

UHS consists of Mental Health Services, Medical Services, and Prevention Services, and provides quality health care, trains future health care professionals (such as doctors, nurses, counselors, and psychologists), and conducts health sciences research.

In the course of providing health care, training health care professionals, and conducting health sciences research, UHS creates, maintains, uses, and may disclose your health information. The purpose of this notice is to describe the privacy practices that UHS will use related to your health information. Our privacy practices are intended to protect the confidentiality of the health information that specifically identifies or could be used to identify you.

UHS may change the terms of this notice if its privacy practices change or as federal or state requirements change. Each notice will have an effective date listed on the document. UHS reserves the right to make the amended notice effective for any health information UHS has at the time the change is made, as well as for future health information.

You may obtain a current copy of this Notice of Privacy Practices at any UHS registration desk or on our web site: [www.uhs.wisc.edu](http://www.uhs.wisc.edu). You may also obtain a copy of the Patient's Rights and Responsibility and a summary of 42 CFR Part 2 at the registration desk.

### **III. HOW UHS MAY USE AND DISCLOSE YOUR HEALTH INFORMATION**

UHS uses and discloses your health information for many different reasons, most of which are necessary to provide you with quality health care services. Federal and state law does not require UHS to get your permission to perform many routine functions, especially those activities necessary to treat you, create and deliver bills for your treatment, and other routine activities necessary to perform efficiently. Federal and state law also permit(s) UHS to share this information with third parties who assist us in the performance of these routine functions without your permission. For some other activities, federal and/or state law require(s) UHS to obtain your written authorization.

Please note that in some situations, Wisconsin law is more protective of certain health information than federal law. For example, in most cases state law does not permit UHS to disclose certain portions of your information related to treatment for and HIV status without your specific written authorization. In addition, state and federal laws addressing mental health and substance use treatment provide additional restrictions on the disclosure of your information related to treatment. Disclosures of mental health and substance use records outside of UHS will usually require your authorization.

The following examples do not refer to every way in which your health information could be used or disclosed. UHS may use or disclose your health information in ways permitted by law that are not included in the examples below.

#### **A. Uses and disclosures of your health information without authorization for purposes of treatment, payment, and health care operations**

Providing you with treatment, collecting payment, and conducting health operations are necessary activities for delivering health care. State and federal law permit UHS to use and disclose your health information for these purposes. Examples of what constitute treatment, payment, and health care operations follow. Disclosure of mental health records and substance use treatment records outside of UHS will usually require your authorization.

### **1. Treatment Examples:**

- Your medical provider or staff member may have to disclose your health information (including all of your medical records) to another health care provider or use if necessary, to refer you for diagnosis, assessment, or treatment of your health condition.
- Different departments of UHS may use and disclose your health information to each other to coordinate your care and treatment such as writing prescriptions and ordering and viewing lab work and x-rays.
- UHS may disclose your medical health information by phone, letter, fax, or computer to people not affiliated with UHS who are involved in your medical care, such as your primary physician.

### **2. Payment Examples:**

- UHS may need to give your health insurance plan information about your visit in order to receive payment.
- UHS may tell your health insurance plan about treatment to obtain approval or to determine whether your plan will pay for the treatment.

### **3. Health Care Operations Examples:**

- Your health information may be used to review the performance and competence of physicians, counselors, and others involved in your care.
- Your health information may be used in UHS training programs for health sciences students who will become future health care professionals.
- UHS may use your health information for administrative activities, or for accreditation, certification, or licensing purposes. (Ex. quality improvement studies)

## **B. Other uses and disclosures of your information that do not require your authorization**

In addition to the situations outlined above, there are some other instances in which UHS is permitted or required by law to use and disclose your information without your authorization. The following examples illustrate such disclosures. As noted above, mental health and substance use treatment records will usually require an authorization for disclosures outside of UHS.

### **1. Disclosures Required by Law**

UHS will disclose medical information about you when required to do so by federal or state laws.

### **2. Public Health Activities**

UHS may disclose medical information about you for public health purposes. For example:

- Reporting certain conditions such as communicable diseases for purposes of monitoring, preventing, and controlling disease; and
- Reporting reactions to medications or problems with health products and notifying people of health product recalls.

### **3. Victims of Abuse, Neglect, or Domestic Violence**

UHS is required by law to report any suspected abuse of a child, and is permitted to report suspected abuse of an adult. Usually, UHS will report suspected abuse of an adult only with that person's consent.

#### **4. Health Oversight Activities**

UHS may need to disclose health information to agencies that monitor our compliance with state and federal laws.

#### **5. Judicial and Administrative Proceedings**

If you are involved in a lawsuit or a dispute, UHS may disclose medical and mental health information about you in response to a judicial order.

#### **6. Law Enforcement**

UHS may disclose health information about you to law enforcement officials in response to a court order or other similar process allowed by law in order to identify or locate a suspect, fugitive, material witness, or missing person; or to report or respond to a crime.

#### **7. Coroners and Medical Examiners**

UHS may disclose health information to a coroner or medical examiner for the purposes of identifying a deceased person or determining a cause of death.

#### **8. Appointment Reminders/ Additional Communications**

UHS may use your health information to call you, contact you electronically, or send a letter reminding you of an upcoming appointment. UHS may also use your information to call you or send the results of tests or to convey other health communications.

#### **9. Research**

Under certain circumstances, UHS may use and disclose your health information for research purposes, which may include contacting you about participation in research projects. A research oversight committee exists to protect the rights of all research participants, including their privacy and confidentiality rights.

#### **10. Serious Threat to Health or Safety**

UHS may use and disclose your health information when necessary to prevent a serious threat to your health and safety or the health and safety of others.

#### **11. Specific Government Functions**

If you are a member of the armed forces, UHS may disclose your health information, under certain circumstances, to military authorities to assist with a military mission.

#### **12. Workers' Compensation**

UHS may release your health information to workers' compensation or similar programs that provide benefits for work-related injuries or illness.

#### **13. Communicating Additional Services Provided by UHS**

Under certain conditions, UHS may use your health information to inform you of additional or health-related services it has to offer.

### **C. Uses and disclosures of your health information that you may object to or refuse**

Listed below are examples of ways UHS may use or disclose your health information without your authorization unless you refuse or object.

#### **1. Information Disclosed to Family Members, Close Friends, or Others**

As a general policy, UHS does not disclose information to family members, close friends, or others without consent. However, in certain limited situations, UHS may disclose your health information to your family or friends involved in your care to help coordinate your care and explain your condition and treatment plan. You have the right to object to these kinds of disclosures. In an emergency situation, UHS will exercise its professional judgment to determine if family or friends should receive information about you.

#### **2. Notification**

Unless you object, UHS may, in certain limited circumstances, use your health information to notify, or assist in notifying, members of your family, close personal friends, or any other people responsible for your care, about your condition, location, or death.

### **3. Disaster Relief**

Unless you object, UHS may also disclose your health information to an organization authorized to assist in disaster relief efforts so that loved ones can receive information about your location and health status.

To obtain further information on how to refuse or object, please contact the UHS Privacy Manager at 333 East Campus Mall, Madison, WI 53715; (608)265-5600.

### **D. Uses and disclosures of your health information requiring your authorization**

If UHS needs to use or disclose your health information for most other purposes not listed in this notice, UHS must first obtain your written authorization. Some examples that require your authorization would be for marketing, psychotherapy records or sale of your health information. Even if you authorize UHS to use or disclose your information for a particular purpose, you may revoke your authorization.

### **E. Requirements to report Crime Statistics**

State and federal laws require some employees of the University to provide data to campus officials about crimes that occur on or near campus, or that affect members of the campus community, including students and employees. UHS will only provide aggregate data and will not provide any information that identifies you without your permission.

## **IV. YOUR RIGHTS AS A PATIENT/CLIENT OF UHS**

As a patient of UHS, you have the following rights with regard to your health information:

### **A. Right to request how you will be contacted**

It is UHS' normal practice to communicate with you at your home address and home phone number or through secure message through MyUHS about health matters, such as appointment reminders and the results of lab tests. Sometimes UHS may leave messages on your voicemail. You have the right to request that UHS communicate with you in a different way. For example, you may request that UHS only communicate with you by mail to a particular address. UHS will agree to reasonable requests. To request an alternative method of communication, please contact the UHS privacy manager at 333 East Campus Mall, (608) 265-5600. Please note, however, that if you request communications in an alternative manner, all future communications initiated by UHS will be made in that manner.

### **B. Right to inspect and copy your health and billing records.**

You have the right to inspect and obtain a copy of your information contained in UHS' billing and health records. UHS may deny your request to inspect and copy under limited circumstances. To request access to your billing or health information, contact the budget and finance or the health record department at the UHS location where you receive care. If you ask for a copy of any information, UHS may, in accordance with applicable laws, charge a reasonable fee for the costs of copying, mailing, and supplies.

### **C. Right to add information to correct or amend your health and billing records**

If you feel that information contained in your health or billing records is incorrect or incomplete, you may ask UHS to add information to correct the record. UHS will make a decision on your request within 60 days, or in some cases, within 90 days. Under certain circumstances, UHS may deny your request to add information. To request an addition to your billing or health records, you must contact the budget and finance or the health record department at the UHS location where you receive care. UHS may require you to submit your request in writing and to provide an explanation concerning the reason for

your request. If you are a student and your request is denied, you have the right to request a hearing with the UHS Appeals Committee to explain your request. You also have the right to request that your comments or a document stating why you disagree with the decision be placed in your record. This statement must be kept with the record for as long as it exists and disclosed with the record whenever it is released.

#### **D. Right to an accounting of disclosures**

You have the right to request an “accounting of disclosures,” which is a list of certain disclosures of your health information by UHS. This list will not include:

- disclosures made to carry out treatment, payment, and health care operations;
- disclosures made to you;
- disclosures made with your authorization;
- disclosures to family or friends involved in your care, to disaster relief organizations, or to notify those involved in your care of your location in UHS health facilities and your health status; or
- disclosures made before April 14, 2003.

UHS will make a decision on your request for an accounting within 60 days, or in some cases, 90 days of receipt of your request and will provide you with further information about your rights if the request is denied.

UHS must provide you an accounting of disclosures free of charge once in any 12-month period. UHS may charge you for the costs of providing you with the list more than once in a 12-month period.

To request an accounting of disclosures, you must make your request to the medical record department at the UHS location where you receive care.

#### **E. Right to a paper copy of this notice**

You have the right to obtain a paper copy of the most current UHS Notice of Privacy Practices upon request within a reasonable amount of time, even if you have received a copy of the notice electronically.

#### **F. Right to request restrictions on uses and disclosures of your health information**

Federal and state law says you have the right to ask for restrictions on certain uses and disclosures of your health information. Federal law also says that UHS is not required to agree to such restrictions except as noted below. Because of the number, complexity, and nature of the services we deliver, UHS cannot make any formal commitment under federal or state law to agree to such requests. However, outside of federal law, in rare circumstances, informal arrangements for limited restrictions may be worked out with you.

UHS must agree to a request to restrict disclosures of PHI to a health plan if the disclosure is for the purpose of carrying out payment or health care operations and the PHI pertains solely to a service or item for which you or another entity other than the health plan has paid UHS in full.

**G. UHS must notify you following a breach of your unsecured health information where required by law.**

## **V. CONTACT AND COMPLAINT INFORMATION**

### **A. Contact information**

If you have any question or concerns regarding the information in this notice please contact:

UHS Privacy Manager

333 East Campus Mall Madison, WI 53715

(608) 265-5600

### **B. Complaints**

If you believe that anyone at UHS has violated your privacy rights, you may call the UHS Privacy Manager and discuss your concerns. If you are not satisfied with the outcome, UHS will provide you

with information on how to contact the UW–Madison privacy officer and, for students, the U.S. Department of Education, Family Policy Compliance Office, or for non-students, the Department of Health and Human Services, as applicable. UHS will take no action against you if you make a complaint to either.

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*Reviewed by Office of Legal Affairs*