

## **UNIVERSITY HEALTH SERVICES PRIVACY INFORMATION for STUDENTS**

This notice describes how health care 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 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,” “mental health 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), and several state laws. 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.

The Health Insurance Portability and Accountability Act, also known as HIPAA, requires privacy protection for health information (medical records) that is termed protected health information (PHI).

Protected health information related to UHS patients who are not university students falls under the privacy protection requirements of HIPAA. If you receive services from UHS when you are not a student, please obtain the UHS Notice of Privacy Practices. The protections required by HIPAA and FERPA are very similar. Wisconsin state law also requires some specific protections.

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 UHS Privacy Information for Students at any UHS registration desk or on our web site: [www.uhs.wisc.edu](http://www.uhs.wisc.edu)

### **III. HOW UHS USES AND DISCLOSES YOUR HEALTH INFORMATION**

In order to provide you with quality health care, UHS needs to use and disclose your health information for many different reasons; to treat you, create and deliver bills for your treatment, and other routine activities necessary to perform efficiently. All patients/clients are asked to sign authorization to disclose information for these treatments, payment, and operations functions at UHS. 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. For some activities, federal and/or state law require(s) UHS to obtain your written authorization.

Please note that Wisconsin law is more protective of certain health information than federal law. As required by state law, in most cases UHS may not disclose your information related to treatment and HIV status without your specific written 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 for the purpose of providing you with medical and mental health care without authorization**

Providing you with treatment, collecting payment, and conducting health care operations are necessary activities for delivering health care. An example of what constitutes treatment, payment, and health care operations follow. Mental Health care transfer or requests of records outside of UHS will require your authorization.

##### **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 it if necessary to refer you for diagnosis, assessment, or treatment of your health condition. Mental Health records will require an authorization for treatment outside of UHS.
- Different departments of UHS may use and disclose your health information to each other to coordinate activities such as coordinating your care and treatment, writing prescriptions, and ordering and viewing lab work and x-rays.
- UHS may disclose your medical 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 or in an emergency.

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

### **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**

There are some 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.

#### **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 or lawfully issued subpoena.

#### **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. 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 requiring your authorization**

If UHS needs to use or disclose your health information for any purpose not listed in this brochure or not otherwise permitted by law, UHS must first obtain your written authorization. Even if you authorize UHS to use or disclose your information for a particular purpose, you may revoke your authorization at any time.

### **D. 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 OF UHS**

As a patient/client 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 either your home address and home phone number or via 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 records 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 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 or in some cases, 90 days. To request an addition to your billing or medical records, you must contact the business services or the health record department at UHS. UHS may require you to submit your request in writing and to provide an explanation concerning the reason for your request. Under certain circumstances, UHS may deny your request to add information. If 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 request restrictions and 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 private health information to a health plan if the disclosure is for the purpose of carrying out payment or health care operations and the private health information pertains solely to a service or item for which you or another entity other than the health plan has paid UHS in full.

## **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 U.S. Department of Education, Family Policy Compliance Office, when applicable. UHS will take no action against you if you make a complaint to either.

Notice effective April 2003

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