

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.

Privacy Promise

Protecting your health information is important to University of Utah Health (UUH). We follow strict laws that require us to maintain the confidentiality of your health information. This notice describes how we protect and use your health information.

Our Organization:

This Notice describes the privacy practices of University of Utah Health (UUH) which includes University Hospital, University Neuropsychiatric Institute (UNI), University Orthopaedic Hospital, Huntsman Cancer Hospital (HCH), Moran Eye Center, community clinics, doctor’s offices, and other health care facilities owned by the University of Utah, as well as the providers, employees, students, trainees, and volunteers at those facilities.

UUH participates in organized healthcare arrangements (OHCAs) with other entities. We do this to engage in joint activities that support the delivery and management of high quality, innovative, and cost effective care. UUH currently participates in an OHCA (with respect to certain pediatric specialty services) that includes University of Utah Health Plans; IHC Health Services, Inc.; Intermountain Life and Health Benefit Plan; and SelectHealth, Inc. OHCA members may share your medical and billing information without seeking your advance authorization, but only to the extent permitted by law. Examples of OHCA activities that would permit sharing of your information include:

- Efforts to improve coordination of health care through population health management
- Evaluating and measuring the quality and cost outcomes of care protocols
- Development of new clinical standards or processes

We may use and share your information as we:

Treat you – We may use your health information and share it with other professionals who are treating you, or with family or friends directly involved in your care, or in paying for your care. We may also use your health information to recommend treatment alternatives, services, or products that benefit you. It is important for you to know that your health information is stored in an electronic medical record. Providers who may access your health information include, but may not be limited to:

- your primary care provider;
- the provider who referred you to UUH;
- all providers who are treating you within UUH;

- providers outside UUH who have access to the UUH electronic medical record;
- staff that support all the providers involved in your care;
- Utah’s Health Information Exchange

UUH strives to prevent people who do not have a right to access your records from doing so. This includes our own employees. We train employees about appropriate access to health information and monitor employee access to our electronic medical record. If we become aware of inappropriate access to health information, we take appropriate action.

Bill for services – We may use and share your health information to bill and get payment from health plans or other entities. We may also submit your health information to the Medicaid eligibility database and the Children’s Health Insurance Program eligibility database to determine if you are eligible for these benefits.

Run our organization – We may use and share your health information to run our practice, improve your care, evaluate our services, and contact you when necessary, e.g., to remind you of an appointment. We may also share information with third parties who assist us with your treatment, payment, and other administrative functions. These parties are our “business associates,” and are required to protect your information just as we do.

We may also use or share your health information in other ways permitted by law. For example we may:

Help with public health and safety issues – We may share health information about you for certain public health and safety purposes, such as: preventing disease, helping with product recalls, reporting adverse reactions to medications, reporting suspected abuse or domestic violence, or preventing or reducing a threat to anyone’s health or safety.

Do research – We may use or share your information for research. Our research projects must meet high standards for quality and must follow strict privacy and data management requirements.

Comply with the law – We will share information about you if state or federal laws require us to do so. For example, we may share information with the United States Department of Health and Human Services in connection with a review performed by that department to audit our compliance with federal privacy law.

Respond to organ and tissue donation requests – We may share health information about you with organ procurement organizations.

Work with a medical examiner or funeral director – We may share health information with a coroner, medical examiner, or funeral director when an individual dies.

Address workers’ compensation, law enforcement, and other governmental requests – We may use or share health information about you to address workers’ compensation claims; for law enforcement purposes; with health oversight agencies for activities authorized by law; and for special government functions, such as military, national security, and presidential protective services.

Respond to lawsuits and legal actions – We may share health information about you in response to a court or administrative order, or in response to a subpoena.

In some situations, you can tell us your choices about what we share. In these cases, you have both the right and choice to tell us to:

- Share information with your family, close friends, or others involved in your care;
- Share information in a disaster relief situation;
- Include your information in our hospital directory. *By default, your information is included in our hospital directory. Please notify the admitting clerk if you do not wish to participate in the directory or have clergy visit you. If you opt-out of the directory, UUHS will be unable to provide information to your family, friends, or others who ask for you by name. NOTE: Information about patients receiving psychiatry or substance abuse treatment will not be included in the directory.*

We never share your information in these cases without your written permission:

- Marketing purposes
- Sale of your information
- Most sharing of psychotherapy notes.

In the case of fundraising:

UUH is a charitable institution with a three-fold mission of patient care, research, and teaching. To further this mission, we may wish to contact you occasionally for fundraising purposes. If you do not wish to be contacted for this purpose, please notify the Health Sciences Development Office*, in writing, at:

**Health Sciences Development Office
540 Arapeen Dr. Suite 102
Salt Lake City, UT 84108**

All other uses and disclosures, not described in this notice, require your signed authorization.

You may authorize us to use or share your health information, or revoke your authorization, at any time by completing the required forms available in the Health Information Department (Medical Records), or online at <http://www.privacy.utah.edu>, and submitting it to:

Health Information Department
50 North Medical Drive
Salt Lake City, Utah 84132
801-581-2353

For more information about the practices and rights described in this notice, please visit our website at <http://www.privacy.utah.edu> or contact Customer Service at the address listed on the back of this notice.

Your Rights Concerning Your Health Information

You have the right to:

- **Receive a copy of this privacy notice.**
- **Receive a copy of your paper or electronic medical record.** This includes medical and billing records. Fees may apply. Under limited circumstances, we may deny access to a portion of your health information and you may request a review of the denial.*
- **Correct your paper or electronic medical record.*** You may ask us to correct health information about you that you think is incorrect or incomplete. Correction of our electronic medical record occurs by amending the record rather than deleting or erasing information.
- **Request confidential communication.** You can ask us to use a different way, or telephone number or address to communicate with you. You may make this request in writing during registration.*
- **Ask us to limit the information we use and share.** You can ask us NOT to use your health information for treatment, payment, or our operations. We are not required to agree with your request, and may decline if it will affect your care, or is not feasible.
- **Ask us to not share certain health information with your insurer.** If you pay for a service or health care item “out-of-pocket” and in full, you can ask us not to share that information with your health insurer. We will agree, unless a law requires us to share that information.*
- **Receive notification if there is breach of your health information.** We will notify you in writing about a breach of your health information and provide detailed information and instructions.
- **Get a list of those with whom we have shared your information for reasons other than treatment, payment, or administrative purposes.** Your request must include a specific time period. The first accounting is free but a fee will apply if more than one request is made in a 12-month period.*

- **Choose someone to act for you.** If you have given someone medical power of attorney, or someone is your legal guardian, that person can make choices about your health information. Documentation of your choice is necessary.

Requests marked with a star (*) must be made in writing. Contact the Health Information Department (Medical Records) at (801) 587-3887 or visit our web site at <http://www.privacy.utah.edu> to find the right form for your request.

If you have concerns or wish to file a complaint, contact:

Customer Service Office
50 North Medical Drive
Salt Lake City, UT 84132
(801) 581-2668
E-mail: Customer.Service@hsc.utah.edu

OR

Submit an Incident Report to the Information Privacy Office on the privacy website at:
www.privacy.utah.edu

OR contact:

Information Privacy Office
515 East 100 South, Ste. 650
Salt Lake City, Utah 84102
801-587-9241

We will investigate all complaints and will not retaliate against you for filing a complaint. You may also file a written complaint with the Office of Civil Rights of the U.S. Department of Health and Human Services at <http://www.hhs.gov/hipaa/filing-a-complaint/index.html>.

UUH is required by law to:

- Maintain the privacy and security of your health information
- Notify you promptly if a breach occurs that may have compromised the privacy or security of your health information
- Follow the terms and provide you with a copy of UUH’s Notice of Privacy Practices.

We reserve the right to make changes to this notice at any time. Current notices will be available at UUH facilities and on our website, <http://www.privacy.utah.edu>. You may also request a copy of this notice, from Customer Service or registration.



University of Utah
Health

**NOTICE OF PRIVACY
PRACTICES**

Effective April 4, 2016

This notice describes how medical information about you may be used or disclosed and what your rights are in managing your health information.

****Please review it carefully****

Este documento está también disponible en español.