

# 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 READ IT CAREFULLY.**

## **YOUR RIGHTS**

When it comes to your health information, you have certain rights. This section explains your rights and some of our responsibilities to help you.

**Get an electronic or paper copy of your medical record.** You can ask to see or get a copy of your medical record and other health information we have about you. Check with us to see if we have electronic or paper versions available. We will provide a copy or a summary of your health information within 10 days of your request. We may charge a reasonable, cost-based fee.

**Ask us to amend your medical record** — You can ask us to amend health information about you that you think is incorrect or incomplete. Ask us how to do this. We may say “no” to your request, but we’ll tell you why in writing within 60 days.

**Request confidential communications** — You can ask us to contact you in a specific way (for example, home or office phone), or to send mail to a different address. We will say “yes” to all reasonable requests.

**Ask us to limit what we use or share** — You can ask us not to use or share certain health information for treatment, payment, or our operations. We are not required to agree to your request, and we may say “no” if it would affect your care. If you pay for a service or health care item out-of-pocket in full, you can ask us not to share that information for the purpose of payment or our operations with your health insurer. We will say “yes” unless a law requires us to share that information.

**Get a list of those with whom we’ve shared your information** — You can ask for a list (an accounting) of the times we’ve shared your health information for six years prior to the date you ask, who we shared it with, and why. We will include all the disclosures except for those about treatment, payment, and health care operations, and certain other disclosures (such as for public health purposes). We’ll provide one accounting a year for free but will charge a reasonable, cost-based fee if you ask for another one within 12 months.

**Get a copy of this privacy notice** — You can ask for a paper copy of this notice at any time, even if you have agreed to receive the notice electronically. We will provide you with a paper copy promptly.

**Choose someone to act for you** — If you have given someone medical power of attorney or if someone is your legal guardian, that person can exercise your rights and make choices about your health information. We will make sure the person has this authority and can act for you before we take any action.

**File a complaint if you feel your rights are violated** — You can complain if you feel we have violated your rights by contacting the Privacy Officer for this Clinic, or the KU HIPAA Privacy Official at 785-864-9525. You can file a complaint with the U.S. Department of Health and Human Services, Office for Civil Rights by sending a letter to 200 Independence Avenue, S.W., Washington, D.C. 20201, by calling 1-877-696-6775, or by visiting: [www.hhs.gov/ocr/privacy/hipaa/complaints/](http://www.hhs.gov/ocr/privacy/hipaa/complaints/). **We will not retaliate against you for filing a complaint.**

## **YOUR CHOICES**

For certain health information, you can tell us your choices about what we share. If you have a clear preference for how we share your information in the situations described below, talk to us. Tell us what you want us to do, and we will work to follow your instructions.

**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, and share information in a disaster relief situation. *If you are not able to tell us your preference, for example if you are unconscious, we may go ahead and share your information if we believe it is in your best interest. We may also share your information when needed to lessen a serious and imminent threat to health or safety.*

**In these cases we never share your information unless you give us written permission** — Marketing purposes, and sale of your information.

## **OUR USES AND DISCLOSURES**

How do we typically use or share your health information? We typically use or share your health information in the following ways:

**Treat you:** We can use your health information and share it with other professionals who are treating you. **Example:** Watkins and CAPS may exchange your information as necessary solely to provide you treatment in either unit.

**Run our organization:** We can use and share your health information to run our practice, improve your care, and contact you when necessary. **Example:** We use health information about you to improve our services or for health education training.

**Bill for your services:** We can use and share your health information to bill and get payment from health plans or other entities. **Example:** We give information about you to your health insurance plan so it will pay for your services.

## **OUR USES AND DISCLOSURES (continued)**

### **How else can we use or share your health information?**

**Help with public health and safety issues** — We can share health information about you for certain situations such as:

- Preventing disease
- Helping with product recalls
- Reporting adverse reactions to medications
- Reporting suspected abuse, neglect, or domestic violence
- Preventing or reducing a serious threat to anyone's health or safety

**Do research** — We will ONLY use or share your information for health research purposes when you have authorized it and when that research is approved under a strict new process and is compliant with federal regulations for human research.

**Comply with the law** — We will share information about you if local, state, or federal laws require it, including with the Department of Health and Human Services if it wants to see that we're complying with federal privacy law.

**Address workers' compensation, law enforcement, and other government requests** — We can use or share health information about you: 1.) For workers' compensation claims, 2.) For law enforcement purposes or with a law enforcement official, 3.) With health oversight agencies for activities authorized by law, 4.) For special government functions such as military, national security, and presidential protective services.

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

## **OUR RESPONSIBILITIES**

Each time you visit a University health clinic for services, a record is generated. This record contains medical information about you. This section explains a bit more of our responsibilities:

- We are required by law to maintain the privacy and security of your protected health information
- We will let you know if a breach occurs that may have compromised the privacy or security of your information
- We must follow the duties and privacy practices described in this notice and give you a copy of it. You are always welcome to download the current electronic version from our website
- We will not use or share your information other than as described here unless you tell us we can in writing. If you tell us we can, you may change your mind at any time. Let us know in writing if you change your mind.

## **Changes to the Terms of This Notice**

We can change the terms of this notice, and the changes will apply to all information we have about you. The new notice will be available upon request, in our office, and on our web site.

For more information see: [www.hhs.gov/ocr/privacy/hipaa/understanding/consumers/noticepp.html](http://www.hhs.gov/ocr/privacy/hipaa/understanding/consumers/noticepp.html).

\_\_\_\_\_ THIS NOTICE OF PRIVACY PRACTICES APPLIES TO THE FOLLOWING ORGANIZATIONS: \_\_\_\_\_



**Counseling and Psychological Services**  
Watkins Memorial Health Center, Room 2100  
The University of Kansas • Lawrence, KS 66045  
785-864-2277

**Watkins Health Services**  
Watkins Memorial Health Center, Room 2420C  
The University of Kansas • Lawrence, KS 66045  
785-864-9525

**Schiefelbusch Speech-Language-Hearing Clinic**  
2101 Haworth Hall  
The University of Kansas • Lawrence, KS 66045  
785-864-4690

*This notice also applies to our employees, volunteers, student trainees, student employees, and any health care professional authorized to enter information into your medical record.*  
Effective Date: 10/2014