

## **Notice of Privacy Practices**

*Notice Effective January 1, 2015*

**THIS NOTICE DESCRIBES HOW MEDICAL INFORMATION ABOUT YOU CAN BE USED AND DISCLOSED, AND HOW YOU CAN GET ACCESS TO THIS INFORMATION. PLEASE REVIEW IT CAREFULLY.** If you have any questions, please contact the University of Missouri System Privacy Officer at phone number (573)882-3293.

### ***Who will follow this Notice?***

The list below tells you who will follow the outlined practice for keeping your medical record private.

- All hospitals and clinics (including Columbia Surgical Associates (CSA)) that are part of the University of Missouri Health Care System (UMHCS).
- Any UMHCS health care professional that treats you at any of our locations.
- All UMHCS employees, temporary or contract staff, students and volunteers.

### ***What is this Notice?***

We are required by law to maintain the privacy of your protected health information. We are also required by law to give you this notice of our legal duties and privacy practices regarding your health information. We are required to notify you if there is a breach of your unsecured protected health information. We are required to follow the terms of the current Notice of Privacy Practices.

### ***How we may use and disclose your health information***

We may use and disclose your health information for:

**Treatment:** We may use and disclose health information for your medical treatment and services. For example, we may disclose your health information to a physician or facility to provide you with continued medical treatment.

**Payment:** We may use and disclose health information to bill for and receive payment for the services provided to you. For example, we may send health information to your insurance company so they will pay for your treatment.

**Health Care Operations:** We may use and disclose health information for purposes of health care operations. Health care operations include quality assessment and improvement activities, reviews of the competence or qualifications of our health care providers, and business planning and development.

**Other uses and disclosures:** We may use and disclose health information for the following purposes:

**Appointment Reminders:** To remind you that you have an appointment scheduled with us.

**Treatment Alternatives:** To inform you of treatment options available to you.

**As required by Law:** When required to do so by applicable law.

**To prevent a Serious Threat to Health or Safety:** To prevent a serious threat to your health and safety or the health and safety of others.

**Individuals Involved in your Care:** Unless you object, to friends, family members or others involved in your medical care or who may be helping pay for your care.

**Organ and Tissue Donation:** Organ or tissue donation to organizations that handle organ procurement and transplant.

**Decedents:** Health records for patients deceased 50 or more years are no longer considered Protected Health Information.

**Genetic Information:** **Genetic Information is considered Protected Health Information.**

**which may be disclosed with authorization but cannot be used by health plans for underwriting purposes.**

***Military and Veterans:*** If you are a member of the armed forces, as required by military command authority.

***Worker's Compensation:*** For worker's compensation purposes or similar programs providing benefits for work related injury or illness.

***Public Health Activities:*** For public health activities such as preventing or control of disease, reporting births and deaths, and reporting child abuse and neglect.

***Health Oversight Activities:*** To governmental agencies and boards as authorized by law such as licensing and compliance purposes.

***Breach Notification:*** Uses or disclosures of PHI that are not permissible are now presumed to be a Breach, unless it can be demonstrated a "low probability" exists that your PHI has been compromised or that an exception applies.

***Disaster Relief:*** Unless you object, to disaster relief organizations to coordinate your care or notify family and friends of your location or condition following a disaster.

***Lawsuits and Disputes:*** In response to a warrant, court order, or other lawful process.

***Law Enforcement:*** Pursuant to process and as otherwise required by law.

***Coroners, Medical Examiners, Funeral Directors:*** As necessary to determine the cause of death or to perform their duties.

***National Security and Intelligence Activities:*** To authorized federal officials for intelligence and other national security activities as authorized by law.

***Protective Services for the President and Others:*** To federal officials to provide protection to the President and other authorized persons, or conduct special investigations.

***Inmates or Individuals in Custody:*** If you are an inmate or in the custody of law enforcement, we may disclose to the correctional institution or law enforcement official as necessary to provide you with health care, to protect the health and safety of you and others, or for the safety and security of the correctional institution.

***Research Studies and Clinical Trials:*** Authorizations may be combined in the research context subject to certain requirements, and authorizations for future research are also permitted.

***Business Associates:*** Business Associates are directly liable for violations of the HIPAA/HITECH Act. Subcontractors of a business associate that create, receive, maintain or transmit PHI on behalf of the business associate are likewise HIPAA business associates, and subject to the same requirements that the first business associate is subject to.

***Fundraising:*** For raising funds. You may opt out of receiving fundraising communications at any time.

### ***Other Uses and Disclosures***

With certain exceptions, we are not allowed to use or disclose psychotherapy notes without your authorization. We are also not allowed to use or disclose your health information for marketing purposes or sell your health information without your authorization. Other uses and disclosures of your health information not described in this Notice of Privacy Practices or applicable laws will require your written authorization.

If you choose to permit us to use or disclose your health information, you can revoke that authorization by informing us of your decision in writing. If you revoke your authorization, we will no longer use or disclose your health information as set forth in the authorization. However, any use or disclosure of your health information made in reliance on your authorization before it was revoked, will not be affected by the revocation.

### ***Electronic Health Information Exchange***

UMHCS participates in an electronic Health

Information Exchange (HIE) provided through the Tiger Institute Health Alliance. The HIE facilitates the transmission of your health information among providers **who are members of the HIE** and providing medical treatment to you. The HIE stores your data in a secured repository for member providers who may treat you in the future, provided they have established a treatment relationship with you. **As our patient, your health information is automatically available in the HIE. If you do not wish to have your information shared in the HIE, you must opt-out of the HIE. To opt-out of the HIE, you will need to opt-out in writing by requesting completing and signing a form available from the Health Information Services department. For more information, visit our website at <http://www.muhealth.org>.**

The HIE may also provide critical information about you for other lawful purposes, such as to educate providers who manage the care of others like you, but in doing so will not share your name, address or other information that could identify you. In those cases where your specific consent or authorization is required by law to disclose your medical record to others, UMHCS will not disclose that information through the HIE without first obtaining your written consent.

### ***Use and Disclosure for Facility Directory***

If you are admitted as a patient, your name will be included in our facility patient directory. However, you have a right to restrict or prohibit some or all of the facility directory disclosures. The facility patient directory includes your name, hospital room number, your condition (good, fair, etc.) and your religious affiliation. We will release all of these informational items, except your religious affiliation, to anyone who asks about you by name. Your religious affiliation may be shared with a clergy member, even if they do not ask for you by name.

### ***Your Rights Regarding Your Health Information***

In most cases, **you may make a written request to look at, or get a copy of your health information.** If you request copies, we may charge a fee for the cost of copying, mailing or other related supplies. If we deny your request to review or obtain a copy, you have the right to have that denial reviewed by a licensed health care professional

who was not directly involved in the denial of your request, and we will comply with the outcome of that review.

### **If your health information is maintained in electronic format, you have the right to request an electronic copy of your health information.**

If your health information is not readily producible in the format you request, it will be provided either in our standard electronic format or as a paper document. We may charge you a reasonable cost based fee for the labor associated with transmitting electronic health information.

If you feel your health information is incorrect or incomplete, **you have the right to request that we amend your information.** You must submit a written request providing your reason for requesting the amendment to the Health Information Services department. Your request to amend your health information may be denied if it was not created by us; if it is not part of the information maintained by us; or if we determine that the information is correct. You may submit a written appeal if you disagree. Your request for amendment will be included as a part of your health information.

**You have the right to receive a list of certain disclosures we made of your health information, for a period of time up to six years prior to the date of your request. The first list you request in a 12 month period is free. If you make more requests during that time, you may be charged our cost to produce the list. We will tell you about the cost before you are charged.**

**You have the right to a paper copy of this notice.** You may ask us to give you a copy of this notice at any time.

**You have the right to request that your health information be given to you in a confidential manner.** You have the right to request that we communicate with you in a certain way or at a certain location, such as by mail or at your workplace. Any such request must be made in writing to Health Information Services. We will accommodate reasonable requests.

**You have a right to ask that we not disclose your health information to your health plan if the disclosure is for the purpose of carrying out payment or healthcare operations and is not**

**otherwise required by law.** Such restricted disclosure must pertain solely to a healthcare item or service for which you, or someone on your behalf, have paid us in full.

**You may request, in writing, that we not use or disclose your health information** for treatment, payment or healthcare operations; or to persons involved in your care; when required by law; or in an emergency. All written requests or appeals should be submitted to our Compliance Office listed at the end of this notice. **We are not required to agree with the requested restrictions.**

**You have the right to be notified if there is an unauthorized use or disclosure of your unsecured protected health information unless we determine that there is a low probability that your information has been compromised.**

### ***Complaints***

If you believe that your privacy rights may have been violated, you may contact our Ethics and Compliance Hotline at 866-447-9821 or our Compliance Office at 573-882-3293. You may write us at Office of Corporate Compliance, Privacy Office, DC056.10, One Hospital Dr. Columbia MO 65212.

You may also contact Missouri Department of Health, Bureau of Health Facility Regulation: 1-573-751-6303 and/or the State Attorney General's Office Consumer Hot Line: 1-800-392-8222.

You may file a complaint with the U.S. Department of Health and Human Services Office of Civil Rights at:

<http://www.hhs.gov/ocr/privacy/hipaa/complaints/index.html> The Office of Corporate Compliance can provide the mailing address.

We will not retaliate against you for filing a complaint.

**Acknowledged:**

\_\_\_\_\_  
**Patient or Guardian Signature**

\_\_\_\_\_  
**Date**

### ***Changes to this Notice***

If we change our policies regarding our use and/or disclosure of your protected health information, we will change our Notice of Privacy Practices and make the revised notice available to you on our website and our practice locations. You may access our website at <http://www.muhealth.org>. You may also request a paper copy of the current Notice of Privacy Practices at any time.