Your Rights Concerning Your Health Information

You have the right to:

- Get a copy of this privacy notice.
- Get a copy of your paper or electronic medical record. This includes medical and billing records. Fees may apply. Under limited circumstances, we may deny you 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.
- 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 we may say “no” if it will 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 with your health insurer. We will say “yes” 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 and provide detailed information and instructions.
- Get a list of those with whom we have shared your information. Your request must be limited to the last 6 years, and 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 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

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.

Our Organization:

This Notice describes the privacy practices of The University of Utah Health Sciences (UUHS) 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.

UUHC participates in an organized healthcare arrangement (OHCA) with other providers. For a complete list, visit the privacy office web site at http://www.privacy.utah.edu.

UUHC 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 a copy, of the Notice currently in effect.

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

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

Protecting your health information is important to University of Utah Health Care (UUHC). We follow strict federal and state laws that require us to maintain the confidentiality of your health information.

We may use and share your information as we:

Treat you – We can 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.

Bill for services – We can use and share your health information to bill and get payment from health plans or other entities. We can 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 can use and share your health information to run our practice, improve your care, and contact you when necessary, e.g., remind you of an appointment. We may also share information with third parties who assist us with your treatment, payment, and administrative functions. These business associates must follow our privacy practices.

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

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

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

Address workers’ compensation, law enforcement, and other governmental requests – We can use or share health information about you for workers’ compensation claims, for law enforcement purposes or with a law enforcement official, with health oversight agencies for activities authorized by law; 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.

For certain health information, 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. (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 and substance abuse treatment records

In the case of fundraising: UUHS 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;

Or by calling: 801-581-4401

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 form available in the Health Information Department, or on line at http://www.privacy.utah.edu, and submitting it to the:

Health Information Department,
50 North Medical Dr.
Salt Lake City, Utah 84132
801-587-3887

For more information about the practices and rights described in this notice:

- Visit our website at http://www.privacy.utah.edu; OR
- Contact the Customer Service department at the address listed on the back of this notice.