

NOTICE OF OUR PRIVACY PRACTICES

YOU HAVE THE RIGHT TO:

- Get a copy of your paper or electronic medical record
 - Correct your paper or electronic medical record
 - Request confidential communication
 - Ask us to limit the information we share
 - Request an accounting of disclosures, as described on page 2
 - Get a copy of this privacy notice
 - Choose someone to act for you
 - File a complaint if you believe your privacy rights have been violated
- ▶ See page 2 for more information on these rights and how to exercise them.

YOU HAVE CHOICES IN THE WAY THAT WE USE AND SHARE INFORMATION AS WE:

- Tell family and friends about your condition
 - Provide disaster relief
 - Include you in a hospital directory
 - Provide mental health care
 - Market our services and sell your information
 - Raise funds
- ▶ See page 3 for more information on these choices and how to exercise them.

WE MAY USE AND SHARE YOUR INFORMATION AS WE:

- Treat you
 - Run our organization
 - Bill for your services
 - Help with public health and safety issues
 - Conduct research
 - Comply with the law
 - Respond to organ and tissue donation requests
 - Work with a medical examiner or funeral director
 - Address workers' compensation, law enforcement, and other government requests
 - Respond to lawsuits and legal actions
- ▶ See pages 3 and 4 for more information on these uses and disclosures.

UNIVERSITY OF UTAH HEALTH | INFORMATION PRIVACY OFFICE
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EMAIL: PRIVACY@UTAH.EDU | WWW.PRIVACY.UTAH.EDU



IT'S YOUR HEALTH INFORMATION, YOU HAVE RIGHTS.

Some requests are required to be made in writing. In these circumstances you may access the applicable form at uofuhealth.utah.edu/privacy-office.

<p>Get an electronic or paper copy of your medical record</p>	<ul style="list-style-type: none"> • You may submit a form requesting to view or receive a copy of your medical record and/or other health information we have about you. This information is also available through the MyChart application. • Under limited circumstances, we may deny access to a portion of your health information and you may request a review of the denial. • We will provide a copy or a summary of your health information, usually within 30 days of your request. We may charge a reasonable, cost-based fee.
<p>Ask us to correct your medical record</p>	<ul style="list-style-type: none"> • You may submit a form requesting to correct health information about you that you think is incorrect or incomplete. • We may say “no” to your request, but we’ll tell you why in writing within 60 days.
<p>Request confidential communications</p>	<ul style="list-style-type: none"> • You may submit a form to request that we 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.
<p>Ask us to limit what we use or share</p>	<ul style="list-style-type: none"> • You may submit a form to request that we 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 and in full, you may ask us not to share information with your health insurer for the purpose of payment or operations. We will say “yes” unless a law requires us to share that information.
<p>Get a list of those with whom we’ve shared information</p>	<ul style="list-style-type: none"> • You may submit a form to request an accounting of disclosures. This is a list 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. • This list will not include disclosures made for the purposes of treatment, payment, and health care operations, or certain other disclosures (such as any you asked us to make).
<p>Get a copy of this privacy notice</p>	<ul style="list-style-type: none"> • You may 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.
<p>Choose someone to act for you</p>	<ul style="list-style-type: none"> • 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. Documentation may be required.
<p>File a complaint if you feel your rights are violated</p>	<ul style="list-style-type: none"> • You can complain if you feel we have violated your rights by contacting us using the information on page 1 of this notice. • 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, 509F HHH Building, S.W., Washington, D.C. 20201, or visiting 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 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 follow your instructions.

In these cases, you have both the right and choice to tell us your preferences regarding how we:

- Share information with your family, close friends, or others involved in your care.
- Share information in a disaster relief situation.
- Share your information in the 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, we 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.

- If you are not able to tell us your preference, for example if you are unconscious, we may 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 have given us written permission:

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

In the case of fundraising:

- We may contact you for fundraising efforts, but you can tell us not to contact you again.

HOW DO WE TYPICALLY USE OR SHARE YOUR HEALTH INFORMATION?

We 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: Share health information with your primary care team, a referring provider, or with a Health Information Exchange.

Run our organization

- We can use and share your health information to run our practice, improve your care, and contact you when necessary.

Example: Share with a third party who assists us with treatment, payment, operations and administrative functions such as by providing computer services. These business associates are required to protect your information, too.

Bill for your services

- We can use and share your health information to determine insurance eligibility, or to bill and receive payment.

Example: We may share your information to Utah state databases to determine whether you are eligible for Utah Medicaid or Children's Health Insurance Program.

YOUR CHOICES

How else can we use or share your health information? We are allowed or required to share your information in other ways – usually in ways that contribute to the public good, such as public health and research. We have to meet many conditions in the law before we can share your information for these purposes. For more information see: www.hhs.gov/ocr/privacy/hipaa/understanding/consumers/index.html

Help with public health and safety issues	<p>We can share health information about you for certain situations such as:</p> <ul style="list-style-type: none"> • 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
Participate in Health Information Exchanges (HIE)	<ul style="list-style-type: none"> • An HIE provides a way for authorized healthcare professionals to securely access and share patient medical information. Only authorized healthcare professionals who have a relationship with you are permitted access to your medical information available in a shared electronic medical record or health information exchange.
Conduct research	<ul style="list-style-type: none"> • We can use or share your information for health research. Our research projects must meet high standards for quality and follow strict privacy and data management requirements.
Comply with the law	<ul style="list-style-type: none"> • 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 that we’re complying with federal privacy law.
Respond to organ and tissue donation requests	<ul style="list-style-type: none"> • We can share health information about you with organ procurement organizations.
Work with a medical examiner or funeral director	<ul style="list-style-type: none"> • We can share health information with a coroner, medical examiner, or funeral director when an individual passes away.
Address workers’ compensation, law enforcement, and other government requests	<p>We can use or share health information about you:</p> <ul style="list-style-type: none"> • 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	<ul style="list-style-type: none"> • We can share health information about you in response to a court or administrative order, or in response to a subpoena.

EU General Data Protection Regulation

Please be aware of the University's GDPR Privacy Notice that supplements this Privacy Statement. The GDPR Privacy Notice applies generally to the provision of personal information by individuals in the European Economic Area. The GDPR Privacy Notice explains how we meet our obligations under the European Union General Data Protection Regulation with respect to such information. The GDPR Privacy Notice can be found at www.privacy.utah.edu.

Our Responsibilities

- We are required by law to maintain the privacy and security of your protected health information.
- We will let you know promptly if a breach occurs that may have compromised the privacy or security of your information. We will notify you in writing if possible and provide detailed information and instructions.
- We must follow the duties and privacy practices described in this notice and give you a copy of it.
- 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, at our facilities, and on our web site. You may also request a copy of the notice from Customer Service or at registration.

This Notice of Privacy Practices applies to the following organizations.

This Notice describes the privacy practices of University of Utah Health (U of U Health) 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.

Organized Health Care Arrangement (OHCA)

U of U Health currently participates in an organized health care arrangement ("OHCA") with other health care providers in the community. A list of participants in the OHCA can be found at www.privacy.utah.edu. We do this to support the provision of health care services to underserved patient populations. These OHCA participants share access to the University's electronic medical record system and may, under certain circumstances, access your medical and billing information for treatment or health care operations purposes to improve, manage, and coordinate your care without seeking your advance authorization, but only to the extent permitted by law.

U of U Health also participates in a separate 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. We do this to engage in joint activities that support the delivery and management of high quality, innovative, and cost effective care.

For more information about this notice or HIPAA regulations, please visit contact us using the information provided on page 1 of this notice OR visit www.hhs.gov/ocr/privacy/hipaa/understanding/consumers/noticcepp.html.