

**University Health Services**  
**Notice of Protected Health Information Privacy Practices**  
**Effective July 20, 2006**

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.**

If you have any questions about this notice, please contact Cathy Castillo, University Health Services Privacy Officer at (513) 556-6045 or by mail at University Health Services, P.O. Box 210010, Cincinnati, OH 45221-0010.

This Notice of Privacy Practices is provided to you as a requirement of the Health Insurance Portability and Accountability Act (HIPAA). It describes how University Health Services (UHS) may use or disclose your protected health information, with whom that information may be shared, and the safeguards we have in place to protect it. This notice also describes your rights to access and amend your protected health information. Personal health information related to you will not be released without your signed release except when the release is required or authorized by law or regulation.

**ACKNOWLEDGEMENT OF RECEIPT OF THIS NOTICE**

You will be asked to provide a signed acknowledgement of receipt of this notice. The intent of UHS is to make you aware of the possible uses and disclosures of your protected health information and your privacy rights. The delivery of your health care services will in no way be affected by whether or not you sign an acknowledgement. If you decline to provide a signed acknowledgment, UHS will continue to provide your treatment, and will use and disclose your protected health information for treatment, payment, and health care when necessary.

**UHS DUTIES TO YOU REGARDING PROTECTED HEALTH INFORMATION**

Protected personal health information includes individually identifiable information, which relates to your past, present or future health, treatment or payment for health care services, including your age, address, and e-mail address. UHS is required by law to:

- Maintain the privacy of your personal health information
- Provide you this notice of UHS's legal duties and privacy practices with respect to your personal health information
- Follow the terms of the notice currently in effect and
- Communicate any changes in the notice to you.

UHS reserves the right to change this notice. Its effective date is at the top of the first page and in the acknowledgement section on the last page. UHS reserves the right to make the revised or changed notice effective for health information we already have about you as well as any information we receive in the future. You may obtain a copy of the revised notice by calling University Health Services at 513-556-6045 or contacting Cathy Castillo, Privacy Officer, University Health Services at 513-556-6045 or mailing Cathy Castillo at University Health Services, P.O. Box 210010, Cincinnati, OH 45221-0010. You will also be given a copy of the revised notice at your first clinic visit after the revised notice becomes effective.

UHS protects your personal health information from inappropriate use or disclosure. UHS employees, and those of companies that help UHS service your UC Student Health Insurance, are required to comply with UHS requirements that protect the confidentiality of personal health information. They may look at your personal health information only when there is an appropriate reason to do so.

**HOW UHS MAY USE OR DISCLOSE YOUR PROTECTED HEALTH INFORMATION**

Following are examples of permitted uses and disclosures of your protected health information. These examples are not exhaustive.

**REQUIRED USES AND DISCLOSURES**

By law, UHS must disclose your health information to you unless it has been determined by the Director of UHS that it would be harmful to you. (See YOUR RIGHTS REGARDING PERSONAL HEALTH INFORMATION WE MAINTAIN ABOUT YOU below.) UHS will use and disclose personal health information about you for the following reasons:

- For medical treatment – UHS may use and disclose personal health information including copies of reports or data in your medical record when needed by specialists (including physical therapists) to whom you have been referred. Copies of digital X-rays taken at University Health Services may be stored on The Health Alliance or The University Hospital computer archives.

- For employees – UHS may use and disclose personal health information to the UHS Disability Manager, to the Benefits Office of the University of Cincinnati, to members of the Americans with Disabilities Act Committee, and when an Ohio Bureau of Worker’s Compensation claim has been filed, to the University of Cincinnati’s Medical Care Organization and the Ohio Bureau of Worker’s Compensation. UHS may use and disclose work status information to the employee’s supervisor, the employee’s Department, and UC’s Department of Human Resources.
- For Varsity Athletes – UHS may use and disclose personal health information to the athletic training staff, coaches and administrators of the Department of Athletics.
- For health care operations – UHS may use and disclose personal health information to our business associates if they need to receive personal health information to provide a service to us if they will agree to abide by specific HIPAA rules relating to the protection of personal health information. Examples of business associates are billing companies, data processing companies, or companies that provide general administrative services. Personal health information may be disclosed to reinsurers for underwriting, audit or claim review reasons, and case management.
- Where required by law or for public health activities - UHS may use and disclose personal health information when required by federal, state, or local law. Examples of such mandatory disclosures include notifying state or local health authorities regarding particular communicable diseases, or providing personal health information to a governmental agency or regulator with health care oversight responsibilities. UHS may also release personal health information to a coroner or medical examiner to assist in identifying a deceased individual or to determine the cause of death.
- To avert a serious threat to health or safety – UHS may use and disclose personal health information to avert a serious threat to someone’s health or safety. We may also disclose personal health information to federal, state or local agencies engaged in disaster relief as well as to private disaster relief or disaster assistance agencies to allow such entities to carry out their responsibilities in specific disaster situations.
- For health-related benefits or services – UHS may use and disclose personal health information to provide you with information about benefits available to you under your University of Cincinnati Student Health Insurance policy.
- For law enforcement or specific government functions – UHS may use and disclose personal health information in response to a request by a law enforcement official made through a court order, subpoena, warrant, summons or similar process. UHS may disclose personal health information about you to federal officials for intelligence, counterintelligence, and other national security activities authorized by law.
- When requested as part of a regulatory or legal proceeding – If you or your estate is involved in a lawsuit or a dispute, UHS may use and disclose personal health information about you in response to a court or administrative order. UHS may also disclose personal health information about you in response to a subpoena, discovery request, or other lawful process by someone else involved in the dispute, but only if efforts have been made to tell you about the request or to obtain an order protecting the personal health information requested. UHS may disclose personal health information to any governmental agency or regulatory with whom you have filed a complaint or as part of a regulatory agency examination.
- Other uses – Other uses and disclosures of personal health information not covered by this notice and permitted by the laws that apply to UHS will be made only with your written authorization or that of your legal representative. If UHS is authorized to use or disclose personal health information about you, you or your legally authorized representatives may revoke that authorization, in writing, at any time, except to the extent that we have taken action relying on the authorization. You should understand that UHS would not be able to take back any disclosures we have already made with authorization.

**YOUR RIGHTS REGARDING PERSONAL HEALTH INFORMATION WE MAINTAIN ABOUT YOU**

The following are your various rights as a consumer under HIPAA concerning your personal health information. Should you have questions about a specific right, please write us at University Health Services, P.O. Box 210010, Cincinnati, Ohio 45221-0010.

- Right to Inspect and Copy Your Personal Health Information – In most cases you have the right to inspect and obtain a copy of the personal health information that UHS maintains about you. To inspect and copy personal health information, you must submit your request in writing to UHS at the address above. You may be charged a fee for the costs of copying, mailing or other supplies associated with your request. Certain types of personal health information will not be made available for inspection and copying. This includes personal health information collected by UHS in connection with, or in reasonable anticipation of any claim or legal proceeding. In very limited circumstances, the Director of UHS may deny your request to inspect and obtain a copy of your personal health information. If UHS denies your request, you may request that the denial be reviewed. The review will be conducted by an individual chosen by UHS who

was not involved in the original decision to deny your request. UHS will comply with the outcome of that review.

- **Right to Amend Your Personal Health Information** – If you believe that your personal health information is incorrect or that an important part of it is missing; you have the right to ask UHS to amend your personal health information while it is kept by or for us. You must provide your request and your reason for the request in writing to University Health Services, P. O. Box 210010, Cincinnati, OH 45221-0010. UHS may deny your request if it is not in writing. In addition, UHS may deny your request if you ask UHS to amend personal health information that is accurate and complete; was not created by UHS, unless the person or entity that created the personal health information is no longer available to make the amendment; is not part of the personal health information kept by or for UHS; or is not part of the personal health information which you would be permitted to inspect and copy
- **Right to a list of Disclosures** – You have the right to request a list of the disclosures we have made of personal health information about you. This list will not include disclosures made for treatment, payment, health care operations, for purposes of national security, made to law enforcement or to corrections personnel or made pursuant to your authorization or made directly to you. To request this list, you must submit your request in writing to University Health Services, P. O. Box 210010, Cincinnati, OH 45221-0010. Your request must state the time period from which you want to receive a list of disclosures. The time period may not be longer than six years and may not include dates before April 14, 2003. The first list you request within a 12-month period will be free. UHS may charge you for responding to any additional requests. UHS will notify you of the cost involved and you may choose to withdraw or modify your request at that time before any costs are incurred.
- **Right to Request Restrictions** – You have the right to request a restriction or limitation on personal health information UHS uses or discloses about you for treatment, payment or health care operations, or that UHS discloses to someone who may be involved in your care or payment for your care. While UHS will consider your request, **UHS is not required to agree to it.** If UHS agrees to it, we will comply with your request. To request a restriction, you must make your request in writing to University Health Services, P.O. Box 210010, Cincinnati, OH 45221-0010. In your request, you must tell UHS (1) what information you want to limit, (2) whether you want to limit UHS's use, disclosure, or both; and (3) to whom you want the limits to apply. UHS will not agree to restrictions on personal health information uses or disclosures that are legally required, or which are necessary to administer medical or business operations of UHS.
- **Right to Request Confidential Communications.** You have the right to request that UHS communicates with you about personal health information in a certain way or at a certain location if you tell us that communication in another manner may endanger you. For example, you can ask that UHS only contact you at work or by mail. To request confidential communications, you must make your request in writing to University Health Services, P. O. Box 210010, Cincinnati, OH 45221-0010 and specify how or where you wish to be contacted. UHS will accommodate all reasonable requests.
- **Right to File a Complaint** – If you believe your privacy rights have been violated, you may file a complaint with UHS or with the Secretary of the Department of Health and Human Services. To file a complaint with UHS, please contact Director, University Health Services, P.O. Box 210010, Cincinnati, Ohio 45221-0010. All complaints must be submitted in writing. You will not be penalized for filing a complaint. If you have questions as to how to file a complaint please contact UHS at (513) 556-6045.

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I acknowledge receipt of the July 20, 2006 Privacy Notice from University Health Services at the University of Cincinnati, P.O. Box 210010, Cincinnati, Ohio 45221-0010

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Name (print)

Signature

Date