



MARSHALL UNIVERSITY
Joan C. Edwards School of Medicine
University Physicians & Surgeons, Inc.

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.

Summary

The summary below does not cover every point, so please read the whole notice for full details and examples.

1. This notice tells you how we use your medical information and how we may share it with others. In brief, there are three kinds of situations:

- By agreeing to be treated, you allow us to use and share your medical information to care for you, for billing, and for the operation of our practice.
- If you give us permission, we can use and share your medical information in other ways.
- For certain public health, legal, research and other situations described in this notice, we can use and share your medical information without your permission.

2. This notice tells you what your rights are regarding your medical information. It also tells you how to exercise your rights, including how to make a complaint.

In most cases you can inspect your medical information and get a copy of it. You also can limit what information is used or shared, and you can ask us to communicate in a certain way to best protect your privacy. You can ask us to change any information you think is wrong or incomplete. You may ask us how your medical information has been used for anything other than treatment, payment or the operation of our practice.

3. This notice tells you what our legal duties are in using and protecting your medical information. Most important, we are required by law to protect the privacy of your medical information.

If you have any questions about this notice or our privacy practices, please contact our Privacy Officer, at (304) 691-1616 or hipaasom@marshall.edu.

General Information

Each time you visit a physician, hospital or other health care provider, a record of your visit is made. Typically, this record contains your symptoms, examination and test results, diagnosis, treatment, a plan for your care, and billing-related information. In this notice, we will call these records your medical information.

This notice applies to your medical information and records of your care that we create or keep at University Physicians & Surgeons, Inc. (UP&S). These records may be made by our doctors and other people who work here, or they may be made by another doctor, hospital or someone acting on our behalf. Any medical records we did not make ourselves probably also are kept by the hospital, organization or person that created them. Those doctors, hospitals and other organizations have their own privacy policies, which may be different from ours.

This notice tells you about the ways in which we are allowed to use and share your medical information. We also describe your rights, as well as the duties we have when we use and share that information.

We are required to abide by the terms of this Notice of Privacy Practices. We reserve the right to change this notice at any time. If we change it, the new notice will apply to all information that we already have about you, as well as any new information. We will always keep a copy of the current notice, with its effective date, posted in our building. You also can find the current notice on our Web site, <http://musom.marshall.edu/medctr/>. If you want a copy of a revised privacy notice, just call our office or ask us when you are here. We will be happy to mail it or give it to you.

Your Medical Information

As we said in the summary, there are generally three kinds of situations in which we can use or share your medical information.

Situation 1: Ways we can use your medical information when you agree to be treated

By agreeing to be treated, you allow us to use and share your medical information for your care, to receive payment, and to operate our practice. In striving to provide you with the highest level of care and safety, we use an advanced, highly secure electronic medical record that brings together certain key information from all the health providers you see here. This helps protect your health and enhance the quality of your care. For example, doctors can avoid repeating lab work another department has done, and they can check to make sure any new medicines they prescribe are considered safe to use with medications prescribed by your other doctors here.

The people who can use or share this information to provide health care to you include our doctors, our office staff, and people outside our office who are involved in your treatment. We can use your medical information to get payment for your health care bills and to support the operation of our practice.

Here is a closer look at how your information might be used in each of these categories. The examples do not cover every possible use, but they show you the types of ways your medical information can be used.

For Treatment

We will use your medical information to care for you, and to coordinate or manage your health care and the services you need. We will provide necessary medical information to the people or organizations involved in your care (such as doctors, nurses, physician assistants, technicians, medical students, hospitals, and other health care personnel or organizations).

Examples

- Allow your health providers here to take into account your diagnoses, medication list, lab work and, usually, treatment information from other providers in our practice (notes in the University Psychiatric Associates are restricted to that department)
- Provide information that a hospital or home health agency needs to care for you
- Send information to a provider we have referred you to for treatment
- Send information to a doctor who treats you in the future
- Coordinate things you need, such as prescriptions, lab work and x-rays
- Share information with a specialist, lab or other provider who your doctor has asked to help with your care

For Payment

We will use your medical information to obtain payment for the care you receive. **Why we need to provide information:** We may share information about you to find out whether a service is covered, and for billing, claims management, medical data processing, and payment. **Who we may send information to:** We may send this information to those who are involved in paying your medical bill(s) (such as an insurance company or other entity, or someone who officially represents them). **What the information may include:** The information may include copies or parts of your medical record that are necessary for payment.

Examples

- Send your insurance company information that identifies you, your diagnosis, and the procedures and supplies used
- Tell your health plan about treatment you are going to receive to find out whether your plan will cover it

For Health Care Operations

We are allowed to use or share your medical information in order to support the business activities of our practice. This covers many behind-the-scenes activities. For instance, we may need this information to assess the quality of care or to review an employee's performance.

Examples

- Share your medical information with health care professionals in training
- Combine your information with information from many patients to decide whether we need to offer new services
- Carry out internal auditing, licensing and credentialing activities
- Remind you of your appointment

Some of our services are provided by other businesses. We have contracts with billing, transcription services, and consultants, for example. To the extent it is necessary, we will share your information with these business associates. We will require them to safeguard your information appropriately.

We may use and share your medical information for marketing activities. Sometimes we know of treatment alternatives or other health-related benefits and services that may be of interest to you. We may use or share your medical information, as needed, to provide you with that information. We also may contact you as part of an effort to raise funds to support the activities of our organization and Marshall University's Joan C. Edwards School of Medicine.

Examples

- Send you a newsletter about our practice and the services we offer
- Send you information about products or services that we believe may be beneficial to you

If you do not want to receive these materials, please tell your health care provider or our office staff.

Situation 2: Ways we can use and share your medical information if you give permission

Except for the uses just listed and the exceptions listed later, we must have your permission to use or share your health information. For example, there are extra requirements related to the use or sharing of psychotherapy notes.

Here are some common situations and the ways we handle them.

Others Involved in Your Health Care: Sometimes a family member or other person is assisting you or involved in your health care; it may be a relative or a close friend. When our doctors are seeing you, they may ask you whether they can tell that family member or other person about your medical information that directly relates to his or her role in your health care. The doctor may provide you with a chance to object and unless you object, he/she may tell that person your medical information that directly relates to that person's role in your health care. There might be times you cannot agree to this, or that you object. For example, when you are not present or in the case of an emergency. In these cases, if you are unable to agree or object to such a disclosure, we may share the necessary information if we decide that it is in your best interest based on our professional judgment.

Other Examples

- Coordinate the providing of medical information to family or other people involved in your care
- Notify (or help notify) a family member or any other person who is responsible for your care of where you are, what your general condition is, or of your death
- Provide your medical information to an authorized entity to provide you with relief if you have been affected by a disaster

Emergencies: We may use or share your medical information when you need emergency care. If this happens, your doctor will try to get your consent as soon as reasonably possible after you have been treated. If our doctor is required by law to treat you and tries to get your consent but cannot, he or she may still use or share your medical information to treat you.

Communication Barriers: Sometimes we cannot get a patient's consent because of communication barriers. If our doctor tries to get your consent but cannot because of these barriers, he or she will use professional judgment to decide whether you intend to consent to having the information used or shared under the circumstances. If the answer is yes, we may use and share your medical information.

We will use and share your medical information in other ways only if you give us written permission (unless the law allows or requires us to do otherwise). You may revoke the authorization, at any time, in writing. If you do, we will stop using or sharing the information; of course, we cannot change the actions your doctor or our practice took while we had your permission to take them.

Situation 3: Uses that do not require your permission

The law allows us to use or share your medical information in certain situations even if you do not give permission. In these cases, you do not have the opportunity to object. These situations include:

Disclosures Required By Law: We may use or provide your medical information to the extent the law requires.

Public Health Activities: We may share medical information about you for public health activities. These activities generally include the following:

- Preventing or controlling disease, injury or disability;
- Reporting births and deaths;
- Reporting child abuse or neglect;
- Notifying a person who may have been exposed to a disease, or who may be at risk of contracting or spreading a disease or condition;
- Notifying the appropriate government authority if we believe a patient has been the victim of abuse, neglect or domestic violence (we will only provide this information if you agree, or when the law requires or allows us to)

Health Oversight: We may give medical information to a health oversight agency for its official activities, such as audits, investigations, and inspections. This information may go to agencies that oversee the health care system, government benefit programs, civil rights laws, and other government regulatory programs.

Food and Drug Administration: We may be required to give the FDA medical information related to products or activities it regulates. This information may relate to product recalls, reporting of adverse events, or other FDA activities.

Legal Proceedings: We may be required to provide medical information in several legal situations:

- in the course of judicial or administrative proceeding
- when we are ordered to by a court or administrative tribunal
- in response to a valid subpoena, discovery request or other lawful process, in the event that certain conditions exist.

Law Enforcement: We may also provide medical information for law enforcement purposes. We may be required to report certain types of wounds or other physical injuries. We may be required to respond to court orders, warrants or subpoenas for information relevant to law enforcement. We may provide this information in response to legal processes and for other uses required by law. We also are allowed to give information to police in the following situations.

- When they need limited information to help them locate or identify a person
- When the information relates to victims of a crime
- When a death may have been caused by criminal conduct
- If a crime occurs on our property
- If there is a medical emergency somewhere else in which it is likely that a crime has occurred.

Coroners, Funeral Directors, and Organ Donation: We may give medical information to a coroner or medical examiner to perform legal duties, including identifying a person who has died and finding the cause of death. We may also give medical information to a funeral director, as allowed by law. Medical information may be used and shared when there is a donation of organs, eyes or tissue.

Research: For most clinical research studies, we must have your permission. However, in some projects researchers just review records instead of working directly with patients. For example, a project may try to find out whether patients who took Medication A improved faster than patients who took Medication B. We may share your medical information for these kinds of projects when the necessary steps have been taken to protect your privacy. Typically an institutional review board approves the research and develops procedures to assure the privacy of your medical information.

Serious Threat to Health or Safety: We may use and share your medical information to prevent a serious threat to your health and safety, or to the health and safety of the public or another person.

Military Activity and National Security: If you are in the armed forces, we may use or share medical information in some cases. For example, we would do this for activities considered necessary by appropriate military leaders. We also would provide information to allow the Department of Veterans Affairs to determine whether you are eligible for benefits. If you are a member of a foreign military service, we may share information with that service. We may also give your medical information to certain federal officials for conducting intelligence, counterintelligence, and some other national security activities. This includes information needed to provide protection to the President or others who are legally protected.

Workers' Compensation: As authorized, we may provide your medical information to comply with workers' compensation laws and similar programs.

Inmates: If you are an inmate of a correctional institute or under the custody of a law enforcement officer, we may give your medical information to the correctional facility or law enforcement agency.

Your Medical Information Rights

Although all records we have about your health care are our property, you have the following rights:

The Right to Inspect and Copy: You have the right to inspect and get a copy of medical information about you that may be used to make decisions about your care. Usually, this includes medical and billing records and other records. If you request a copy of the information, we may charge a fee for the costs of copying, mailing and supplies. For more information on how to inspect or get a copy of your medical information, please contact the appropriate department.

We may deny your request to inspect and copy your records. For example, under federal law, you may not inspect or copy the following records.

- Psychotherapy notes
- Information compiled in reasonable anticipation of, or use in, a civil, criminal, or administrative action or proceeding
- Medical information that falls under laws that prohibit access

If we deny you access to your information, under certain circumstances you may ask that the decision be reviewed. We will choose another licensed health care professional to review your request and the denial. This person will not be the one who denied your request.

The Right to Request Restrictions: You may ask us to limit how we use or share your medical information for treatment, payment or operating our practice. You may also ask that any part of your medical information not be shared with family members or others who may be involved in your care, or for notification purposes as described in this notice. If you want us not to share this information, you need to tell us in writing exactly what you want us to restrict, and to whom you want the restriction to apply. You should give this to your doctor or our office staff.

Your doctor is not required to agree to a restriction that you may request. If he or she does agree, we may not use or share your medical information in violation of that restriction unless it is needed to provide emergency treatment. With this in mind, please discuss any restriction you wish to request with your doctor: it is important that you understand the possible effects.

The Right to Receive Confidential Communications: You may ask that we communicate with you about medical matters in a certain way or at a certain location. For example, you may ask that we contact you at work or at a different address. We will do so if we reasonably can. We will **not** ask you why you want to communicate this way. Please make your request in writing to your doctor or our office staff.

The Right to Amend: If you think medical information we have about you is wrong or incomplete, you may ask us to change it. This right exists for as long as we keep the information. We may deny your request to make the

change; if so, we will tell you why. If we deny your request, you have the right to file a statement of disagreement with us. We may prepare a rebuttal to your statement, and we will provide you with a copy of this rebuttal if we do. Please contact the appropriate department if you have questions about amending your medical record.

The Right to Receive an Accounting of Disclosures: You may ask us to give you a list of certain situations in which your medical information has been shared for purposes other than treatment, payment or the operation of our practice. Your request must state a time period, which may not be longer than six years and may not include dates before April 14, 2003. The first such list you request within a 12-month period will be free. For additional lists, we may charge you a reasonable fee, based on our costs, for providing the list. We will tell you in advance what the cost will be, so that if you wish you can withdraw or change your request before any costs are incurred. There are certain exceptions, restrictions and limitations that affect this right.

The Right to Obtain a Paper Copy of This Notice: You have the right to obtain a paper copy of this notice if you ask, even if you have agreed to accept this notice electronically.

Complaints

If you have questions and would like more information, or if you would like to file a complaint, you may contact our Privacy Officer at (304) 691-1616 or hipaasom@marshall.edu. You may file a complaint with us or with the United States Secretary of Health and Human Services if you believe your privacy rights have been violated. All complaints must be submitted in writing.

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