

Texas Tech University Health Sciences Center

NOTICE OF PRIVACY PRACTICES

EFFECTIVE: APRIL 14, 2003

REVISED: JANUARY 1, 2008

THIS NOTICE DESCRIBES HOW YOUR MEDICAL INFORMATION MAY BE USED AND DISCLOSED AND HOW YOU CAN GET ACCESS TO THIS INFORMATION.
PLEASE REVIEW IT CAREFULLY

ABOUT THIS NOTICE: Texas Tech University Health Sciences Center (TTUHSC) is dedicated to maintaining the privacy of your Protected Health Information (PHI). TTUHSC provides health care services and items through its Schools of Medicine, Nursing, Pharmacy and Allied Health Sciences. TTUHSC provides services at its main community hospitals, primary care specialty clinics, pharmacies, research units and several community service outreach centers throughout West Texas. TTUHSC is required by law to maintain the privacy of your PHI and provide you with notice of its legal duties and privacy practices. This notice of privacy practices describes how TTUHSC may use or disclose your PHI. PHI includes any information that relates to (1) your past, present, or future physical or mental health or condition; (2) providing health care to you; and (3) the past, present, or future payment for your health care. This notice also tells you about your privacy rights and TTUHSC's legal duties with respect to your PHI. The terms of this notice shall apply to TTUHSC's privacy practices until it is changed by TTUHSC.

CHANGE IN NOTICE OF PRIVACY PRACTICES: TTUHSC reserves the right to change this notice of privacy practices at any time. Any changes will apply to all PHI that TTUHSC created or maintained for you. If this notice is changed, it will be posted at our clinics and on our website (www.ttuhsc.edu/hipaa) and you can request a copy of this notice.

TTUHSC PERMITTED USES AND DISCLOSURES OF PHI FOR TREATMENT, PAYMENT AND HEALTH CARE OPERATION:

TTUHSC may use or disclose your PHI without your written authorization for the following:

TREATMENT: Your PHI may be used and disclosed to provide, coordinate or manage your health care and related services. This may include talking with other health care providers about your treatment or coordinating and managing your health care with others. *For example, when your family physician refers you to another doctor your family physician may tell the other doctor about any drug allergies you may have so the other doctor can diagnose or treat you.*

PAYMENT: Your PHI may be used and disclosed to obtain payment for your health care services. *For example, TTUHSC may share your PHI with your health insurance plan for payment of health care items or services provide to you.*

HEALTH CARE OPERATIONS: Your PHI may be used and disclosed to support our business activities. These includes, but are not limited to, quality evaluation, work force reviews, education and training of students and physicians in training, licensing, fundraising, and conducting or arranging for other business activities. *For example, TTUHSC may use your PHI to evaluate the performance of our staff in caring for you.*

OTHER USES AND DISCLOSURES: OPPORTUNITY FOR YOU TO AGREE OR OBJECT

TTUHSC may use or disclose your PHI without your authorization for the following purposes unless you object:

- **Involvement in patient care and notification purpose** -To a family member, other relative, close personal friend or other person you have identified as involved with your treatment or payment for health care services. We may also use your PHI to notify or assist in notifying such persons of your location or health.
- **Disaster relief efforts**- To public or private relief agencies to assist in disaster relief efforts.
- **Appointment reminders**-We may contact you to remind you of your health care appointments or to provide you with information about treatment alternatives or other health related benefits and services that may be of interest to you.
- **Fundraising**- Limited PHI about you to a business associate or foundation related to TTUHSC to raise funds for TTUHSC. Fundraising materials will contain information on how you can refuse to receive any further fundraising materials for TTUHSC.

USES AND DISCLOSURES OF PHI WITHOUT YOUR WRITTEN AUTHORIZATION OR OPPORTUNITY TO AGREE OR OBJECT

TTUHSC may be allowed or required to use or disclose your PHI without your authorization or opportunity for you to agree or object for the following reasons:

- **Required or authorized by law**- As required by federal, state, or local law. Any disclosure must comply with the law and is limited to the requirements of the law.
- **Public health activities**-To public health authorities or other authorized persons to carry out certain public health activities, including the following:
 - To report, prevent, or control disease, injury or disability;
 - To report vital statistics, such as birth or death;
 - To report child abuse or neglect;
 - To report bad reactions to medications or problems with products or devices regulated by the food and drug administration;
 - To locate and notify you of recalls or products you may be using;
 - To notify a person who may have been exposed to a contagious disease in order to control who may be at risk of contracting or spreading the disease; or
 - To report to your employer, under limited circumstances, information related primarily to workplace injuries or illness, or workplace medical surveillance.
- **Abuse, neglect, or domestic violence**- In certain cases to proper government authorities if we have reason to believe that you have been the victim of domestic violence, abuse, or neglect.
- **Health oversight activities**- To a health oversight agency for oversight activities authorized by law such as audits, investigations, inspections, and licensure activities or as necessary for certain government agencies to monitor the health care system, government programs, and compliance with civil rights laws.
- **Judicial, administrative and law enforcement purposes**- Where requested by law enforcement, and as authorized or required by law, we may disclose your PHI:
 - In response to a court order, subpoena, warrant, summons or similar process;
 - In response to requests for limited information necessary to identify or locate a suspect, fugitive, material witness, or missing person;
 - If we suspect that you are a victim of a crime and if you agree to the disclosure, or under certain circumstances, where we are unable to obtain your permission;
 - About your death if we suspect it is the result of criminal conduct;
 - About criminal conduct that occurs at TTUHSC; and
 - In emergency circumstances to report a crime; the location of the crime or victims; or the identity, description or location of the person who committed the crime.
- **Decedents**- To a coroner or a medical examiner to identify you and determine the cause of your death in addition, we may disclose your PHI to funeral directors, as authorized by law, so that they may do their jobs.

- **Organizations that obtain organs**-If you are an organ donor, after your death we may use or disclose your PHI to organizations that help get, locate, store, and transplant organs to help with organ, eye, or tissue donation and transplantation.
- **Research**- For research purposes under certain limited circumstances. We must obtain a written authorization to use and disclose PHI about you for research purposes except in situations where a research project meets specific, detailed criteria established by the HIPAA privacy rule.
- **To stop a serious threat to health or safety**- In limited circumstances when necessary to help stop a threat to the health or safety of a person or to the public. This disclosure can be made only to a person who is able to help stop the threat.
- **National Security; Intelligence Activities; and Protective Services**-To federal officials for intelligence, counterintelligence, and other national security activities authorized by law, including activities related to the protection of the President, other authorized persons or foreign heads of state, or related to the conduct of special investigations.
- **Correctional institutions**-Of inmates or other individuals under lawful custody to a correctional institution or law enforcement officer for the provision of health care, health and safety matters, law enforcement purposes or security of the correctional institution.
- **Worker's compensation**- To comply with workers' compensation programs or other similar programs that provide benefits for work-related injuries or illness without regard to fault.
- **Limited data set**-We may use and disclose limited PHI that does not fully identify you only for purposes of research, public health, or health care operations.
- **Parental access**- To your parents or legal guardian if you are under the age of 18, unless it is prohibited by Texas law. Other than the categories mentioned above, TTUHSC will not disclose your PHI without your written authorization. You may revoke your written authorization at any time in writing; however, your written revocation will only apply to PHI that has not already been used or disclosed by TTUHSC under your written authorization.

YOUR PRIVACY RIGHTS

- **Right to inspect and copy**-You have the right to inspect and request a copy of your PHI that is in a designated record set. This includes your insurance and billing records but not counseling notes of a mental health professional, information prepared by or for our attorneys to defend TTUHSC, or where prohibited by law. You may be charged a reasonable fee to obtain a copy of your PHI. TTUHSC reserves the right to deny your request to access or receive a copy of your PHI as provided by law. All requests must be in writing using the TTUHSC authorization for release of patient information form.
- **Right to request restrictions**- You have the right to request TTUHSC limit its use or disclosure of your PHI for treatment, payment, or health care operations. You may also request that TTUHSC limit its disclosure of your PHI to family members, relatives, close personal friends or others you have identified as being involved in your care. We are not required to agree to your request. If we agree to your request, we will limit use or disclosure of your PHI except in certain cases, including where the information is needed to treat you or to verify coverage in the case of an emergency. To request restrictions, you must make your written request to a TTUHSC privacy official. Your request must include: 1) the information that you want to limit, 2) how you want to limit the information, and 3) to whom you want those limitations to apply.
- **Right to request confidential communication**- You have the right to request other means or locations to receive communications about your PHI. All requests must be in writing using a TTUHSC confidential communication request form. TTUHSC will agree to readable requests for other means or locations to receive communications about your PHI.
- **Right to request a change in your PHI**-You have the right to request TTUHSC change information in your PHI for as long as TTUHSC keeps your PHI. TTUHSC can deny your request to change your PHI as provided by law. All requests must be in writing using a TTUHSC amendment request form.
- **Right to an accounting of disclosures**- You have the right to request an accounting of certain uses and disclosures of your PHI by TTUHSC. This is a use of disclosures made by TTUHSC during the past six years; except for uses or disclosures made:
 - For treatment, payment, and health care operations;
 - To family members or friends involved in your care;
 - To you directly;
 - Pursuant to a written authorization;
 - For certain notification purposes (including national security, intelligence, correctional, and law enforcement purposes); or
 - Before April 14, 2003

If you wish to make a request for an accounting contact the privacy official to obtain a TTUHSC accounting request form. The first list of accounting that you request in a 12-month period will be free, but we may charge you for any additional ones requested during the same 12-month period. We will tell you about these costs, and you may cancel your request at any time before costs are incurred.

- **Right to a paper copy of this notice**-You have the right to receive a paper copy of this notice of privacy practices upon request. Even if you have agreed to receive this notice electronically, you can still receive a paper copy of this notice.

COMPLAINTS: If you believe your privacy rights have been violated, you may file a complaint in one of the following ways:

- The TTUHSC privacy official at the address indicated below
- Call our confidential Toll Free number at 1-866-294-9352
- Use our confidential website at www.Ethicspoint.com
- The Office of Civil Rights:

United States Dept. Of Health and Human Services
1301 Young Street, suite 1169
Dallas, Texas 75202

We will not retaliate or take action against you for filing a complaint.

QUESTIONS: If you have any questions about this notice or would like additional information, please contact the privacy official at the address and telephone number listed below or you may visit our web site at www.ttuhsu.edu/hipaa

PRIVACY OFFICIAL CONTACT INFORMATION
ALICIA KRIZAN
REGIONAL PRIVACY OFFICER
1400 COULTER RD, ROOM B600•AMARILLO, TX 79106
(806) 354-5617
www.Ethicspoint.com

TTUHSC Provides For Program Accessibility To Members Of The Public. Those Who Need Materials In Braille, Large Print, Tape Format, Or Who Need An Interpreter Or Telecommunications Device For The Deaf Are Asked To Contact The Clinic Manager.