

**Effective Date: 04/14/2003**

**Revised: 11/18/2007**

## **The University of Texas at Arlington Health Services**

### **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 REVIEW IT CAREFULLY.**

1. **Purpose:** The University of Texas at Arlington Health Services (UTAHS) and its professional staff, employees, and volunteers and all of its affiliated entities (UT SW Medical School) (referred to collectively as Health Services) follow the privacy practices described in this Notice. UTAHS is required by law to maintain the privacy of your health information, whether in paper or electronic records, and to protect the integrity, confidentiality, and availability of your electronic health information when it is collected, maintained, used or transmitted by Health Services. However, UTAHS must use and disclose your medical information to the extent necessary to provide you with quality health care. To do this, UTAHS must share your medical information as necessary for treatment, payment and health care operations.
2. **What Are Treatment, Payment, and Health Care Operations?** Treatment includes sharing information among health care providers involved in your care. For example, your physician may share information about your condition with the pharmacist to discuss appropriate medications, or with radiologists or other consultants in order to make a diagnosis. Health Services may use your medical information as required by your insurer or HMO to obtain payment for your treatment and hospital stay. We also may use and disclose your medical information to improve the quality of care, for example, for review and training purposes.
3. **How Will UTAHS Use My Medical Information?** Your medical information may be used or disclosed, unless you ask for restrictions on a specific use or disclosure, for the following purposes:
  - Family members or close friends who may consent to your treatment or who are involved in the payment for your treatment.
  - American Red Cross (or a government disaster relief agency) if you are involved in a disaster relief effort.

- Appointment reminders.
- To inform you of treatment alternatives or benefits or services related to your health that may be of interest to you. (You will have an opportunity to refuse to receive this information.)
- Fundraising activities, but such information will be limited to your name, address, phone number, and the dates you received services at UTAHS. (You will have an opportunity to refuse to receive these communications.)
- As required by law.
- Public health activities, including disease prevention, injury or disability; reporting births and deaths; reporting child abuse or neglect; reporting reactions to medications or product problems; notification of recalls; infectious disease control; notifying government authorities of suspected abuse, neglect or domestic violence (if you agree or as required or authorized by law).
- Health oversight activities, e.g., audits, inspections, investigations, and licensure.
- Lawsuits and disputes.
- Law enforcement (e.g., in response to a court order or subpoena).
- To coroners and medical examiners.
- Organ and tissue donation.
- Certain research projects approved by an Institutional Review Board.
- To prevent a serious threat to health or safety.
- To military command authorities if you are a member of the armed forces or a member of a foreign military authority.
- National security and intelligence activities.
- Protection of the President or other authorized persons for foreign heads of state, or to conduct special investigations.
- Workers' Compensation. (Your medical information regarding benefits for work-related illnesses may be released as appropriate.)
- To carry out treatment, payment, and health care operations functions through business associates, e.g., to install a new computer system.
  
- Alcohol and drug abuse information has special privacy protections. The UTAHS will not disclose any information identifying an individual as being a patient or provide any medical information relating to the patient's substance abuse treatment unless: (i) the patient consents in writing; (ii) a court order requires disclosure of the information; (iii) medical personnel need the information to meet a medical emergency; (iv) qualified personnel use the information for the purpose of conducting scientific research, management audits, financial audits, or program evaluation; or (v) it is necessary to report a crime or a threat to commit a crime, or to report abuse or neglect as required by law.

4. **Your Authorization Is Required for Other Disclosures.** Except as described above, we will not use or disclose your medical information unless

you authorize (permit) UTAHS in writing to disclose your information. You may revoke your permission, which will be effective only after the date of your written revocation.

5. **You Have Rights Regarding Your Medical Information.** You have the following rights regarding your medical information, provided that you make a written request to invoke the right on the form provided by UTAHS:

- **Right to request restriction.** You may request limitations on your medical information we use or disclose for health care treatment, payment, or operations (e.g., you may ask us not to disclose that you have had a particular procedure), but we are not required to agree to your request. If we agree, we will comply with your request unless the information is needed to provide you with emergency treatment.
- **Right to confidential communications.** You may request communications in a certain way or at a certain location, but you must specify how or where you wish to be contacted.
- **Right to inspect and copy.** You have the right to inspect and copy your medical information regarding decisions about your care; however psychotherapy notes may not be inspected or copied. We may charge a fee for copying, mailing and supplies. Under limited circumstances, your request may be denied; in some cases you may request review of the denial by another licensed health care professional chosen by UTAHS. Health Services will comply with the outcome of the review.
- **Right to request amendment.** If you believe that the medical information we have about you is incorrect or incomplete, you may request an amendment on the form provided by UTAHS, which requires certain specific information. Health Services is not required to accept the amendment.
- **Right to accounting of disclosures.** You may request a list of the disclosures of your medical information that have been made to persons or entities in the past six years, but not prior to April 14, 2003 (such list will not include disclosures made pursuant to an authorization or for treatment, payment, and health care operations). After the first request, there may be a charge.
- **Right to a copy of this Notice.** You may request a paper copy of this Notice at any time, even if you have been provided with an electronic copy. You may obtain an electronic copy of this Notice at our web site, <http://www.uta.edu/healthservices>.

6. **Requirements Regarding This Notice.** UTAHS is required by law to provide you with this Notice. We will be governed by this Notice for as long as it is in effect. UTAHS may change this Notice and these changes will be effective for medical information we have about you as well as any information we receive

in the future. Each time you register at UTAHS for health care services, you may receive a copy of the Notice in effect at the time.

7. **Complaints.** If you believe your privacy rights have been violated, you may file a complaint with the Executive Director of Assurance Services, The University of Texas at Arlington, Box 19110, Arlington, TX 76010, 817/272-5100. To obtain further information about the federal privacy rules or to submit a complaint to the Department of Health and Human Services, you may contact the Department by telephone at (214) 767-4056, fax at (214) 767-0432, TDD at (214) 767-8940, electronic mail at [ocrcomplaint@hhs.gov](mailto:ocrcomplaint@hhs.gov), or by regular mail addressed to:

Region VI, Office for Civil Rights  
U.S. Department of Health and Human Services  
1301 Young Street, Suite 1169  
Dallas, TX 75202

*You will not be penalized or retaliated against in any way for making a complaint to UTAHS or the Department of Health and Human Services.*

**Contact: The University of Texas at Arlington Health Services at 817/272-2771 if:**

- **you have a complaint;**
- **you have any questions about this Notice;**
- **you wish to request restrictions on uses and disclosures for health care treatment, payment, or operations; or**
- **you wish to obtain a form to exercise your individual rights described in paragraph 5.**

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