

NORTHERN ARIZONA UNIVERSITY

Campus Health Medical Services

NOTICE OF PRIVACY PRACTICES FOR PROTECTED HEALTH INFORMATION **(See 45 C.F.R. § 164.520)**

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.

We intend this Notice to focus you on privacy issues related to your *protected health information* and to prompt discussions about such issues. *Protected health information* means health information transmitted or maintained in any form or medium that either identifies you or can reasonably be used to identify you that we create or receive and that is related to your past, present or future physical or mental health or condition, the provision of healthcare to you, or to your past, present or future payment for the provision of health care. See 45 C.F.R. § 164.501. If you have any questions, need clarification, or wish to discuss any matters contained in this Notice, please let us know immediately. For information about the general requirements of this Notice, please refer to 45 C.F.R. § 164.520.

Treatment, Payment, Healthcare Operations. (See 45 C.F.R. § 164.506) We may use or disclose your *protected health information* without your authorization for your treatment, to obtain payment for your care, or to conduct healthcare operations. For example we may use and disclose your health information without your authorization to consult with another healthcare provider regarding your treatment, to bill your insurance company for the services that we provide, and to conduct quality assessment and improvement activities.

Required or Permitted Uses and Disclosures. (See 45 C.F.R. §§ 164.512, 164.510(b), 160.103 and 164.504(e)) There are certain circumstances in which we may be required or permitted to disclose your *protected health information* without your authorization.

- Required by Law. We will use or disclose *protected health information* to the extent that such use or disclosure is required by law and complies with and is limited to the relevant requirement of such law.

- Public Health Activities. We may disclose *protected health information* regarding public health activities, if circumstances warrant, to the following: a public health authority, an agency authorized to receive child abuse or neglect reports, the Food and Drug Administration, a person who may have been exposed to a communicable disease if allowed by law, and an employer, limited to that employer's request for an evaluation for a work-related illness or injury.

- Victims of Abuse, Neglect or Domestic Violence. We may disclose *protected health information* to the appropriate government authority if we reasonably believe that you are a victim of abuse, neglect, or domestic violence.

•Health Oversight Activities. We may disclose *protected health information* for oversight activities authorized by law including audits, licensure or disciplinary actions.

•Judicial and Administrative Proceedings. We may disclose *protected health information* in the course of any judicial or administrative proceeding in response to a court order, subpoena, discovery request, or other lawful process.

•Law Enforcement. We may disclose *protected health information* for a law enforcement purpose to a law enforcement official in the following circumstances: 1) as required by law, including laws that require the reporting of certain types of wounds or other physical injuries, 2) in response to a law enforcement official's request for information to identify or locate a suspect, fugitive, material witness, or missing person, 3) in response to a law enforcement official's request for information about an individual who is or is suspected to be a victim of a crime, 4) to alert a law enforcement official if we suspect a death may have resulted from criminal conduct, and 5) to alert a law enforcement official if we believe that a crime has occurred on our premises.

•Decedents. We may disclose *protected health information* to a coroner or medical examiner to identify a deceased person, determine cause of death, or other duties imposed by law. We may also disclose *protected health information* to funeral directors, consistent with applicable law, as necessary for them to carry out their duties with respect to the decedent.

•Research. We may use or disclose *protected health information* for research if: 1) we obtain documentation that a waiver of a required individual authorization has been approved by an Institutional Review Board or a privacy board, 2) a researcher represents that use or disclosure is sought because it is necessary to prepare a research protocol or similar purposes preparatory to research, or 3) a researcher represents that the use or disclosure sought is solely for research on the *protected health information* of decedents.

•Serious Threat to Health and Safety. We may, consistent with applicable law and standards of ethical conduct, use or disclose *protected health information* if: 1) we believe that the use or disclosure is necessary to prevent or lessen a serious and imminent threat to the health or safety of a person and the use or disclosure is to a person reasonably able to prevent or lessen the threat, or 2) it is necessary for law enforcement authorities to identify or apprehend a person because that person admitted in participating in a violent crime or it appears that a person has escaped from lawful authority.

•Specialized Government Functions. We may use and disclose *protected health information* for several specialized government functions including: 1) military service and veterans activities, 2) national security and intelligence activities, 3) protective services for the President and others, and 4) correctional institutions and other law enforcement custodial situations.

•Workers' Compensation. We may disclose *protected health information* as authorized and to the extent necessary to comply with laws relating to workers' compensation.

•Family Members. Unless you object or request otherwise, we may use and disclose *protected health information* to a family member or a close personal friend to the extent that information is relevant to that person's involvement with your healthcare or payment of your healthcare.

•Business Associates. We may disclose your *protected health information* to our business associates with whom we have contracted. A business associate is a person or an organization who, on our behalf, performs a function or activity involving the use or disclosure of individually identifiable health information. We require that all of business associates agree to appropriately safeguard your *protected health information*.

Appointment Reminders and Treatment Alternatives. We may contact you to provide appointment reminders or information about treatment alternatives or other health related benefits and services that may be of interest to you. (Optional)

Other Uses and Disclosures. (See 45 C.F.R. § 164.508(b)(5)) Other uses and disclosures of your *protected health information* will be made only with your written authorization. Written authorization may be revoked in writing at any time except to the extent that the authorization has already been acted upon.

Your Individual Rights. You have the following rights regarding your *protected health information* that we maintain:

•Right to Request Restrictions. (See 45 C.F.R. § 164.522(a)) You may request restrictions on certain uses and disclosures of your *protected health information*, although we do not have to agree to such a request. If we do agree to a restriction, however, we must abide by that restriction.

•Right to Receive Confidential Communications. (See 45 C.F.R. §164.522(b)) You may request in writing to receive communications of your *protected health information* by an alternative means or at an alternative location.

•Right to Inspect and Copy Your Health Information. (See C.F.R. § 164.524) Except for some specific exceptions, you may inspect and copy your *protected health information*. If you request a copy of your *protected health information*, we may charge reasonable fees for copying and postage, if applicable, associated with your request.

•Right to Amend Your Health Information. (See 45 C.F.R. § 164.526) You may request that we amend your *protected health information* we maintain in our designated record set. You must make such requests in writing and provide a reason or reasons to support the requested amendment.

•Right to Receive an Accounting of Disclosures. (See 45 C.F.R. § 164.528) You may request an accounting of disclosures of your *protected health information*.

•Right to Request a Paper Copy of This Notice. You may request a paper copy of this notice, even if you have agreed to receive this notice electronically.

Our Duties.

•We are required by law to maintain the privacy of *protected health information* and to provide individuals with notice of our legal duties and privacy practices with respect to *protected health information*.

•We are required to abide by the terms of the Notice of Privacy Practices currently in effect.

•We reserve the right to change the terms of this Notice of Privacy Practices and to make the new Notice provisions effective for all *protected health information* that we maintain. We will make the revised notice available upon request on the effective date and will post the new notice in a prominent location.

Complaints. If you believe that your privacy rights have been violated you may complain to us and to the Secretary of Health and Human Services. If you wish to complain to us, please contact the Medical Records Supervisor at 928-523-2131 in order to receive a complaint form. You will not be retaliated against for filing a complaint.

Further Information. If you wish to receive further information about matters covered by this Notice, please contact the Director at 928-523-2131.

Effective Date. April 14, 2003 is the effective date of this Notice.

Acknowledgement. My signature below indicates that I have been provided with a copy of this Notice of Privacy Practices.

Name (Please Print)

NAU ID#

Signature of Patient or Legal Representative

Date

For Office Only:

If we are unable to obtain such acknowledgement, explain why below

Signature of Staff Person

Date