



The University of Texas Medical Branch

# UTMB 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.*

## **Purpose of this Notice**

We are required by law to maintain the privacy of your protected health information (PHI). This notice applies to all records of the health care and services you received at UTMB. This notice will tell you about the ways in which we may use and disclose your PHI. This notice also describes your rights and certain obligations we have regarding the use and disclosure of your PHI.

## **Who Will Follow this Notice**

This notice describes UTMB's privacy practices, as well as the privacy practices of:

- any health care professional authorized to enter information into your UTMB medical record;
- all departments, sections and units of UTMB;
- any member of a volunteer group that interacts with you while you are at UTMB; and
- all employees, staff, students and other UTMB personnel.

## **Understanding Your Health Record**

Each time you visit a UTMB hospital, physician or affiliated health care provider, a record of your visit is made. Typically, this record contains your symptoms, examination and test results, diagnoses, treatment, and a plan for care or treatment. This information, often referred to as your health or medical record, serves as a:

- basis for planning your care, treatment and any follow up care you may need;
- means of communication among the many health professionals who contribute to your care;
- legal document describing the care you received;
- means by which you or a third-party payer (for example, insurance carriers, Medicare, Medicaid) can verify that services billed were actually provided;
- tool in educating health professionals;
- source of information for medical research;
- source of information for public health officials charged with improving the health of the nation;
- source of information for facility planning and marketing; and
- tool that can be used to assess and continually improve the care rendered and the results achieved.

## UTMB's Commitment

We are required by law to:

- make sure that your PHI is kept private;
- give you this notice of our legal duties and privacy practices with respect to your PHI;
- follow the terms of this notice as long as it is currently in effect. If we revise this notice, we will follow the terms of the revised notice as long as it is currently in effect;
- train our personnel concerning privacy and confidentiality; and
- mitigate (lessen the harm of) any breach of privacy/confidentiality.

Understanding what is in your record and how your health information is used helps you to:

- ensure its accuracy;
- better understand who, what, when, where and why others may access your health information; and
- make more informed decisions when authorizing disclosure to others.

## How We May Use and Disclose Information about You

The following categories (listed in bold-face print, below) describe different ways that we use and disclose your **protected health information (PHI)**. For each category of uses or disclosures we will explain what we mean and give you some examples. Not every use or disclosure in a category will be listed. However, all of the ways we are permitted to use and disclose information fall within the categories below.

**For Treatment.** We are permitted to use and disclose your PHI to doctors, nurses, technicians, medical students or other personnel who are involved in taking care of you at UTMB or provide you with medical treatment or services. For example, a doctor treating you for a broken leg may need to know if you have diabetes because diabetes may slow the healing process. In addition, the doctor may need to tell the dietitian if you have diabetes so that the dietitian can arrange for appropriate meals. Different departments of UTMB also may share your PHI in order to coordinate the different services that you need, such as lab work, X-rays, and prescriptions. We also may disclose your PHI to health care providers outside UTMB who may be involved in your medical care, such as physicians, who will provide follow-up care, physical therapy organizations, medical equipment suppliers, and skilled nursing facilities.

**For Payment.** We are permitted to use and disclose your PHI so that the treatment and services you receive at UTMB may be billed to (and payment may be collected from) your insurance company or a third party. For example, we may need to give your health plan information about the surgery you received at UTMB so your health plan will pay us or reimburse you for the surgery. We also may tell your health plan about a treatment you are going to receive to obtain prior approval or to determine whether your plan will cover the treatment.

**For Health Care Operations.** We are permitted to use and disclose your PHI for our business operations. These uses and disclosures are necessary to run UTMB and to make sure that all of our patients receive quality care. For example, we may use PHI to review our treatment and services and to evaluate the performance of our staff in caring for you. We also may disclose information to faculty physicians, nurses, technicians, house staff (including residents and interns), medical students, and other UTMB personnel to conduct training programs. We also may combine certain PHI about several UTMB patients as part of a study to determine what additional services UTMB should offer, what services are not needed, and whether certain new treatments are effective. We also may remove all information that identifies you from a set of PHI so that others may use that information to study health care and health care delivery without learning who the specific patients are.

**To Business Associates for Treatment, Payment and Health Care Operations.** We are permitted to disclose your PHI to our business associates in order to carry out treatment, payment or health care operations. For example, we may disclose your PHI to a company we hire to bill insurance companies on our behalf to help us obtain payment for the health care services we provide.

**Hospital Directory.** Unless you express an objection, we are allowed to include certain limited information about you in the Patient Directory while you are a patient in a UTMB

## Permitted Uses and Disclosures of Your PHI

UTMB will not use or disclose your PHI without an authorization, except as listed below:

- treatment, payment and health care operations;
- hospital directory;
- individuals involved in your care or payment for your care;
- appointment reminders;
- treatment alternatives;
- health-related benefits and services;
- fund raising activities;
- as required by law;
- public health activities;
- health oversight activities;
- lawsuits and disputes;
- law enforcement;
- coroners, medical examiners, and funeral directors;
- organ and tissue donation;
- research;
- to avert a serious threat to health or safety;
- armed forces and foreign military personnel;
- national security and intelligence activities;
- protective services for the President and others;
- inmates; and
- worker's compensation.

Details regarding the conditions for these uses and disclosures are included in this notice.

hospital. This information may include your name, your location at UTMB (for example, Intensive Care Unit, Labor & Delivery), your general condition (for example, fair, stable, good) and your religious affiliation. The directory information, except for your religious affiliation, also may be released to people who ask for you by name. Your religious affiliation may be given to a member of the clergy, such as a priest or rabbi, even if the clergy member does not ask for you by name. The purpose of the Patient Directory is to allow your family, friends and clergy to visit you at UTMB and know how you are doing. If you cannot provide your objection to these uses and disclosures because of incapacity or an emergency treatment circumstance, we may use or disclose some or all of this information if that disclosure is consistent with what you have told us previously and if the disclosure is in your best interest as determined in the exercise of our professional judgment.

**Individuals Involved in Your Care or Payment for Your Care.** We may release your PHI to a family member, other relative or close personal friend who is involved in your medical care if the PHI released is directly relevant to the person's involvement with your care. We also may release information to someone who helps pay for your care. We also may tell your family or friends that you are at UTMB and what your general condition is. In addition, we may disclose your PHI to a group assisting in a disaster relief effort so that your family can be notified about your location and general condition.

**Appointment Reminders.** We may use and disclose medical information to contact you as a reminder that you have an appointment for treatment or medical care at UTMB.

**Treatment Alternatives.** We may use and disclose medical information to give you information about treatment options or alternatives that may be of interest to you.

**Health-Related Benefits and Services.** We may use and disclose medical information to tell you about health-related benefits or services that may be of interest to you.

**Fund Raising Activities.** We may use certain allowable PHI to contact you in an effort to raise money for UTMB and its operations. This limited PHI includes demographic information about you (for example, your name, address, phone number), and the dates you received treatment or services at UTMB. If you do not want us to contact you for our fund raising efforts, please contact the **Office of University Advancement at (409)772-3951**.

### Special Situations

**As Required By Law.** We will disclose your PHI when required to do so by federal, state, or local law.

**Public Health Activities.** We may disclose your PHI for public health activities. For example, public health activities generally include:

- preventing or controlling disease, injury or disability;
- reporting births and deaths;
- reporting child abuse or neglect;
- reporting reactions to medications or problems with products;
- notifying patients of recalls of products they may be using;
- notifying a person who may have been exposed to a disease or may be at risk for contracting or spreading a disease or condition; or
- notifying the appropriate government authority if we believe a patient has been the victim of abuse, neglect or domestic violence. We will only make this disclosure if you agree or when required or authorized by law.

**Health Oversight Activities.** We may disclose PHI to a health oversight agency for activities authorized by law such as audits, investigations, inspections and licensure. These activities

## Special Protections for Alcohol and Drug Abuse Information

Alcohol and drug abuse information has special privacy protections. UTMB will not disclose or provide any PHI relating to the patient's substance abuse treatment unless: (1) there is a patient authorization; (2) a court order requires disclosure of the information; (3) medical personnel need the information to meet a medical emergency; (4) qualified personnel use the information for the purpose of conducting scientific research, management audits, financial audits, or program evaluation; or (5) it is necessary to report a crime or a threat to commit a crime, or to report abuse or neglect as required by law.

are necessary for the government to monitor the health care system, government programs, and compliance with civil rights laws.

**Lawsuits and Disputes.** If you are involved in a lawsuit or a dispute, we may disclose your PHI in response to a court or administrative order. We may also disclose your PHI 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 information requested.

**Law Enforcement.** We may release PHI if asked to do so by a law enforcement official:

- in response to a court order, subpoena, warrant, summons or similar process;
- to identify or locate a suspect, fugitive, material witness or missing person—but only if limited information (e.g., name and address, date and place of birth, Social Security number, blood type and RH factor, type of injury, date and time of treatment, and date and time of death, if applicable) is disclosed;
- about the victim of a crime if, under certain limited circumstances, we are unable to obtain the victim's agreement;
- about a death we believe may be the result of criminal conduct;
- about criminal conduct we believe occurred on UTMB's premises; and
- in emergency circumstances to report a crime; or to determine the location of the crime, it's victims, or the identity, description or location of the person who committed the crime.

**Coroners, Medical Examiners and Funeral Directors.** We may release PHI about patients of UTMB to a coroner or medical examiner to identify a deceased person or to determine the cause of death. We may also release PHI about patients of UTMB to funeral directors as necessary to help them carry out their duties.

**Organ and Tissue Donation.** We may release PHI to organizations that handle organ procurement; or organ, eye or tissue transplantation; or to an organ donation bank to facilitate organ or tissue donation and transplantation.

**Research.** Under certain circumstances, we may use and disclose your PHI for research purposes. For example, a research project may involve comparing the health and recovery of all patients who received one medication to those who received another for the same condition. Most research projects, however, are subject to a special approval process. This process requires an evaluation of the proposed research project and its use of PHI, and balances these research needs with our patients' need for privacy. Before we use or disclose PHI for research, the project will have been approved through this special approval process. However, this special approval process is not required when we allow researchers who are preparing a research project to look at information about patients with specific medical needs, so long as the PHI they review does not leave UTMB.

**To Avert a Serious Threat to Health or Safety.** We may use and disclose your PHI when necessary to prevent a serious threat to your health and safety or the health and safety of the public or another person. Any disclosure, however, would only be to law enforcement in order to help prevent the threat.

**Armed Forces and Foreign Military Personnel.** If you are a member of the armed forces, we may release your PHI as required by military command authorities. We may also release PHI about foreign military personnel to the appropriate foreign military authority.

**National Security and Intelligence Activities.** We may release your PHI to authorized federal officials for intelligence, counterintelligence, and other national security activities authorized by law.

## Your Rights

You have the right to:

- request a restriction on certain uses and disclosures of your PHI;
- inspect and receive a copy of your PHI;
- request that UTMB amend your PHI;
- obtain an accounting of disclosures for your PHI;
- request confidential communications by alternative means or at alternative locations; and
- revoke a previous authorization except to the extent that action has already been taken.

More details about your rights and who you may contact are included in this notice.

**Protective Services for the President and Others.** We may disclose your PHI to authorized federal officials so they may provide protection to the President of the United States; other authorized persons or foreign heads of state; or to conduct special investigations.

**Inmates.** If you are an inmate of a correctional institution or under the custody of a law enforcement official, we may release your PHI to the correctional institution or law enforcement official under specific circumstances such as (1) for the institution to provide you with health care; (2) to protect your health and safety or the health and safety of others; or (3) for the safety and security of the correctional institution.

**Workers' Compensation.** We may release your PHI for workers' compensation or similar programs. These programs provide benefits for work-related injuries or illness.

## When Your Authorization is Required

Uses or disclosures of your PHI for other purposes or activities not listed above will be made only with your written authorization (permission). If you provide us authorization to use or disclose your PHI, you may revoke your authorization in writing at any time. If you revoke your authorization, we will no longer use or disclose your PHI for the reasons covered by your written permission. However, we are unable to take back any disclosures we have already made with your permission.

An authorization form is available electronically at <http://www.utmb.edu/compliance/hipaa>.

You may obtain a paper authorization form by contacting:

***UTMB Health Information Management  
301 University Blvd.  
Galveston, Texas 77555-0782***

## Special Protections for Alcohol and Drug Abuse Information

Alcohol and drug abuse information has special privacy protections. UTMB will not disclose or provide any PHI relating to the patient's substance abuse treatment unless: (1) there is a patient authorization; (2) a court order requires disclosure of the information; (3) medical personnel need the information to meet a medical emergency; (4) qualified personnel use the information for the purpose of conducting scientific research, management audits, financial audits or program evaluation; or (5) it is necessary to report a crime or a threat to commit a crime, or to report abuse or neglect as required by law.

## Your Rights

You have the following rights regarding the PHI we maintain about you.

**Right to Request Restrictions.** You have the right to request a restriction or limitation on the PHI we use or disclose about you for treatment, payment, or health care operations. You also have the right to request a limit on the PHI we disclose about you to someone who is involved in your care or the payment for your care, such as a family member or friend. We are not required to agree with your request. If we do agree, we will comply with your request unless the information is needed to provide you with emergency treatment. UTMB will notify you in writing whether we agree or do not agree with your request.

In your request, you must tell us: (1) what information you want to limit; (2) whether you want to limit UTMB's use and/or disclosure of the information; (3) to whom you want the limits to

## For More Information or to Report a Problem

If you have questions or would like additional information, you may contact UTMB's Chief Privacy Officer at (409) 747-8700.

If you believe your privacy rights have been violated, you can file a complaint with:

UTMB's Chief Privacy Officer at  
(409) 747-8700

or in writing to:

Office for Civil Rights  
U.S. Department of Health and Human Services  
200 Independence Avenue, S.W.  
Room 509F,  
HHH Building  
Washington, D.C. 20201

apply (for example, disclosures to your spouse); and (4) your contact address. A restriction request form is available electronically at <http://www.utmb.edu/compliance/hipaa>.

**Right to Request Confidential Communications.** You have the right to request that we communicate with you about medical matters in a certain way or at a certain location. For example, you can ask that we only contact you by telephone at work or that we only contact you by mail at home. Your request must specify how or where you wish to be contacted. We will accommodate all reasonable requests.

**Right to Inspect and Receive a Copy.** You have the right to inspect and receive a copy of PHI that may be used to make decisions about your care. Usually, this includes medical and billing records. Psychotherapy notes may not be inspected or copied.

If you request a copy of your PHI, we may charge a fee for the costs of copying, mailing or other supplies associated with your request. We may deny your request to inspect or receive a copy in certain very limited circumstances. If you are denied access to PHI, we will notify you in writing, and you may request that the denial be reviewed. Another licensed health care professional chosen by UTMB will review your request and the denial. The person conducting the review will not be the person who denied your request. We will comply with the outcome of the review.

**Right to Amend.** If you believe that PHI we have about you is incorrect or incomplete, you may ask us to amend the information. You have the right to request an amendment for as long as the information is kept by or for UTMB. You must include a reason that supports your request. In order to ensure that we collect the information we need, UTMB provides a form electronically at <http://www.utmb.edu/compliance/hipaa>.

We may deny your request for an amendment if it is not in writing or does not include a reason to support the request. In addition, we may deny your request if you ask us to amend information that: (1) was not created by us, unless the person or entity that created the information is no longer available to make the amendment; (2) is not part of the PHI kept by or for UTMB; (3) is not part of the information that you would be permitted to inspect and copy; or (4) is accurate and complete. UTMB will notify you in writing whether we agree or do not agree with your amendment request.

Additionally, if we grant the request, we will make the correction and distribute it to all necessary recipients as well as those you ask to receive the corrected information. If we deny your request for an amendment, we will notify you how you may file a complaint with UTMB or the Department of Health and Human Services.

**Right to an Accounting of Disclosures.** You have the right to request an "accounting of disclosures" that have been made by UTMB in the past six (6) years. The accounting (or list) of disclosures will include: (1) the date of the disclosure; (2) the name of the entity or person who received the PHI and, if known, the address; (3) a brief description of the PHI disclosed; and (4) a brief statement of the purpose of the disclosure.

Your request must state a time period not longer than six (6) years and may not include dates before April 14, 2003. The first list you request within a twelve (12) month period will be free of charge. For additional lists, we will charge you for the costs of providing the list. We will also notify you of the cost involved and you may choose to withdraw or modify your request at that time before any costs are incurred.

**Contact information for these rights.** Any requests related to these rights should be directed to:

***UTMB Health Information Management  
301 University Blvd.  
Galveston, Texas 77555-0782***

**Please complete and return the Acknowledgment of Receipt of Notice of Privacy Practices on the reverse side.**

**Right to a Paper Copy of This Notice.** You have the right to a paper copy of this notice. You may ask us to give you a copy of this notice at any time. Even if you have agreed to receive this notice electronically, you are still entitled to a paper copy of this notice. To obtain a paper copy of this notice, contact the UTMB Privacy Office at (409)747-8700.

**Access to Electronic Copy of This Notice.** You may obtain an electronic copy of this notice at our web site, <http://www.utmb.edu/compliance/hipaa/npp.htm>.

### **Changes to this Notice**

We reserve the right to change this notice. We reserve the right to make the revised or changed notice effective for medical information we already have about you as well as any information we receive in the future. We will post a copy of the current notice on UTMB premises, and on UTMB's web site. The notice will contain on the first page, in the lower right-hand corner, the effective date. In addition, each time you register at, or are admitted to, UTMB for treatment or health care services as an inpatient or outpatient, you may request a copy of the current notice in effect.



Please cut out this bottom section, sign the reverse side and mail to:

**UTMB Health Information Management  
301 University Blvd.  
Galveston, Texas 77555-0782**



UTMB Health Information Management  
301 University Blvd.  
Galveston, Texas 77555-0782

Non-Profit  
Organization  
U.S. Postage  
PAID  
Houston, TX  
Permit No. 5

### Acknowledgment of Receipt of Notice of Privacy Practices

My signature below indicates that I have been provided with a copy of UTMB's Notice of Privacy Practices.

\_\_\_\_\_  
**Signature of Patient or Legal Representative**

\_\_\_\_\_  
**Date**

\_\_\_\_\_  
**Print Patient Name**

\_\_\_\_\_  
**Patient Date of Birth**

If signed by legal representative, state relationship to patient \_\_\_\_\_