

UNIVERSITY OF OKLAHOMA
NOTICE OF PRIVACY PRACTICES
EFFECTIVE DATE: APRIL 14, 2003
LAST REVISED: February 2, 2012

This NOTICE describes how medical information about you may be used and disclosed and how you can get access to that information. It applies to all of your health information used to make decisions about your care that the University of Oklahoma (OU) generates or maintains. Please review it carefully.

OU is required by law to maintain the privacy of your health information, give you a Notice of OU's legal duties and privacy practices with respect to it, and follow the terms of the current Notice. It will be followed by all employees, students, and volunteers associated with, and the constituent parts of, the health care components of OU, which include, but are not limited to all or part of:

- College of Allied Health
- College of Dentistry
- College of Medicine and OU Physicians
- College of Medicine – Tulsa and OU Physicians – Tulsa
- College of Nursing
- College of Pharmacy
- College of Public Health
- George Nigh Rehabilitation Institute
- Counseling Psychology Clinic
- Department of Athletics
- Goddard Health Center
- Certain administrative offices

1. Uses and Disclosures of Your Health Information

The following categories describe some of the ways that OU may use and disclose your health information.

Treatment: OU will use your health information to provide you with medical treatment/services and for treatment activities of other health care providers. *Example:* Your health information may be used by other OU personnel who are involved in your care.

Payment: OU may use your health information for payment activities, including but not limited to, determining plan coverage, billing/collection, and assisting another health care provider with payment activities. *Example:* Your health information may be released to an insurance company to obtain pre-approval of services or payment for services.

Operations: OU may use your health information for operations—uses necessary to run its healthcare businesses—including, but not limited to, conducting quality assessment activities, training, or arranging for legal services. *Example:* OU may use your health information to conduct internal audits to verify proper billing procedures.

Education: OU may use and disclose your health information to faculty, staff, current and prospective students, volunteer and visiting faculty, and trainees and observers as part of its educational mission. *Example:* Your primary care provider may discuss your case with students as part of a learning experience.

Business Associates: OU may disclose your health information to other entities that provide a service to OU or on OU's behalf that requires the release of your health information, but only if OU has received satisfactory assurance that the other entity will properly safeguard your health information.

Treatment Alternatives/Health-Related Benefits & Services: OU may use and disclose your health information to tell you about health-related benefits, treatment alternatives, and other services that may be of interest to you.

Individuals Involved in Your Care or Payment for Your Care: OU may release health information about you to a friend, family member, or legal guardian who is involved in your care or who helps pay for your care.

Appointment Reminders: OU may use and disclose health information to remind you of appointments for medical services.

Directory [*applicable only to George Nigh Rehabilitation Institute*]: OU may include your name, location, general condition, and religious affiliation in a directory if you are staying overnight. Your religious affiliation may be given to a member of the clergy, even if you are not asked for by name, and your other information may be released to persons who ask for you by name. *If you do not want to be in the directory*, you need to notify us when you register at the facility and complete an “opt out” form.

Research: OU may use and disclose your health information to researchers for research. Your health information may be disclosed for research without your authorization if the authorization requirement has been waived or revised by a committee charged with verifying the disclosure will not pose a great risk to your privacy or that measures are being taken to protect your health information, to researchers to prepare for research under certain conditions, and to researchers who have signed a data use agreement promising to protect the information. Health information regarding deceased individuals can be released without authorization under certain circumstances.

Organ and Tissue Donation: If you are an organ donor, OU may release health information to organ donation banks or organizations that handle organ or tissue procurement or transplantation.

Fundraising: OU may use or release to an OU-related foundation contact information such as your name, address, and treatment dates for fundraising. If you do not want to be contacted for fundraising efforts, notify OU’s Privacy Official in writing.

2. Uses and Disclosures of Health Information Required/Permitted By Law: The following categories describe some of the ways that OU may be allowed or required to use and disclose your health information.

Required by Law/Law Enforcement: OU may use and disclose your health information if required by federal, state, or local law, such as for workers’ compensation, and if requested by law enforcement officials for purposes such as responding to a court order or warrant or obtaining information about a victim of a crime if, under certain circumstances, OU cannot obtain the victim’s agreement.

Public Health and Safety: OU may use and disclose your health information to prevent a serious threat to the health and safety of you, others, or the public and for public health activities, such as those intended to prevent or control. *Example*: Oklahoma law requires OU to report, among other things, tumors, birth defects, cases of communicable disease, and infants born exposed to alcohol.

Food & Drug Administration (FDA) and Health Oversight Agencies: OU may disclose health information relative to adverse events with respect to food, supplements, product and product defects, or post-marketing surveillance to the FDA and manufacturers to enable product recalls, repairs, or replacements, and to health oversight agencies for activities authorized by law, such as audits.

Lawsuits/Disputes: If you are involved in a lawsuit/dispute and have not waived the physician-patient privilege, OU may disclose your health information under a court/administrative order, subpoena, or discovery request after attempting to inform you of the request.

Coroners, Medical Examiners, and Funeral Directors: OU may release your health information to coroners, medical examiners, or funeral directors to enable them to carry out their duties.

National Security/Intelligence Activities and Protective Services: OU may release your health information to authorized national security agencies for the protection of authorized persons or to conduct special investigations.

Military/Veterans: OU may disclose your health information to military authorities if you are an armed forces or reserves member.

Inmates: If you are an inmate of a correctional facility or in the custody of law enforcement, OU may release your health information to a correctional facility or law enforcement official so they may provide your health care or protect the health and safety of you or others.

Oklahoma law requires that OU inform you that your health information used or disclosed as described in this Notice may include information which may indicate the presence of a communicable disease or noncommunicable disease. It may also include information related to mental health.

If OU wants to use and/or disclose your health information for a purpose not described in this Notice or required/permitted by law, *OU must obtain a specific authorization from you for that use and/or disclosure, and you may revoke that authorization at any time.*

3. Your Rights Regarding Your Health Information: You have the rights described below in regard to the health information that OU maintains about you. You must submit a written request to exercise any of these rights. Forms for this purpose are available at any of the locations where OU renders medical services. You also can obtain the forms by contacting the University's Privacy Official or at <http://www.ouhsc.edu/hippa/forms-patients.asp>

Right to Inspect/Copy: You have the right to inspect and get a copy of health information used in decisions about your care. This right does not apply to psychotherapy notes and certain other information. By law, OU may charge in advance \$1.00 for the first page, \$.50 for additional pages, up to \$5.00 per x-ray, image, or slide, plus postage, payable prior to the release of the requested records. Records produced in digital form are \$.12 cents per page, plus postage, for reproduction (or those amounts permitted by current law). OU may deny your request in certain circumstances. You may request a licensed health care professional chosen by OU to review a denial; OU will comply with this decision.

Right to Amend: If you feel health information OU created is inaccurate or incomplete, you may request that OU amend your information. OU cannot delete or destroy any information already included in your medical record. You must provide a reason in support of your amendment request. OU may deny your request if you ask to amend information that OU did not create, unless the person or entity that created the information is not available to make the amendment; that is not part of the health information OU maintains; that is not part of the information you are permitted by law to inspect and copy; or that is accurate and complete.

Right to Accounting of Disclosures: You have the right to request a free list of disclosures every 12 months. OU is not required to list all disclosures, such as those authorized or made for treatment, payment, or operations. *You must state a time period, which may not be longer than 6 years or include dates before April 14, 2003.* If you request more than one accounting in a 12-month period, OU may charge you for the cost of the list. OU will tell the cost; you may withdraw or modify your request before costs accrue.

Right to Request Restrictions: You have the right to request a restriction or limitation on your health information that OU uses or discloses, unless use or disclosure is required by law. You have the right to request limits on the health information OU discloses about you to someone involved in your care or payment for your care, like a family member or friend. You must specify the restriction and to whom it applies. OU is not required to agree to every request. If OU agrees, or is required to comply, OU will comply with the request unless the information is needed in case of emergency. *Example:* You may want to pay cash in advance for services rather than have your insurance billed.

Right to Request Confidential Contacts: You have the right to request that OU contact you about medical issues in a certain way or place, such as by mail. You must specify how or where you wish to be contacted; OU will try to accommodate reasonable requests.

Right to Paper Copy of This Notice: You have the right to a paper copy of this Notice, which is posted and available at each location where medical services are provided and on OU's website.

4. Changes to this Notice: OU reserves the right to change this Notice and to make the revised Notice effective for health information OU created or received about you prior to the revision, as well as information that it receives in the future. Revised Notices will be posted and available at each location where medical services are provided and on OU's website.

5. Complaints. If you believe your privacy rights have been violated, you may file a complaint with OU by contacting OU's Privacy Official, Jill Bush Raines, at (405) 271-2511; 1-866-836-3150; OUCompliance@ouhsc.edu; or PO Box 26901, OKC, OK 73126-0901; or with the Secretary of the Department of Health and Human Services, Office of Civil Rights – DHHS, 1301 Young Street, Suite 1169, Dallas, TX 75202, (214) 767-4056; (214) 767-8940 TDD. Submit a written complaint within 180 days of when you knew or should have known of the circumstance leading to the complaint. **You will not be retaliated against for filing a complaint.**



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