

**THE UNIVERSITY OF MONTANA
A HYBRID ENTITY AS DEFINED BY HIPAA**

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.

Certain “covered” entities within The University of Montana must maintain the privacy of your personal health information. These “covered” entities include the Curry Health Center, the DeWit RiteCare Speech, Language, and Hearing Clinic, the Curry Health Center Pharmacy, MonTECH (includes Montana Adaptive Equipment Program and Montana Assistive Technology Programs) (MAEP), the New Directions Program, the Rhinehart Athletic Training Center, the UM Physical Therapy Clinic, and the IPHARM Pharmacy. This notice describes how your protected health information about treatment, payment, health care operations, or for other purposes that are permitted or required may be used or disclosed. It also describes your rights to access and control your protected health information. Please note that all your personal health information will be available for release to you, to a provider regarding your treatment, or to certain other entities as required by law.

The “covered” entities within The University of Montana are required to abide by the terms of the Notice of Privacy Practices. However, the University reserves the right to change the privacy practices described in this notice, in accordance with the law. Changes to the privacy practices would apply to all health information maintained in the “covered” entities. If the privacy practices are changed, you may receive a revised copy of the privacy notice by contacting The University of Montana HIPAA Privacy Officer, in the Office of Research and Creative Scholarship, UH 116, 406-243-4755.

USES AND DISCLOSURES OF PROTECTED HEALTH INFORMATION

Uses and Disclosures of Protected Health Information Based Upon Your Consent of Written Privacy Notice

Before you are provided with health care by a “covered” entity, you will be asked to sign a form acknowledging your receipt of this Privacy Notice. Once you have signed the acknowledgement form, you consent to the provisions of this Privacy Notice and your health information may be used and disclosed for the following purposes:

1. **Treatment.** Health care providers may use the information in your medical record to determine which treatment options best address your health needs. For example,

your protected health information may be used to provide, coordinate, or manage your health care. This may include disclosure of your protected health information to a home health agency or to a pharmacy or medical equipment provider. In addition, your protected health information may be disclosed to a specialist or a laboratory, which becomes involved with your health care diagnosis or treatment.

2. **Payment.** In order for an insurance company to pay for your treatment, a bill that identifies you, your diagnosis, and the treatment provided to you must be submitted. Such health information will be passed to an insurer in order to help receive payment for your medical bills.
3. **Health Care Operations.** Your diagnosis, treatment, and outcome information may be needed in order to improve the quality or cost of health care delivered. These quality and cost improvement activities may include evaluating the performance of your health care providers or examining the effectiveness of treatment provided to you.

In addition, your health information may be used for appointment reminders. For example, your medical record may be used to determine the date and time of your next appointment so a reminder can be sent or a telephone call made to remind you of the appointment. Also, your medical information may be examined to decide if another treatment or a new service may help you.

NOTE: If you refuse to provide your consent, treatment may be refused.¹

Uses and Disclosures of Protected Health Information That Can Be Made *Without* Your Written Consent

1. **As required or permitted by law.** Some types of health information must be reported to legal authorities, such as law enforcement officials, court officials, or government agencies. For example, abuse, neglect, domestic violence or certain physical injuries may have to be reported. Also, responses to court orders are mandated by law.
2. **For public health activities.** Certain health authorities may require reporting of your health information to prevent or control disease, injury, or disability. This may include using your medical record to report certain diseases, injuries, birth or death information, information of concern to the Food and Drug Administration, or information related to child abuse or neglect. Also, certain work-related injuries may need to be reported to your employer so that your workplace can be monitored for safety.

¹ CFR § 164.506(b) (2001).

3. **For health oversight activities.** Your health information may be disclosed to authorities so they can monitor, investigate, inspect, discipline or license those who work in the health care system or for government benefit programs.
4. **For activities related to death.** Your health information may be disclosed to coroners, medical examiners and funeral directors so they can carry out their duties related to your death, such as identifying the body, determining the cause of death or, in the case of funeral directors, to carry out funeral preparation activities.
5. **For organ, eye or tissue donation.** Your health information may be disclosed to people involved with obtaining, storing or transplanting organs, eyes or tissue of cadavers for donation purposes.
6. **For research.** Under certain circumstances, and only after a special approval process that usually involves removal of identifiers from disclosed information, your health information may be disclosed to help conduct research.
7. **To avoid a serious threat to health or safety.** As required by law and standards of ethical conduct, your health information may be disclosed to the proper authorities if, in good faith, it is believed that such release is necessary to prevent or minimize a serious and approaching threat to you or the public's safety.
8. **For military, national security, or incarceration/law enforcement custody.** If you are involved with the military, national security or intelligence agencies, or you are in the custody of law enforcement officials or an inmate in a correctional institution, your health information may be released to the proper authorities so that they may carry out their duties under the law.
9. **For worker's compensation.** Your health information may be disclosed to the appropriate persons to comply with laws related to worker's compensation or other similar programs. These programs may provide benefits for work-related injuries or illness.
10. **To those involved with your care or payment of care.** If people such as family members, relatives, or close personal friends are helping care for you or helping you pay your medical bills, important health information about you may be released to those people. You have the right to object to such disclosure, unless you are unable to function or there is an emergency.

NOTE: Except for the situations listed above, your specific, written authorization must be obtained for any other release of your health information. An authorization is different than consent. One primary difference is that, unlike cases with consents, a provider must

treat you even if you do not wish to sign an authorization form.² If you sign an authorization form, you may withdraw your authorization at any time, as long as your withdrawal is in writing. If you wish to withdraw your authorization, please submit your written withdrawal to the covered entity to which you submitted the authorization (the Montana Adaptive Equipment Program (MAEP), MonTECH, The Hearing Conservation Project, the New Directions program, the Sports and Orthopedic Physical Therapy Clinic and the Health Service Pharmacy in the Curry Health Center).

YOUR HEALTH INFORMATION RIGHTS

You have several rights with regard to your health information. If you wish to exercise any of the following rights, please contact The University of Montana HIPAA Privacy Officer, Office of Research and Creative Scholarship UH 116, 406-243-4755. Specifically, you have the right to:

- 1. Inspect and obtain a copy of your health information.** With a few exceptions, you have the right to inspect and obtain a copy of your health information. However, this right does not apply to psychotherapy notes or information gathered for judicial proceedings, for example. In addition, a reasonable fee may be charged if you request a copy of your health information.
- 2. Request to correct your health information.** If you believe your health information is incorrect, you may ask that the information be corrected. You should make such requests in writing and give a reason why your health information should be changed. However, your request may be denied if covered entities at The University of Montana did not create the health information you believe is incorrect or if these entities believe your information is correct.
- 3. Request restrictions on certain uses and disclosures.** You have the right to ask for restrictions on how your health information is used or to whom your information is disclosed, even if the restriction affects your treatment, payment, or health care operation activities. Or, you may want to limit the health information provided to family or friends involved in your care or payment of medical bills. You may also want to limit the health information provided to authorities involved in disaster relief efforts. However, The University of Montana is not required to agree to your requested restrictions in all circumstances.

If you receive certain medical devices (for example, life-supportive devices used outside a covered entity's facility), you may refuse to release or may restrict the release of your name, telephone number, social security number or other identifying information for purpose of tracking the medical device.

² 45 CFR § 164.508(e)(ii) (2001).

4. **As applicable, receive confidential communication of health information.** You have the right to ask that your health information be communicated to you in different ways or places. For example, you may wish to receive information about your health status in a special, private room or through a written letter to a private address. Reasonable requests for confidentiality made by you must be accommodated by the health care provider.
5. **Receive a record of disclosures of your health information.** In some limited instances, you have the right to ask for a list of the disclosures of your health information made from covered entities in The University of Montana during the previous six years, but the request cannot include dates before April 14, 2003. This list must include the date of each disclosure, who received the disclosed health information, a brief description of the health information disclosed, and why the disclosure was made. The covered entities must comply with your request for a list within 60 days, unless you agree to a 30-day extension, and there will be no charge for the list, unless you request such a list more than once per year. In addition, the list of disclosures will not include disclosures made to you, or for purposes of treatment, payment, health care operations, inclusion in the entity's directory, or for national security, law enforcement/corrections, and certain health oversight activities.
6. **Obtain a paper copy of this notice.** Upon request, you may at any time receive a paper copy of this notice, even if you earlier agreed to receive this notice electronically.
7. **Complaints.** If you believe that your privacy rights have been violated, you may file a complaint with The University of Montana and with the federal Department of Health and Human Services. The University of Montana will not retaliate against you for filing such a complaint. To file a complaint, please contact The University of Montana Chief Privacy Officer, in the Office of Research and Creative Scholarship, UH 116, 406-243-6670.

This Notice of Medical Information Privacy is Effective April 14, 2003.