# Vandal Health Clinic – 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.** For unemancipated minors, these rights and notices are additionally extended to their legal parent(s) or guardian(s) where applicable.

If you have any questions about this Notice, please contact our Compliance Office:

VHC-Compliance@uidaho.edu

Or by mail:

Vandal Health Clinic Compliance Office
University of Idaho
875 Perimeter Drive MS 4201
Moscow, ID 83844

## Uses and Disclosures of Your Medical Information

The law permits or requires us to use or disclose your medical information for various reasons, which we explain in this Notice. We have included some examples, but we have not listed every permissible use or disclosure. When using or disclosing medical information or requesting your medical information from another source, we will make reasonable efforts to limit our use, disclosure, or request about your medical information to the minimum we need to accomplish our intended purpose. Despite our efforts to ensure that the information we disclose to others remains confidential, there is always potential that your information be re-disclosed by someone that we shared it with, at which point the information may no longer be protected.

## Uses and Disclosures for Treatment, Payment, or Health Care Operations

Treatment: We may use or disclose your medical information and share it with other providers who are treating you, including doctors, nurses, or other practitioners involved in your care.

Billing and payment: We may use and disclose your medical information to bill and receive payment from health plans or others. For example, we may share your medical information with your health insurance plan to receive payment for services provided to you.

Running our organization: We may use and disclose your medical information to run our business operations, improve your care, and contact you when necessary. For example, we may use your medical information to manage the services and treatment you receive or to monitor the quality of care provided to you.

## Other Uses and Disclosures

We may share your information in other ways allowed by applicable laws and regulations. For example, these other uses and disclosures may involve:

Complying with the law: For example, we will share your medical information if the Department of Health and Human Services requires it when investigating our compliance with privacy laws.

Helping with public health and safety issues: For example, we may share your medical information with the appropriate governmental oversight entity when required to report injuries and deaths, prevent disease, report adverse reactions to medications or medical device product defects, or avert a serious threat to public health or safety.

Responding to legal actions: For example, we may share your medical information to respond to a court or administrative order or subpoena, discovery request, or another lawful process.

Research: For example, we may share your medical information for some types of health research that do not require your authorization. For certain research activities, an Institutional Review Board may approve uses and disclosures of your health information without your authorization.

Working with medical examiners or funeral directors. For example, we may share medical information with coroners, medical examiners, or funeral directors when an individual dies.

Addressing workers' compensation, law enforcement, or other government requests. We can use or share health information about you:

- For workers' compensation claims
- For law enforcement purposes or with a law enforcement official
- With health oversight agencies for activities authorized by law
- For special government functions such as military, national security, and presidential protective services

Other federal and state laws may have additional requirements that we must follow or may be more restrictive on how we use and disclose certain of your health information. If there are specific more restrictive requirements, even for some of the purposes listed above, we may not disclose your health information without your written permission as required by such laws.

Disclosure of your medical information or its use for any purpose other than those listed above requires your specific written authorization. Some examples include:

Marketing: We will not use or disclose your medical information for marketing purposes without your written authorization except as otherwise permitted by law.

Sale of your Medical Information: We will not sell your medical information without your written authorization except as otherwise permitted by law.

If you change your mind after authorizing a use or disclosure of your medical information, you may withdraw your permission by revoking the authorization. However, your decision to revoke the authorization will not affect or "undo" any use or disclosure of your medical information that occurred before you notified us of your decision, or any actions that we have taken based upon your authorization. All revocations must be in writing. Please send written revocations to our mailing address at the top of this Notice or call our business line for alternative options.

**Your Rights**

Get an Electronic or Paper Copy of Your Medical Record: You can ask for an electronic or paper copy of your medical record and other health information we have about you. We will provide a copy or a summary of your health information, usually within 30 days of your request. We may charge a reasonable, cost-based fee.

Ask Us to Correct Your Medical Record: You can ask us to correct health information about you that you think is incorrect or incomplete. We may say "no" to your request, but we'll tell you why in writing within 60 days.

Request Confidential Communications: You can ask us to contact you in a specific way (for example, home or office phone) or to send mail to a different address. We will say "yes" to all reasonable requests.

Ask Us to Limit What We Use or Share: You can ask us not to use or share certain health information for treatment, payment, or our operations. We are not required to agree to your request, and we may say “no” if it would affect your care.

If you pay for a service or health care item out-of-pocket in full, you can ask us not to share that information for the purpose of payment or our operations with your health insurer. We will say “yes” unless a law requires us to share that information.

Get a List of Those with Whom We’ve Shared Information: You can ask for a list (accounting) of the times we’ve shared your health information for six years prior to the date you ask, who we shared it with, and why. We will include all the disclosures except for those about treatment, payment, and health care operations, and certain other disclosures (such as any you asked us to make). We’ll provide one accounting a year for free but will charge a reasonable, cost-based fee if you ask for another one within 12 months.

Get a Copy of This Privacy Notice: You can ask for a paper copy of this notice at any time, even if you have agreed to receive the notice electronically. We will provide you with a paper copy promptly.

Choose Someone to Act for You: If you have given someone medical power of attorney or if someone is your legal guardian, that person can exercise your rights and make choices about your health information. We will verify the person has this authority and can act for you before we take any action.

File a Complaint if You Feel Your Rights are Violated: You can complain if you feel we have violated your rights by contacting us using the information on page 1 of this document.

You can file a complaint with the U.S. Department of Health and Human Services Office for Civil Rights by calling 1-877-696-6775, visiting www.hhs.gov/ocr/privacy/hipaa/complaints/, or by sending a letter to:

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

We will not retaliate against you for filing a complaint.

**Your Choices**

For certain health information, you can tell us your choices about what we share. If you have a clear preference for how we share your information in the situations described below, talk to us. Tell us what you want us to do, and we will follow your instructions.

In these cases, you have both the right and choice to tell us to:

- Share information with your family, close friends, or others involved in your care
- Share information in a disaster relief situation
- Include your information in a hospital directory

*If you are not able to tell us your preference, for example if you are unconscious, we may share your information if we believe it is in your best interest. We may also share your information when needed to lessen a serious and imminent threat to health or safety.*