



# Saint Louis University – University Health Plan Notice of Privacy Practices

Effective Date: September 23, 2013

**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. If you have any questions about this Notice please contact the SLU Privacy Officer at 314-977-5545 or e-mail [hipaa@slu.edu](mailto:hipaa@slu.edu)**

This Notice of Privacy Practices is provided to you as a requirement of the Health Insurance Portability and Accountability Act (HIPAA). It describes how we may use and disclose your protected health information, with whom it may be shared, and the safeguards we have in place to protect it. This notice also describes your rights to access and amend your protected health information.

## **OUR DUTIES TO YOU REGARDING PROTECTED HEALTH INFORMATION**

“Protected health information” consists of all individually identifiable information. This information includes demographics, for example, name, address, e-mail address, and relates to your past, present or future physical or mental health or condition and related health care services. Saint Louis University is required by law to do the following:

- Make sure that your protected health information is kept private.
- Give you this notice of our legal duties and privacy practices related to the use and disclosure of your protected health information.
- Notify you in the case of a breach of your identifiable medical information.
- Follow the terms of the notice currently in effect.

We may change the terms of our notice in the future. Upon your request, we will provide you with a revised Notice of Privacy Practices at our website: <http://www.slu.edu>, or by calling 314-977-5666 and requesting that a revised copy be sent to you in the mail.

## **HOW WE MAY USE OR DISCLOSE YOUR PROTECTED HEALTH INFORMATION**

Following are examples of the types of uses and disclosures of your protected health information.

## **USES AND DISCLOSURES OF PROTECTED HEALTH INFORMATION THAT DO NOT REQUIRE YOUR PERMISSION**

By law, we must disclose your health information to you unless it has been determined by a competent medical authority that it would be harmful to you. We must also disclose health information to the Secretary of the Department of Health and Human Services (DHHS) for investigations or determinations of our compliance with laws on the protection of your health information.

**Treatment:** We will use and disclose your protected health information to provide, coordinate, or manage your health care and any related services.

**Payment:** Your protected health information will be used, as needed, to determine eligibility, coordinate care, review medical necessity, pay claims, and respond to complaints.

**Business Operations:** We may use or disclose, as needed, your protected health information in order to support business operations. We will share your protected health information with third party “business associates” that perform various activities such as but not limited to benefits administration and care coordination. We may use or disclose your protected health information, as necessary, to provide you with information about treatment alternatives or other health-related benefits and services that may be of interest to you. For example, we may send you information about products or services that we believe may be beneficial to you.

**Required By Law:** We may use or disclose your protected health information if the use or disclosure is required by law. The use or disclosure will be made in compliance with the law and will be limited to the relevant requirements of the law. You will be notified, as required by law, of any such uses or disclosures.

**Public Health:** We may disclose your protected health information for public health activities and purposes to a public health authority that is permitted by law to collect or receive the information. The disclosure will be made for the purpose of controlling disease, injury or disability. We may disclose your protected health information to a public health authority that is authorized by law to receive reports of child abuse or neglect. In addition, we may disclose your protected health

information if we believe that you have been a victim of abuse, neglect or domestic violence to the governmental entity or agency authorized to receive such information. We may also disclose your protected health information, if directed by the public health authority, to a foreign government agency that is collaborating with the public health authority.

**Communicable Diseases:** We may disclose your protected health information, if authorized by law, to a person who may have been exposed to a communicable disease or may otherwise be at risk of contracting or spreading the disease or condition.

**Health Oversight:** We may disclose protected health information to a health oversight agency for activities authorized by law, such as audits, investigations, and inspections. Oversight agencies seeking this information include government agencies that oversee the health care system, government benefit programs, other government regulatory programs and civil rights laws.

**Food and Drug Administration:** We may disclose your protected health information to a person or company required by the Food and Drug Administration to report adverse events, product defects or problems, biologic product deviations, track products, enable product recalls, make repairs or replacements, or to conduct post marketing surveillance, as required.

**Legal Proceedings:** We may disclose protected health information in the course of any judicial or administrative proceeding, in response to an order of a court or administrative tribunal (to the extent such disclosure is expressly authorized), in certain conditions in response to a subpoena, discovery request or other lawful process.

**Law Enforcement:** We may also disclose protected health information for law enforcement purposes. These law enforcement purposes include (1) responses to legal proceedings, (2) limited information requests for identification and location purposes, (3) pertaining to victims of a crime, (4) suspicion that death has occurred as a result of criminal conduct, (5) in the event that a crime occurs on the premises, and (6) medical emergencies (not on SLU premises) believed to result from criminal conduct.

**Coroners, Funeral Directors, and Organ Donation:** We may disclose protected health information to a coroner or medical examiner for identification purposes, determining cause of death or for other duties authorized by law. We may also disclose protected health information to a funeral director, as authorized by law. Protected health information may be used and disclosed for cadaveric organ, eye or tissue donation purposes.

**Research:** We may disclose your protected health information to researchers if an institutional review board that has reviewed the research proposal and established protocols to ensure the privacy of your protected health information has approved the research.

**Criminal Activity:** Consistent with applicable federal and state laws, we may disclose your protected health information, if 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 or the public.

**Military Activity and National Security:** When the appropriate conditions apply, we may use or disclose protected health information of individuals who are Armed Forces personnel (1) for activities deemed necessary by appropriate military command authorities; (2) for the purpose of a determination by the Department of Veterans Affairs of your eligibility for benefits; or (3) to foreign military authority if you are a member of that foreign military service. We may also disclose your protected health information to authorized federal officials for conducting national security and intelligence activities, including for the provision of protective services to the President or others.

**Workers' Compensation:** Your protected health information may be disclosed as authorized to comply with workers' compensation laws and other similar legally established programs.

**Inmates:** We may use or disclose your protected health information if you are an inmate of a correctional facility and your physician created or received your protected health information in the course of providing care to you.

**Parental Access:** Some state laws concerning minors permit or require disclosure of protected health information to parents, guardians, and persons acting in a similar legal status. We will act consistently with the law of the state where the treatment is provided and will make disclosures following such laws.

## **USES AND DISCLOSURES OF PROTECTED HEALTH INFORMATION REQUIRING YOUR PERMISSION**

We will obtain your authorization to use or disclose your psychotherapy notes, other than for uses permitted by law without your authorization. Any other uses and disclosures of your protected health information will be made only with your written authorization, unless otherwise permitted or required by law as described below. You may revoke this

authorization, at any time, in writing, except to the extent that your physician or the physician's practice has taken an action in reliance on the use or disclosure indicated in the authorization.

If you are not present or able to agree or object to the use or disclosure of the protected health information, then your physician may, using professional judgment, determine whether the disclosure is in your best interest. In this case, only the protected health information that is relevant to your health care will be disclosed. In some instances you have the opportunity to agree or to object to the use or disclosure of all or part of your protected health information. Following are examples in which your agreement or objection is required.

**Others Involved in Your Healthcare:** Unless you object, we may disclose to a member of your family, a relative, a close friend or any other person you identify, your protected health information that directly relates to that person's involvement in your health care. We may also give information to someone who helps pay for your care. If you are unable to agree or object to such a disclosure, we may disclose such information as necessary if we determine that it is in your best interest based on our professional judgment. We may use or disclose protected health information to notify or assist in notifying a family member, personal representative or any other person that is responsible for your care of your location, general condition or death. Finally, we may use or disclose your protected health information to an authorized public or private entity to assist in disaster relief efforts and to coordinate uses and disclosures to family or other individuals involved in your health care.

**Emergencies:** We may use or disclose your protected health information in an emergency treatment situation. If this happens, your physician shall try to obtain your consent as soon as reasonably practicable after the delivery of treatment.

**Communication Barriers:** We may use and disclose your protected health information if your physician or another physician in the practice attempts to obtain consent from you but is unable to do so due to substantial communication barriers and the physician determines, using professional judgment, that you intend to consent to use or disclosure under the circumstances.

## **YOUR RIGHTS REGARDING YOUR HEALTH INFORMATION**

Following is a statement of your rights with respect to your protected health information and a brief description of how you may exercise these rights.

**You Have The Right To Inspect And Copy Your Protected Health Information:** You may inspect and obtain a copy of protected health information about you that is contained in a designated record set for as long as we maintain the protected health information. If you request a copy of information (paper or electronic), we will charge a fee for the costs of copying, mailing or other supplies associated with your request. A designated record set contains medical and billing records and any other records used for making decisions about you. Under federal law, however, you may not inspect or copy the following records: psychotherapy notes; information compiled in reasonable anticipation of, or use in, a civil, criminal, or administrative action or proceeding; and protected health information that is subject to law that prohibits access to protected health information. Depending on the circumstances, a decision to deny access may be made. You may have a right to have this decision reviewed. Please contact our Medical Records Department if you have questions about access to your medical record.

**You Have The Right To Request Restrictions Of Your Protected Health Information:** You may ask us not to use or disclose any part of your protected health information for the purposes of treatment, payment or healthcare operations. You may also request that any part of your protected health information not be disclosed to family members or friends who may be involved in your care. Your physician is not required to agree to a restriction that you may request. If the physician believes it is in your best interest to permit use and disclosure of your protected health information, your protected health information will not be restricted. If your physician does agree to the requested restriction, we may not use or disclose your protected health information in violation of that restriction unless it is needed to provide emergency treatment. You may revoke a previously agreed upon restriction, at any time, in writing.

**You Have The Right To Request That Health Information Pertaining to Services Paid Out of Pocket Not Be Sent to Insurance:** In some instance, you may choose to pay for a healthcare item or service out of pocket, rather than submit a claim to your insurance company. You have the right to request that we not submit your health information to a health plan or your insurance company, if you, or someone on your behalf, pay for the treatment or service out of pocket in full. To request this restriction, you must make your request in writing on the required form prior to the treatment or service.

**You Have The Right To Request To Receive Confidential Communications:** You may request that we communicate with you using alternative means or at an alternative location. We will accommodate reasonable requests, when possible.

**You Have The Right To Request An Amendment:** If you believe that the information we have about you is incorrect or incomplete, you may request an amendment to your protected health information as long as we maintain this

information. While we will accept requests for amendment, we are not required to agree to the amendment or obligated to make any change to your record.

**You Have The Right To Receive An Accounting Of Disclosures:** You may request that we provide you with an accounting of the disclosures we have made of your protected health information. This right applies to disclosures for purposes other than treatment, payment or healthcare operations as described in this Notice of Privacy Practices. This disclosure must have been made after April 14, 2003, and no more than 6 years from the date of request. This right excludes disclosures made to you, to family members or friends involved in your care, or for notification. The right to receive this information is subject to certain exceptions, restrictions and limitations.

**You Have The Right To Obtain A Paper Copy Of This Notice:** You may obtain a paper copy of this notice from us or view it electronically at our website at [www.slu.edu](http://www.slu.edu)

## **COMPLAINTS**

You may complain to us or to the Secretary of Health and Human Services if you believe your privacy rights have been violated by us. You may file a complaint with us by notifying our Privacy Helpline of your complaint. We will not retaliate against you for filing a complaint. You may contact the Privacy Helpline at 877-525-5669, e-mail the Privacy Officer at [hipaa@slu.edu](mailto:hipaa@slu.edu) , or write to the Privacy Officer at Saint Louis University, 1402 S. Grand Blvd., St. Louis, MO 63104 for further information about the complaint process.