

NOTICE OF PRIVACY PRACTICES

University Health Services
University of Massachusetts Amherst

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.

As part of the Federal Health Insurance Portability and Accountability Act of 1996, known as HIPAA, University Health Services (UHS) has created this Notice of Privacy Practices. This notice describes UHS' privacy practices and the rights you, the individual, have as they relate to the privacy of your Protected Health Information (PHI). PHI refers to information in your health record that could identify you.

USES AND DISCLOSURES FOR TREATMENT, PAYMENT AND HEALTH CARE OPERATIONS.

UHS may use or disclose your PHI for treatment, payment and health care operations.

Treatment – Coordination or management of your health care by one or more providers at UHS – providers who may be treating you or providers to whom you have been referred – to ensure the physician has the necessary information to diagnosis or treat you. This may also include a specialist or laboratory.

Payment – A bill may be sent to you or a third-party payer. Disclosure may be made to your health insurer to obtain reimbursement for your health care or to determine eligibility or coverage. This also includes collection activities. The information on or accompanying the bill may include information that identifies you, as well as your diagnosis, procedures and supplies used.

Health Care Operations – Conducting risk and quality assessment and improvements. Reviewing competence or qualifications of UHS providers. Auditing functions, including compliance programs. General management activities, customer service and resolution of grievances. Other examples are services of 'business associates' such as mailing services and consultants.

USES AND DISCLOSURES REQUIRING AUTHORIZATION

UHS may use or disclose PHI for purposes outside of treatment, payment and health care operations when we have received an appropriate authorization from you before releasing this information. UHS will obtain an authorization from you before releasing psychotherapy notes made during private, group or family counseling sessions. Psychotherapy notes are kept in a separate health record from your medical record. Psychotherapy notes are given a greater degree of protection than PHI.

All authorization forms allow you to indicate the purpose of release, to whom and the

expiration date. An individual may revoke an authorization at any time, except to the extent that the practice has taken action in reliance of the authorization. This request must be in writing. Patients will receive a copy of the signed authorization.

USES AND DISCLOSURES THAT MAY BE MADE WITHOUT YOUR CONSENT OR AUTHORIZATION

Child Abuse – If a provider at UHS has reasonable cause to believe that a minor child is suffering physical or emotional injury resulting from abuse inflicted upon him or her which causes harm or substantial risk of harm to the child's health or welfare (including sexual abuse), or from neglect (including malnutrition), UHS must immediately report such condition to the Massachusetts Department of Social Services.

Adult and Domestic Abuse – If a provider at UHS has reasonable cause to believe that an elderly person (age 60 or older) is suffering from or has died as a result of abuse, UHS must immediately make a report to the Massachusetts Department of Elder Affairs.

Public Health – We may use or disclose your PHI to the Massachusetts Public Health Department to collect information for the purpose of controlling communicable disease (e.g., chicken pox, meningitis).

Worker's Compensation – We may use or disclose your PHI to comply with worker's compensation laws.

Court-Ordered – We may use or disclose your PHI in the event of a court order.

Serious Threat to Health or Safety – If you communicate to a UHS provider an explicit threat to kill or inflict serious bodily injury upon an identified person and you have the apparent intent and ability to carry out the threat, UHS must take reasonable precautions. Reasonable precautions may include warning the potential victim, notifying law enforcement or arranging for your hospitalization. We must also do so if we know you have a history of physical violence and we believe there is a clear and present danger that you will attempt to kill or inflict bodily injury upon an identified person. In addition, if you present a danger to yourself and refuse to accept appropriate treatment, we have a reasonable basis to believe that you can be committed to a hospital; we must seek said commitment and may contact members of your family or other individuals if it would assist in protecting you.

UHS will keep track of disclosures. Contact the privacy official for an accounting of disclosures. These are maintained for six years.

PATIENT RIGHTS

Right to Request Restrictions – The right to request restrictions on certain uses and disclosures of PHI. However, UHS is not required to agree to a restriction you request.

Right to Receive Confidential Communications – The right to request and receive confidential communications; this may mean sending your bill to another address.

Right to Inspect and Copy –The right to request an amendment of PHI about you in your medical record. In certain cases we may deny this request and you have a right to file a disagreement with us.

Right to an Accounting – You have the right to an account of disclosures of PHI for which you did not provide an authorization.

We are required to abide by the terms of this Notice of Privacy Practices. We may change the terms of our notice at any time. Upon your request we will provide you with any revised Notice of Privacy Practices. Call the Privacy Official or inquire at your next appointment. The privacy notice will also be posted on the UHS website. This notice covers services provided in our mental health, pharmacy and other ancillary departments.

COMPLAINTS

If you believe your privacy rights have been violated by us, you may file a complaint by notifying our privacy official, Donna J. Yeziarski, at (413) 577-5265 or donnay@uhs.umass.edu for further information about the complaint process. You may also contact the U.S. Department of Health and Human Services, Government Center, J.F. Kennedy Federal Building, Room 1875, Boston, MA 02203 or OCRComplaint@hhs.gov.

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