

This notice describes the privacy practices of University Health Services (UHS) and our employees. This notice applies to all of the medical records generated by UHS, including the walk-in clinic and private physician offices.

We are required by law to maintain the privacy of your health information and provide you with a description of our privacy practices. When we use or disclose health information, we are required to abide by the terms of this notice or other notice in effect at the time of the use or disclosure.

Individuals will be notified of reportable breaches of privacy and security.

ELECTRONIC HEALTH RECORDS (EHR)

UHS uses an electronic health record to store and retrieve your most recent health information. One of the advantages of EHR is the ability to share and exchange health information among other community healthcare providers. UHS may receive information about you from other healthcare providers in the community who are involved with your care. If you have any questions or concerns about the sharing or exchange of your information, please discuss them with your provider.

Uses And Disclosures For Treatment, Payment And Healthcare Operations

Before we provide medical care, except in emergency or other special circumstances, we will ask you to read and sign a written consent, authorizing us to use and disclose your health information for the following purposes:

- To provide treatment
- To obtain payment for services
- To support healthcare operations such as quality improvement and customer service, as described below:

TREATMENT – Coordinate or manage your healthcare by one or more providers at UHS, providers who may be treating you, or providers to whom you have been referred in order to ensure that 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 given to your health insurer to obtain reimbursement for your healthcare 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.

HEALTHCARE OPERATIONS – Disclosures may occur when conducting risk and quality assessment improvement studies, reviewing competence or qualifications of UHS providers, or auditing functions for compliance programs. Other examples of healthcare operations are general management activities, customer service polls and grievance resolution.

Uses And Disclosures Requiring Authorization

UHS may use or disclose protected health information (PHI) for purposes outside of treatment, payment and healthcare operation when we have received an appropriate authorization from you before releasing this information.

UHS will obtain a special authorization from you before releasing psychotherapy notes made during private, group or family counseling sessions. The Privacy Rule's definition of "psychotherapy notes" at 45 CFR 164.501, with regard to including test data that is related to direct responses, scores, items, forms, protocols, manuals, or other materials that are part of a mental health evaluation (section 13424(f)). Psychotherapy notes are kept in a separate health record from your medical record. Psychotherapy notes are given a greater degree of protection than other medical records.

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.

Uses And Disclosures That May Be Made Without Your Consent or Authorization

At UHS, we may use or disclose your health information without your consent or authorization under the following circumstances: when you require emergency treatment, when we are required by law to disclose your health information and when we attempt to obtain your consent but are unable to do so because you are unconscious or otherwise incapacitated and we reasonably infer that you would have consented without these barriers to communication.

DISCLOSURES TO INDIVIDUALS INVOLVED

IN YOUR CARE – We may release relevant health information about you to a friend or family member who is involved in your medical care or helps pay for your care.

DISASTER RELIEF EFFORTS – We may disclose your medical information to an organization, such as Red Cross, assisting in a disaster relief effort so that your family can be notified about your condition, status and location.

BUSINESS ASSOCIATES – Some of our services, such as laboratory tests, are provided through contracts with business associates. Since these services are contracted, we may disclose your health information to our business associates so they can perform the job we have asked them to do and bill you or your third party payer for the services provided. We require that our business associates protect your health information.

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 conditions 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.

WORKERS' COMPENSATION – We may use or disclose your PHI to comply with workers' compensation laws.

COURT ORDERED – We may use or disclose your PHI in the event of a court order.

LAW ENFORCEMENT OFFICIALS – We may disclose your health information to law enforcement officials as required by law or in compliance with a court order. We may also disclose limited health information to police or law enforcement officials for identification and location purposes, and to assist in criminal investigations.

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 individual, UHS must take reasonable precautions, which may include warning potential victims, notifying law enforcement, or possibly arranging for your hospitalization. If you present as a danger to yourself and refuse 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.

PATIENTS' RIGHTS

Patients have the right to request a restriction or limitation on the medical information we use or disclose about you.

You also have the right to request a limit on the medical information we disclose about you to someone who is involved in your care or the payment for your care, such as a family member or friend. For example, you could ask that we not use or disclose information about your surgical procedure. If you wish to request a restriction or limitation, you should access your request with the provider responsible for coordinating or managing your care. While we will consider all requests for restrictions carefully, we are not required to agree to your request. If we do agree, we will comply with your request unless the information is needed to provide you emergency treatment.

Patients have the right to receive confidential communications of PHI as applicable. You have the right to request that we communicate with you about medical matters in a certain way or at a certain location. For example, you may ask that we contact you at work or by U.S. mail. If you wish to receive confidential communications, you should discuss your request with your provider or other clinical staff. We will consider all requests for confidential communications carefully and will honor reasonable requests.

Patients have the right to inspect their records and to receive a printed or an electronic copy. A fee will be charged for copies.

Patients have the right to amend PHI.

Patients have the right to receive an accounting of disclosures of PHI to covered entities and their business associates over the past six years.

Patients also have the right to obtain a copy of the notice from the covered entity upon request.

Patients have the right to request privacy restrictions on information released to covered entities. Patients may do this by paying cash for the visit and making arrangements with their provider in advance of the visit. The information from that visit will not be shared with the third party payer.

RECORD RETENTION

UHS maintains medical records for at least seven years from the date of the last patient encounter, or until the patient reaches the age of 18, and in a manner which permits the former patient or a successor physician access to them within the terms of 243 CMR 2.00. A copy of our medical record retention policy is available upon request.

COMPLAINTS

If you believe your privacy rights have been violated by UHS, you may file a complaint by notifying Debra Mosher, dmosher@umass.edu or (413) 577-5102.

Or, you may 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.

This notice was published and is effective 02/04/11 and 5/1/13.

EFFECTIVE DATE: This notice describes the privacy policy of UHS that became effective on May 1, 2013.

RIGHT TO CHANGE TERMS OF THIS NOTICE: We may change the terms of this notice at any time. If we change this notice, we may make the new terms effective for any information created or received prior to issuing the new notice. We will post the new notice in waiting areas or registration areas at UHS and on our website at www.umass.edu/uhs.

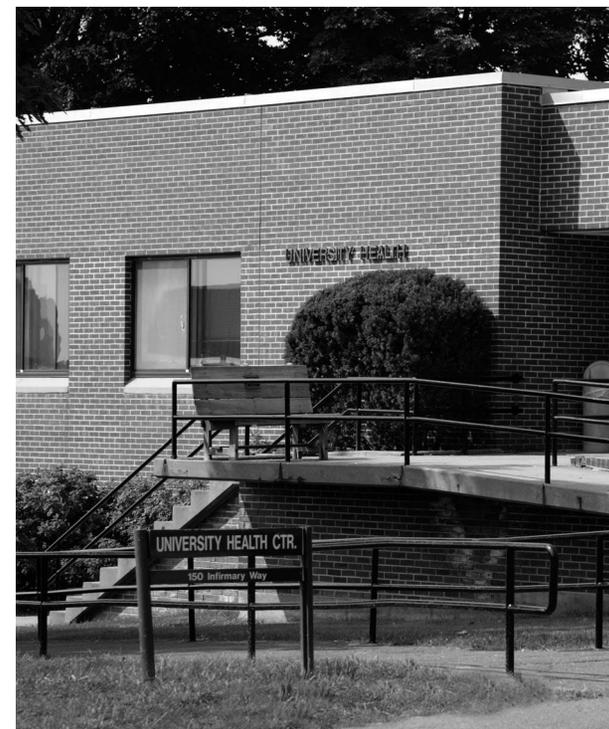
Notice Of Privacy Practices

UNIVERSITY HEALTH SERVICES

University of Massachusetts Amherst

This notice explains how medical information about you may be used and disclosed, and how you can get access to this information.

Please review it carefully.



UMassAmherst | University Health Services

150 Infirmery Way
(413) 577-5000
www.umass.edu/uhs