Before we provide medical care, except in

eases And Disclosures For Treatment,
health insurer to obtain reimbursement for
mination, please discuss them with your provider.
party payer. Disclosure may be given to your

cmEnt – A bill may be sent to you or a third
specialist or laboratory.

if you have any questions or
diagnosis or treat you. This may also include a
healthcare by one or more providers at UHS,
TreEmEnt operations are general management activities, customer service
pols 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.