

**UNIVERSITY OF OKLAHOMA  
NOTICE OF PRIVACY PRACTICES**

*Effective Date: April 14, 2003*

**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.**

The University of Oklahoma is committed to protecting your medical information. We are required by law to:

- ▶ Maintain the privacy of your medical information;
- ▶ Give you a Notice of our legal duties and privacy practices with respect to your medical information; and
- ▶ Follow the terms of the Notice currently in effect.

***What is this document?***

This Notice of Privacy Practices describes how we may use and disclose your medical information. It also describes your rights to access and control your medical information.

***What does this Notice cover?***

This Notice of Privacy Practices applies to *all* of your medical information used to make decisions about your care that we *generate or maintain*. Different privacy practices may apply to your medical information that is created or kept by other people or entities.

***What parts of the University are covered by this Notice?***

This Notice of Privacy Practices will be followed by all of the employees, students and volunteers associated with, and the constituent parts of, the health care components of the University which include:

- ▶ the College of Medicine and OU Physicians;
- ▶ the College of Medicine -Tulsa and OU Physicians – Tulsa;
- ▶ the College of Dentistry;
- ▶ the College of Allied Health;
- ▶ the College of Pharmacy;
- ▶ the College of Public Health;
- ▶ the College of Nursing;
- ▶ George Nigh Rehabilitation Institute;
- ▶ Goddard Health Center;
- ▶ the General Clinical Research Center; and

- ▶ the Department of Intercollegiate Athletics

All of these health care components are referred to in this Notice as “OU Providers”. Certain administrative offices also are designated as health care components (e.g. the Office of Legal Counsel).

***What will you do with my medical information?***

The following categories describe the ways that we may use and disclose your medical information with your consent. Not every use or disclosure in a category will be listed.

*If you do not consent, we cannot provide you with treatment except in an emergency situation or when we cannot communicate with you for some other reason.* If you are concerned about a possible use or disclosure of any part of your medical information, you may request a restriction.

**Treatment.** We will *use* your medical information to provide you with medical treatment and services.

**Example:** Your medical information may be used by doctors, dentists, pharmacists, nurses, technicians, students, or other University personnel who are involved in taking care of you.

We may *disclose* your medical information for the treatment activities of any other health care providers.

**Example:** We may send a copy of your medical record to another health care provider who needs to provide follow-up or additional care to you.

**Payment.** We may *use* medical information about you for our payment activities. Common payment activities include, but are

not limited to:

- ▶ Determining eligibility or coverage under a plan;
- ▶ Billing and collection activities.

**Example:** Your medical information may be released to an insurance company to obtain payment for services or pre-approval of services.

We may *disclose* medical information about you to another health care provider or covered entity for its payment activities.

**Example:** We may give your payment information to a hospital that provided a service to you at the request of an OU Provider in order for the hospital to bill for its services.

**Operations.** We may *use* your medical information for our operations. These uses are necessary to run our healthcare businesses and to make sure patients receive quality care. Common operation activities include, but are not limited to:

- ▶ Conducting quality assessment and improvement activities;
- ▶ Reviewing the competence of health care professionals;
- ▶ Training health care professionals;
- ▶ Arranging for legal or auditing services;
- ▶ Business management and planning; and
- ▶ Communicating with patients about services provided by OU Providers.

**Examples:** (1) We may use your medical information to conduct internal audits to verify that billing is being conducted properly. (2) We may use your medical information to contact you for the purposes of conducting patient satisfaction surveys or to announce a new provider or service.

We may *disclose* medical information about you to another

health care provider or covered entity for its operation activities under certain circumstances.

**Example:** We may disclose your medical information to your health plan for its utilization review analysis or to another provider for its quality assurance activities.

**Education.** Educating and training health care professionals is one of our primary health care operations. We may use and disclose your medical information to current and prospective students as part of the training process.

**Examples:** (1) A student may need to access your medical record to prepare a class project or give a presentation. (2) Your primary care provider may discuss your case with students as part of a learning experience.

**Business Associates.** We may disclose your medical information to other entities that provide a service to us or on our behalf that requires the release of patient medical information. However, we only will make these disclosures if we have received satisfactory assurance that the other entity will properly safeguard your medical information.

**Example:** We may contract with another entity to provide transcription or billing services.

**Treatment Alternatives.** We may use and disclose your medical information to tell you about or recommend possible treatment options or alternatives that may be of interest to you.

### **Individuals Involved in Your Care or Payment for Your Care.**

We may release medical information about you to a friend, family member or legal guardian who is involved in your medical care or who helps pay for your care. We may tell your family or friends your condition and that you are located in one of our facilities. In addition, we may disclose medical information about you to an entity assisting in a disaster relief effort so that your family can be notified about your

condition, status and location.

**Appointment Reminders.** We may use and disclose medical information to contact you as a reminder that you have an appointment for medical services or that you need a prescription refill.

**Health-Related Benefits and Services.** We may use and disclose medical information to tell you about health-related benefits or services that may be of interest to you.

**Directory** [*Only applicable to George Nigh Rehabilitation Institute*]. We may include certain information about you in a directory if you are staying overnight. This information may include your name, location, general condition and religious affiliation. The directory information, except for your religious affiliation, may be released to people who ask for you by name. Your religious affiliation may be given to a member of the clergy, even if they don't ask for you by name. *If you do not want to be in the directory*, you will need to notify us when you register at the facility. You will be asked to complete an "opt out" form.

**Research.** We may use and disclose medical information about you to researchers. In most circumstances, you must sign a separate form specifically authorizing us to use and/or disclose your medical information for research. However, there are certain exceptions. Your medical information may be disclosed without your authorization for research if the authorization requirement has been waived or altered by a special committee that is charged with ensuring that the disclosure will not pose a great risk to your privacy or that measures are being taken to protect your medical information. Your medical information also may be disclosed to researchers to prepare for research as long as certain conditions are met.

Further, medical information regarding people who have died can be released without authorization under certain circumstances. Limited medical information may be released to a researcher who has signed a data use agreement promising to protect the information released.

**Organ and Tissue Donation.** If you are an organ donor, we may release medical information to organizations that handle organ procurement or organ, eye or tissue transplantation or to an organ donation bank, as necessary to facilitate organ or tissue donation and transplantation.

**Fundraising.** We may use medical information about you to contact you in the future to raise money for the University. We may disclose medical information to a foundation related to the University so that the foundation may contact you to raise money on our behalf. We only will release contact information, such as your name, address and phone number and the dates you received services from an OU Provider for fundraising purposes. If you do not want us, or a related foundation, to contact you for fundraising efforts, you must notify our Privacy Official in writing by regular mail or e-mail.

**Can you ever use and disclose my medical information without my consent?** Yes. The following categories describe the ways that we may be required to use and disclose your medical information without your consent. Not every use or disclosure in a category will be listed.

**Required by Law.** We may disclose your medical information when required to do so by federal, state or local law.

**Examples:** (1) We may release your medical information for workers' compensation or similar programs. These programs provide benefits for work-related injuries or illness. (2) We are required by law to report criminally inflicted injuries and cases of abuse and

neglect. These reports may include your medical information.

**Public Safety.** We may use and disclose medical information about you when necessary to prevent a serious threat to your health and safety or the health and safety of the public or another person. Any disclosure would only be to someone able to help prevent the threat.

**Public Health.** We may disclose medical information about you for public health activities intended to:

- ▶ Prevent or control disease, injury or disability;
- ▶ Report births and deaths;
- ▶ Report abuse, neglect or violence as required by law;
- ▶ Report reactions to medications or problems with products;
- ▶ Notify people of recalls of products they may be using; or
- ▶ Notify a person who may have been exposed to a disease or may be at risk for contracting or spreading a disease or condition.

**Example:** Oklahoma law requires us to report, among other things, tumors, birth defects, cases of communicable disease, infant eye infections, infants born exposed to alcohol and other harmful substances, and abortions.

**Food and Drug Administration (FDA).** We may disclose health information relative to adverse events with respect to food, supplements, product and product defects, or post-marketing surveillance information, to enable product recalls, repairs or replacements to the FDA and to manufacturers.

**Health Oversight Activities.** We may disclose medical information to a health oversight agency for activities authorized by law. These oversight activities include, for example, audits, investigations, inspections, and licensure. These activities are necessary for the government to monitor the health care system, government programs, and compliance with civil rights laws.

**Lawsuits and Disputes.** If you are involved in a lawsuit or a dispute, we may disclose medical information about you in response to a court or administrative order. We may disclose medical information about you in response to a subpoena or discovery request, but only if efforts have been made to inform you about the request or to obtain an order protecting the information requested, unless the physician-patient privilege has been waived.

**Law Enforcement.** We may release medical information if asked to do so by law enforcement official:

- ▶ In response to a court order, warrant, summons or other similar process;
- ▶ To identify or locate a suspect, fugitive, material witness, or missing person;
- ▶ About the victim of a crime if, under certain limited circumstances, we are unable to obtain the person's agreement;
- ▶ About a death we believe may be the result of criminal conduct;
- ▶ About criminal conduct at the hospital; and
- ▶ In emergency circumstances to report a crime; the location of the crime or victims; or the identity, description or location of the person who committed the crime.

**Coroners, Medical Examiners and Funeral Directors.** We may release medical information to a coroner or medical examiner. This may be necessary, for example, to identify a deceased person or determine the cause of death. We also may release medical information about patients to funeral directors as necessary to carry out their duties.

**National Security and Intelligence Activities.** We may release medical information about you to authorized federal officials for intelligence, counter-intelligence, and other national security activities authorized by law.

**Protective Services for the**

**President and Others.** We may disclose medical information about you to authorized federal officials so they may provide protection to the President, other authorized persons or foreign heads of state or conduct special investigations.

**Military/Veterans.** We may disclose your medical information as required by military command authorities, if you are a member of the armed forces.

**Inmates.** If you are an inmate of a correctional facility or under the custody of law enforcement official or agency, we may release your medical information to the correctional facility or law enforcement official or agency. This release may be necessary to: (1) enable the correctional facility to provide you with health care; or (2) protect the health and safety of you and/or other people.

**Oklahoma law requires that we inform you that your medical information used or disclosed as described in this *Notice of Privacy Practices* may include records which indicate the presence of a communicable or venereal disease which may include, but are not limited to, diseases such as hepatitis, syphilis, gonorrhea and the human immunodeficiency virus, also known as Acquired Immune Deficiency Syndrome (AIDS). Any use or disclosure also may include mental health or other sensitive information.**

***What if you want to use and/or disclose my medical information for a purpose not described in this Notice?***

*We must obtain a separate, specific authorization from you to use and/or disclose your medical information for any purpose not covered by this Notice or the laws that apply to us. In other words, the consent you already provided will not be enough to use and/or disclose your information for any purpose that is not described in*

this Notice.

***What are my rights regarding my medical information?***

You have the rights described below in regard to the medical information that we maintain about you. You are required to submit a written request to exercise any of these rights. Forms for exercising these rights will be available at any of the locations where OU Providers render services. You also can obtain the forms by contacting the University's Privacy Official.

**Right to Inspect and Copy.** You have the right to inspect and obtain a copy of medical information used to make decisions about your care. This right does not apply to a very narrow category of medical information referred to as "psychotherapy notes".

*Oklahoma law permits us to charge a fee of 25 cents a page. If you request a copy of a film, we may charge for the actual cost of reproduction. We also may charge for postage if you request that we mail the information. We may deny your request to inspect and/or copy your medical information in certain limited circumstances. If you are denied access, you may request that the denial be reviewed by a licensed health care professional chosen by us. We will comply with the outcome of the review.*

**Right to Amend.** If you feel that medical information that we created is incorrect or incomplete, you may request that we amend your information by adding clarifying language. We cannot delete or destroy any information already included in your medical record. *You must provide a reason that supports your amendment request.*

We may deny your request if you ask to amend information that:

- ▶ We did not create, unless the person or entity that created the information is not available to make the amendment;
- ▶ Is not part of the medical information that we maintain;

▶ Is not part of the information that you would be permitted to inspect and copy; or

▶ Is accurate and complete.

**Right to an Accounting of Disclosures.** You have the right to request one free list of disclosures every 12 months. There are several categories of disclosures that we are not required to list in the accounting. For example, we do not have to keep track of disclosures made for treatment, payment or health care operations or for those disclosures that are authorized. *Your request must state a time period, which may not be longer than 6 years and may not include dates before April 14, 2003.* If you request more than 1 accounting in a 12-month period, we may charge you for the costs of providing the list. We will notify you of the cost involved and you may choose to withdraw or modify your request at that time before any costs are incurred.

**Right to Request Restrictions.** You have the right to request a restriction or limitation on the medical information we use or disclose about you unless our use and/or disclosure is required by law. 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, like a family member or friend. *For example,* you may want to pay cash for certain services instead of having information submitted to your insurance company for payment. *We are not required to agree to your request.* If we agree, we will comply with your request unless the information is needed to provide emergency treatment to you. You must specify the type of restriction you want and to whom it applies.

**Right to Request Confidential Communications.** 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 can ask that we only contact you at work or by mail. We will accommodate all reasonable requests. Your request must specify how or where you wish to be contacted.

**Right to a Paper Copy of This Notice.** You have the right to a paper copy of this Notice. Copies of this Notice will be posted and available for distribution at each location where medical services are provided and on our website.

***Can you change this Notice?***

We reserve the right to change this Notice. We reserve the right to make the revised or changed Notice effective for medical information we already have about you as well as any information we receive in the future.

***What if I have questions or need to report a problem?***

If you believe your privacy rights have been violated, you may file a complaint with us or with the Secretary of the Department of Health and Human Services.

To file a complaint with us, or if you would like more information about our privacy practices, contact our Privacy Official at (405) 271-2511 or [oucompliance@ouhsc.edu](mailto:oucompliance@ouhsc.edu). The Privacy Official's mailing address is:  
PO Box 26901, Oklahoma City, Oklahoma 73190.

To file a complaint with the Secretary of the Department of Health and Human Services, you must submit a written complaint within 180 days of when you knew or should have known of the circumstance that led to the complaint. Our Privacy Official can provide you with current contact information.

***You will not be penalized for filing a complaint.***