

UNIVERSITY OF OKLAHOMA  
NOTICE OF PRIVACY PRACTICES

EFFECTIVE DATE: April 14, 2003  
LAST REVISED: June 15, 2016

This NOTICE describes how your medical information may be used and disclosed and how you can get access to that information. It applies to the health information that is protected by HIPAA, used to make decisions about your care, and generated or maintained by the University of Oklahoma (OU).

Please review it carefully.

OU is required by law to protect the privacy of your health information that is protected by HIPAA, give you a Notice of OU's legal duties and privacy practices, and follow the current Notice. It will be followed by all employees, students, and volunteers of the health care components of OU, which include, but are not limited to all or part of:

College of Allied Health  
College of Dentistry  
College of Medicine and  
OU Physicians  
College of Medicine – Tulsa and  
OU Physicians – Tulsa  
College of Nursing  
College of Pharmacy  
College of Public Health  
Department of Athletics  
OU Health Services - Goddard  
School of Community Medicine  
University Counseling Center - Goddard  
Certain administrative offices  
Certain operations offices

**1. Uses and Disclosures of Your Health Information**

The following describe some of the ways that OU may use or disclose your health information that is protected by HIPAA without your authorization.

**Treatment:** OU will use your health information to provide you with medical treatment/services and for treatment activities of other health care providers. *Examples:* Your health information may be used by doctors and students involved in your care. OU maintains medical information about its patients in an electronic medical record that allows OU to share medical information for treatment purposes. This facilitates access to medical information by other health care providers who provide care to you. OU may use an electronic prescribing gateway with pharmacies.

**Payment:** OU may use or share your health information for payment activities, such as to determine plan coverage, to bill/collect your account, or to help another health care provider with payment activities. *Example:* Your health information may be released to an insurance company to get pre-approval of or payment for services or to a collection agency if your account is not paid.

**Operations:** OU may use your health information for uses necessary to run its

healthcare businesses, such as to conduct quality assessment activities, train, or arrange for legal services. *Example:* OU may use your health information to conduct internal audits to verify proper billing procedures.

**Health Information Exchange:** OU may participate in a health information exchange (HIE), an organization in which providers exchange patient information to facilitate health care, avoid duplication of services (such as tests), and reduce the likelihood of medical errors. By participating in an HIE, OU may share your health information with other providers who participate in the HIE or participants of other HIEs. If you do not want your medical information in the HIE, you must request a restriction using the process outlined below or by contacting the HIE.

**Education:** Education is part of OU's healthcare operations and treatment programs. OU may use and disclose your health information to faculty, staff, current and prospective students, volunteer and visiting faculty, and trainees and observers as part of its educational mission. *Example:* Your provider may discuss your case with students as part of a learning experience.

**Business Associates:** OU may disclose your health information to other entities that provide a service to OU or on OU's behalf that requires the release of your health information, such as a billing service, but only if OU has received satisfactory assurance that the other entity will protect your health information.

**Individuals Involved in Your Care or Payment for Your Care:** OU may release your health information to a friend, family member, or legal guardian who is involved in your care or who helps pay for your care.

**Research:** OU may use and disclose your health information to researchers for research. Your health information may be disclosed for research without your authorization if the authorization requirement has been waived or revised by a committee charged with making sure the disclosure will not pose a great risk to your privacy or that steps are being taken to protect your health information, to researchers to prepare for research under certain

conditions, and to researchers who have signed an agreement promising to protect the information. Health information regarding deceased individuals can be released without authorization under certain circumstances.

**Organ and Tissue Donation:** If you are an organ or tissue donor, OU may release health information to donation banks or organizations that handle organ or tissue procurement or transplantation.

**Fundraising/Marketing:** OU may use (or release to an OU-related foundation) certain information such as your name, DOB, address, department of service, outcome, physician, insurance status, and treatment dates for fundraising. If you do not want to be contacted for fundraising efforts, notify OU's Privacy Official at the phone number or address in Paragraph 6 below. OU will not use your health information to contact you for marketing purposes or sell your health information without your written permission.

**2. Uses and Disclosures of Health Information Required/Permitted By Law:** The following describe some of the ways that OU may be allowed or required to use or disclose your health information that is protected by HIPAA without your authorization.

**Required by Law/Law Enforcement:** OU may use and disclose your health information if required by federal, state, or local law, such as for workers' compensation, and if requested by law enforcement officials for certain purposes such as to locate a suspect or in response to a court order.

**Public Health and Safety:** OU may use and disclose your health information to prevent a serious threat to the health and safety of you, others, or the public and for public health activities, such as to prevent injury. *Example:* Oklahoma law requires OU to report birth defects and cases of communicable disease.

**Food & Drug Administration (FDA) and Health Oversight Agencies:** OU may disclose health information about incidents related to food, supplements, product defects, or post-marketing surveillance to the FDA and manufacturers to enable product recalls, repairs, or replacements; and to health oversight agencies for

activities authorized by law, such as audits or investigations.

**Lawsuits/Disputes:** If you are involved in a lawsuit/dispute and have not waived the physician-patient privilege, OU may disclose your health information under a court/administrative order, or subpoena.

**Coroners, Medical Examiners, and Funeral**

**Directors:** OU may release your health information to coroners, medical examiners, or funeral directors to enable them to carry out their duties.

**National Security/Intelligence Activities and Protective Services:** OU may release your health information to authorized national security agencies for the protection of certain persons or to conduct special investigations.

**Military/Veterans:** OU may disclose your health information to military authorities if you are an armed forces or reserve member.

**Inmates:** If you are an inmate of a correctional facility or are in the custody of law enforcement, OU may release your health information to a correctional facility or law enforcement official so they may provide your health care or protect the health and safety of you or others.

**Oklahoma law requires that OU inform you that health information used or disclosed may indicate the presence of a communicable or noncommunicable disease. It may also include information related to mental health.**

**If OU wants to use and/or disclose your health information for a purpose not in this Notice or required or permitted by law, OU must get specific authorization from you for that use and/or disclosure, and you may revoke it at any time by contacting the Privacy Official at the phone number or address in Paragraph 6.**

OU must obtain your authorization for most uses or disclosures of your psychotherapy notes. Some exceptions include use for Treatment by your provider or disclosures required by law.

**3. Your Rights Regarding Your Health**

**Information:** You have the rights described below in regard to the health information that is protected by HIPAA that OU maintains about you. You must submit a written request to exercise any of these rights. Forms for this purpose are available at any of the locations where OU provides medical services. You also can get the forms by contacting the University's Privacy Official at the number or address in Paragraph 6 or at <http://www.ouhsc.edu/hipaa/forms-patients.asp>.

**Right to Inspect/Copy:** You have the right to inspect and get a copy of health information maintained by OU and used in decisions about your care. This right does not apply to psychotherapy notes and certain other information. By law, OU

may charge for the copies and supplies, plus postage, payable prior to the release of the requested records. (Amounts are set by law.) OU may deny your request in certain circumstances. You may request a licensed health care professional chosen by OU to review a denial based on medical reasons; OU will comply with this decision.

**Right to Amend:** If you believe health information OU created is inaccurate or incomplete, you may ask OU to amend it. You must provide a reason for your request. OU cannot delete or destroy any information already included in your medical record. OU may deny your request if you ask to amend information that OU did not create (unless the creator is not available to make the amendment); that is not part of the health information OU maintains; that is not part of the information you are permitted by law to inspect and copy; or that is accurate and complete.

**Right to Accounting of Disclosures:** You have the right to ask for a list of disclosures OU has made of your health information. OU is not required to list all disclosures, such as those you authorized. *You must state a time period, which may not be longer than 6 years or include dates before April 14, 2003.* If you request more than one accounting in a 12-month period, OU may charge you for the cost involved. OU will tell you the cost; you may withdraw or change your request before the copy is made.

**Right to Request Restrictions:** You have the right to request a restriction or limit on how OU uses or discloses your health information. You must be specific in your request for restriction. You may restrict disclosure of your health information to a health plan only if the disclosure is for payment or health care operations and pertains to a Health Care item or Service for which you pay out-of-pocket in full at the time they are provided. OU is not required to agree to other requests. If OU agrees or is required to comply, OU will comply with the request unless the information is required to be disclosed by law or is needed in case of emergency. *Example:* You may want to pay cash in advance for services rather than have your insurance billed.

**Right to Request Confidential Contacts:** You have the right to request that OU contact you about medical issues in a certain way, such as by mail. You must specify how or where you wish to be contacted; OU will try to accommodate reasonable requests.

**Right to a Copy of This Notice:** You have the right to a paper or electronic copy of this Notice, which is posted and available at each location where medical services are provided and is on OU's website.

**Right to Designate a Representative:** If you have given someone a medical power of attorney or have a legal guardian, that person can exercise your rights under

HIPAA and make choices about your health information. We may require proof of this person's status.

**4. Changes to this Notice:** OU reserves the right to change this Notice and to make the revised Notice effective for health information OU created or received about you prior to the revision, as well as to information it receives in the future. Revised Notices will be posted and available at each location where medical services are provided and on OU's website.

**5. Right to be Notified.** You have the right to be notified of breaches that may have compromised the privacy or security of your health information.

**6. Information/Complaints.** If you believe your privacy rights have been violated, you may file a complaint with OU's Privacy Official, Jill Bush Raines, at (405) 271-2511; 1-866-836-3150; [OUCompliance@ouhsc.edu](mailto:OUCompliance@ouhsc.edu); or PO Box 26901, OKC, OK 73126-0901; or with the Secretary of the Department of Health and Human Services, Office of Civil Rights – DHHS, 1301 Young Street, Suite 1169, Dallas, TX 75202, (214) 767-4056; (214) 767-8940 TDD. Complaints must be submitted within 180 days of when you knew or should have known of the circumstance leading to the complaint. **You will not be retaliated against for filing a complaint.**

For more information see: [www.hhs.gov/ocr/privacy/hipaa/understanding/consumers/noticepp.html](http://www.hhs.gov/ocr/privacy/hipaa/understanding/consumers/noticepp.html)



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