



## JOINT NOTICE OF PRIVACY PRACTICES

Effective Date: April 1, 2003      Last Revision Effective: February 1, 2016

**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.**

### You have the right to:

- Get a copy of your paper or electronic medical record
- Correct your paper or electronic medical record
- Request confidential communication
- Ask us to limit the information we share
- Get a list of those with whom we've shared your information
- Get a copy of this privacy notice
- Choose someone to act for you
- File a complaint if you believe your privacy rights have been violated

→ See pages 1 - 2 for more information on these rights.

### You have some choices in the way that we use and share information as we:

- Tell family and friends about your condition
- Provide disaster relief
- Include you in a hospital directory
- Provide mental health care
- Market our services and sell your information
- Raise funds

→ See page 3 for more information on these choices.

### We may use and share your information as we:

- Treat you
- Run our organization
- Bill for your services
- Help with public health and safety issues
- Do research
- Comply with the law
- Respond to organ and tissue donation requests
- Work with a medical examiner or funeral director
- Address workers' compensation, law enforcement, and other government requests
- Respond to lawsuits and legal actions

→ See pages 3 and 4 for more information on these uses and disclosures.

### This Notice applies to:

- The University of Toledo Medical Center
- The UT Main Campus Medical Center
- UT Health Sciences Colleges Engaged in Clinical Care
- Administrative and Operational Units of These Health Care Components
- The University of Toledo Physicians, LLC
- Davis Dental Associates of MCO, Inc.
- Northwest Ohio Hearing Clinic, Inc.
- All University of Toledo and University of Toledo Physicians owned and operated clinics located in Northwest Ohio

The University of Toledo Medical Center, The University of Toledo Physicians, LLC, Davis Dental Associates, and Northwest Ohio Hearing Clinic, Inc. participate in an Organized Health Care Arrangement ("OHCA"). An OHCA involves separate but integrated healthcare providers, delivering healthcare together, and sharing Protected Health Information for clinical care services, payment for clinical care services, and related healthcare operations and activities. Each participant abides by the terms of this Joint Notice with respect to medical information created or received through its participation in the OHCA.

## **Your Rights**

When it comes to your health information, you have certain rights. This section explains your rights and some of our responsibilities to help you.

### **Get an electronic or paper copy of your medical record**

- You can ask to see or get an electronic or paper copy of your medical record and other health information we have about you. You must submit your request in writing to:

**Health Information Management  
3000 Arlington Avenue, MS# 1072  
Toledo, OH 43614**

or to the clinic/office manager where you received your services.

- We will provide a copy or a summary of your health information, usually within 30 days of your request. We may charge a reasonable, cost-based fee.
- Under very limited situations, you may not be allowed to review or obtain a copy of some of your information. For example, a licensed health care professional may determine that providing the information will likely endanger the life or physical safety of you or another individual. If your request is denied, you will be notified in writing and you may appeal this decision in writing to: Health Information Management, 3000 Arlington Avenue, MS# 1072, Toledo, OH 43614.

### **Ask us to correct your medical record**

- You can ask us to correct health information about you that you think is incorrect or incomplete. Ask us how to do this.
- We may say “no” to your request, but we’ll tell you why in writing within 60 days.

### **Request confidential communications**

- You can ask us to contact you in a specific way (for example, home or office phone) or to send mail to a different address.
- We will say “yes” to all reasonable requests.

### **Ask us to limit what we use or share**

- You can ask us not to use or share certain health information for treatment, payment, or our operations. We are not required to agree to your request, and we may say “no” if it would affect your care.
- If you pay for a service or health care item out-of-pocket in full, you can ask us not to share that information for the purpose of payment or our operations with your health insurer. We will say “yes” unless a law requires us to share that information.

### **Get a list of those with whom we’ve shared information**

- You can ask for a list (accounting) of the times we’ve shared your health information for six years prior to the date you ask, who we shared it with, and why.
- We will include all the disclosures except for those about treatment, payment, and health care operations, and certain other disclosures (such as any you asked us to make). We’ll provide one accounting a year for free but will charge a reasonable, cost-based fee if you ask for another one within 12 months.

### **Get a copy of this privacy notice:**

You can ask for a paper copy of this notice at any time, even if you have agreed to receive the notice electronically. We will provide you with a paper copy promptly.

### **Choose someone to act for you**

- If you have given someone medical power of attorney or if someone is your legal guardian, that person can exercise your rights and make choices about your health information.
- We will make sure the person has this authority and can act for you before we take any action.

### **File a complaint if you feel your rights are violated**

- You can complain if you feel we have violated your rights by contacting us using the information on page 1.
- You can file a complaint with the U.S. Department of Health and Human Services Office for Civil Rights by sending a letter to 200 Independence Avenue, S.W., Washington, D.C. 20201, calling 1-877-696-6775, or visiting [www.hhs.gov/ocr/privacy/hipaa/complaints/](http://www.hhs.gov/ocr/privacy/hipaa/complaints/).
- We will not retaliate against you for filing a complaint.

### **Your Choices**

For certain health information, you can tell us your choices about what we share. If you have a clear preference for how we share your information in the situations described below, talk to us. Tell us what you want us to do, and we will follow your instructions.

### **In these cases, you have both the right and choice to tell us to:**

- Share information with your family, close friends, or others involved in your care
- Share information in a disaster relief situation
- Include your information in a hospital directory

*If you are not able to tell us your preference, for example if you are unconscious, we may go ahead and share your information if we believe it is in your best interest. We may also share your information when needed to lessen a serious and imminent threat to health or safety.*

### **In these cases we never share your information unless you give us written permission:**

- Marketing purposes
- Sale of your information
- Most sharing of psychotherapy notes

**In the case of fundraising:** We may contact you for fundraising efforts, but you can tell us not to contact you again.

### **Our Uses and Disclosures**

How do we typically use or share your health information? We typically use or share your health information in the following ways.

### **Treat you**

We can use your health information and share it with other professionals who are treating you.  
*Example: A doctor treating you for an injury asks another doctor about your overall health condition.*

***Continued on next page.***

## Run our organization

We can use and share your health information to run our practice, improve your care, and contact you when necessary.

*Example: We use health information about you to manage your treatment and services.*

## Bill for your services

We can use and share your health information to bill and get payment from health plans or other entities.

*Example: We give information about you to your health insurance plan so it will pay for your services.*

## How else can we use or share your health information?

We are allowed or required to share your information in other ways – usually in ways that contribute to the public good, such as public health and research. We have to meet many conditions in the law before we can share your information for these purposes. For more information see:

[www.hhs.gov/ocr/privacy/hipaa/understanding/consumers/index.html](http://www.hhs.gov/ocr/privacy/hipaa/understanding/consumers/index.html).

## Help with public health and safety issues

We can share health information about you for certain situations such as:

- Preventing disease
- Helping with product recalls
- Reporting adverse reactions to medications
- Reporting suspected abuse, neglect, or domestic violence
- Preventing or reducing a serious threat to anyone's health or safety

## Do research

We can use or share your information for health research.

## Comply with the law

We will share information about you if state or federal laws require it, including with the Department of Health and Human Services if it wants to see that we're complying with federal privacy law.

## Respond to organ and tissue donation requests

We can share health information about you with organ procurement organizations.

## Work with a medical examiner or funeral director

We can share health information with a coroner, medical examiner, or funeral director when an individual dies.

## Address workers' compensation, law enforcement, and other government requests

We can use or share health information about you:

- For workers' compensation claims
- For law enforcement purposes or with a law enforcement official
- With health oversight agencies for activities authorized by law
- For special government functions such as military, national security, and presidential protective services

## Respond to lawsuits and legal actions

We can share health information about you in response to a court or administrative order, or in response to a subpoena.

## Hospital Directory

We maintain a directory that may include your name, location in the hospital, your general condition (for example, fair, serious) and your religious affiliation. The directory information, except for religious affiliation, may be released to people who ask for you by name. All directory information may be given to members of the clergy even if they don't ask for you by name. However, you may restrict or prohibit the use or disclosure of this directory information.

## Notice of Disclosure to Health Information Exchanges

We will disclose some of your protected health information to one or more approved Health Information Exchanges (HIE) for the purpose of facilitating the provision of health care to you, as permitted by law. An HIE is an electronic network to facilitate secure transmission of health information between health care providers. Only authorized individuals may access and use your protected health information from the HIE. We may also use the HIE to disclose information for public health reporting purposes, for example, immunization reporting. The HIE maintains appropriate administrative, physical and technical safeguards to protect the privacy and security of your protected health information.

You or your personal representative have the right to request in writing at any time that we not disclose any of your protected health information to the HIE ("opt out"). Send this written request to The University of Toledo, Health Information Management, 3000 Arlington Avenue MS# 1072, Toledo, OH 43614. We must honor any written request to opt out of the HIE. If you decide to opt-out, your data remains in the electronic system but providers will be blocked from viewing the data. Any restrictions that you place on the disclosure of your protected health information to the HIE may result in a health care provider not having access to information that is necessary to render appropriate care to you.

## Our Responsibilities

- We are required by law to maintain the privacy and security of your protected health information.
- We are required by law to provide you with notice of our legal duties and privacy practices with respect to protected health information.
- We will let you know promptly if a breach occurs that may have compromised the privacy or security of your information.
- We must follow the duties and privacy practices described in this notice and give you a copy of it.
- We will not use or share your information other than as described here unless you tell us we can in writing. If you tell us we can, you may change your mind at any time. Let us know in writing if you change your mind.

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).

## Changes to the Terms of this Notice

We can change the terms of this notice, and the changes will apply to all information we have about you. The new notice will be available upon request, in our office, and on our web site.

**UT Health Privacy Officer:** Lynn Hutt, MBA, CHC, 419-383-6933 Email: [Lynn.hutt@utoledo.edu](mailto:Lynn.hutt@utoledo.edu)