

Notice of Privacy Practices
The University of North Texas Health Science Center at Fort Worth

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 North Texas Health Science Center is required by law to maintain the privacy of your health information and to provide you with notice of its legal duties and privacy practices with respect to your health information. If you have questions about any part of this notice or if you want more information about the privacy practices at the University of North Texas Health Science Center please contact:

The Privacy Officer 817.735.0404
3500 Camp Bowie Blvd, FW, TX 76107

Effective Date of This Notice: April 14, 2003

I. How the University of North Texas Health Science Center may Use or Disclose Your Health Information

The Health Science Center collects health information from you and stores it in a chart and on a computer. This is your medical record. The medical record is the property of the Health Science Center, but the information in the medical record belongs to you. The Health Science Center protects the privacy of your health information. The law permits the Health Science Center to use or disclose your health information for the following purposes:

1. **Treatment.** We may use medical information about you to provide you with medical treatment or services. We may disclose medical information about you to doctors, nurses, technicians, medical students (including physician assistant, nursing, medical assistant and public health students), or other health science center personnel who are involved in taking care of you at the health science center. For example, a doctor treating you for a broken leg may need to know if you have diabetes because diabetes may slow the healing process. Different departments of the health science center also may share medical information about you in order to coordinate the different things you need, such as prescriptions, lab work and x-rays. We also may disclose medical information about you to people outside the health science center who may be involved in your medical care, such as family members, medical equipment suppliers or others we use to provide services that are part of your care.
2. **Payment.** We may use and disclose medical information about you so that the treatment and services you receive at the health science center may be billed to and payment may be collected from you, an insurance company or a third party. For example, we may need to give your health plan information about a procedure you received at the health science center so your health plan will pay us or reimburse you for the procedure. We may also tell your health plan about a treatment you are going to receive to obtain prior approval or to determine whether your plan will cover the treatment.
3. **Health Care Operations.** We may use and disclose medical information about you for health science center operations. These uses and disclosures are necessary to run the health science center and make sure that all of our patients receive quality care. For example, we may use medical information to review our treatment and services and to evaluate the performance of our staff in caring for you. We may also use health information about you to maintain quality accreditations such as with the Joint Commission on Accreditation of Healthcare Organizations. We may also combine medical information about many health science center patients to decide what additional services the health science center should offer, what services are not needed, and whether-certain new treatments are effective. We may also disclose information to doctors, nurses, technicians, medical students (including physician assistant, nursing, medical assistant, and public health students), and other health science center personnel for review and learning purposes. We may also combine the medical information we have with medical information from other health science centers to compare how we are doing and see where we can make improvements in the care and services we offer. We may remove information that identifies you from this set of medical information so others may use it to study health care and health care delivery without learning who the specific patients are.
4. **Appointment reminders.** We may use and disclose medical information to contact you as a reminder that you have an appointment for treatment or medical-care at the health science center.
5. **Treatment Alternatives.** We may use and disclose medical information to tell you about or recommend possible treatment options or alternatives that may be of interest to you.

6. **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.
7. **Information provided to you.**
8. **Notification and communication with family.** We may disclose your health information to notify or assist in notifying a family member, your personal representative or another person responsible for your -care about your location, your general condition or in the event of your death. If you are able and available to agree or object, we will give you the opportunity to object prior to making this notification. If you are unable or unavailable to agree or object, our health professionals will use their best judgment in communication with your family and others. 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.
9. **Required by law.** As required by federal, state and/or local law, we may use and disclose your health information, such as reporting communicable diseases to the department of health.
10. **Public health.** As required by law, we may disclose your health information to public health authorities for purposes related to: preventing or controlling disease, injury or disability; , reporting infectious disease exposure; reporting child abuse or neglect; reporting births and deaths; reporting domestic violence; reporting reactions to medications or problems with products; to notify people of recalls of products they may be using; to notify a person who may have been exposed to a disease or may be at risk for contracting or spreading a disease or condition; to notify the appropriate government authority if we believe a patient has been the victim of abuse, neglect or domestic violence.
11. **Health oversight activities.** We may disclose your health information to health agencies during the -course of audits, investigations, inspections, licensure and other proceedings.
12. **Judicial and administrative proceedings.** We may disclose your health information in the course of any administrative or judicial proceeding.
13. **Law enforcement.** We may disclose your health information to a law enforcement official for purposes such as identifying or locating a suspect, fugitive, material witness or missing person, complying with a -court order or subpoena and other law enforcement purposes.
14. **Deceased person information.** We may disclose your health information to -coroners, and medical examiners. This may be necessary, for example, to identify a deceased person or determine the -cause of death. We may also release medical information about patients of the health science center to funeral directors as necessary to carry out their duties.
15. **Organ donation.** We may disclose your health information to organizations involved in procuring, banking or transplanting organs and tissues.
16. **Research.** Under certain circumstances, we may use and disclose medical information about you for research purposes. For example, a research project may involve comparing the health and recovery of all patients who received one medication to those who received another, for the same condition. All research projects, however, are subject to a special approval process. This process evaluates a proposed research project and its use of medical information, trying to balance the research needs with patients' need for privacy of their medical information. Before we use or disclose medical information for research, the project will have been approved through this research approval process, but we may, however, disclose medical information about you to people preparing to conduct a research project, for example, to help them look for patients with specific medical needs, so long as the medical information they review does not leave the health science center.
17. **To avert a serious threat to Health or 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, however, would only be to someone able to help prevent the threat.
18. **Inmates.** If you are an inmate of a correctional institution or under the custody of a law enforcement official, we may release medical information about you to the correctional institution or law enforcement official. This release would be necessary for the institution to provide you with health care; to protect your health and safety or the health and-safety of

others; or for the safety and security of the correctional institution.

19. **Worker's compensation.** We may disclose your health information as necessary to comply with worker's compensation laws. These programs provide benefits for work-related injuries or illness.
20. **Marketing.** We may contact you to give you information about other treatments or health-related benefits and services that may be of interest to you.
21. **Fund-raising.** We may use information about you to contact you in an effort to raise money for the health science center and its operations. We may disclose information to a foundation related to the health science center so that the foundation may contact you in raising money for the health science center. We only would release "Contact information, such as your name, address and phone number and the dates you received treatment or services at the health science center. If you do not want the health science center to contact you for fundraising efforts, YOU must notify the Privacy Officer in writing.
22. **Change of Ownership.** In the event that the Health Science Center is sold or merged with another organization, your health information/record will become the property of the new owner/organization.
23. **Military and Veterans.** If you are a member of the armed forces, we may release medical information about you as required by military command authorities. We may also release medical information about foreign military -personnel to the appropriate foreign military authority.
24. **National Security and Intelligence Activities.** We may release medical information about you to authorized federal officials for intelligence, counterintelligence, and other national security activities authorized by law. We may also 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.

II. When the Health Science Center May Not Use or Disclose Your Health Information

Except as described in this Notice of Privacy Practices, the University of North Texas Health Science Center will not use or disclose your health information without your written authorization. If you do authorize the Health Science Center to use or disclose your health information for another purpose, you may revoke your authorization in writing at any time.

III. Your Health Information Rights

1. To the extent permitted by law, you have the right to request restrictions on certain uses and disclosures of your health information. In some circumstances, the University of North Texas Health Science Center is not required to agree to all the restrictions that you request. If we agree to your request, we will comply with your request unless the information is needed to provide you emergency treatment or under some other disclosure that is permitted by law. For instance, you have the right to request a limit on the medical information we disclose to a family member or friend about your care or the payment for your care. You could also ask that we not use or disclose information about a surgery you had.

To request restrictions, you must make your request in writing to the clinic where you receive services. In your request, you must tell us what information you want to limit; whether you want to limit our use, disclosure or both; and to whom you want the limits to apply, for example, disclosures to your spouse,

2. You have the right to receive your health information through a reasonable alternative means or at an alternative location. You have the right to request that we communicate with you about medical matters in a certain way or at a certain location. To request confidential communications, you must make your request in writing to the clinic where you receive services. We will not ask you the reason for your request. We will accommodate reasonable requests. Your request must specify how or where you wish to be contacted.
3. You have the right to inspect and copy medical information that may be used to make decisions about your care. Usually, this includes medical and billing records, but does not include psychotherapy notes.

To inspect and copy medical information that may be used to make decisions about you, you must submit your request in writing to the Clinic where you receive services. If you request a copy of the information, we may charge a fee for the costs of copying, mailing or other supplies associated with your request as allowed by federal and Texas law.

We may deny your request to inspect and copy in certain very limited circumstances. If you are denied access to medical information, you may request that the denial be reviewed. Another licensed health care professional chosen by the health science center will review your request and the denial. The person conducting the review will not be the person who denied your request. We will comply with the outcome of the review.

4. You have a right to request that the Health Science Center amend your health information that is incorrect or incomplete. The Health Science Center is not required to change your health information and will provide you with information about the Health Science Center's denial and how you can disagree with the denial. If you feel that medical information we have about you is incorrect or incomplete, you may ask us to amend the information. You have the right to request an amendment for as long as the information is kept by or for the health science center. To request an amendment, your request must be made in writing and submitted to the Clinic where you receive services. In addition, you must provide a reason that supports your request. We may deny your request for an amendment if it is not in writing or does not include a reason to support the request. In addition, we may deny your request if you ask us to amend information that:
 - Was not created by us, unless the person or entity that created the information is no longer available to make the amendment;
 - Is not part of the medical information kept by or for the health science center;
 - Is not part of the information which you would be permitted to inspect and copy; or
 - Is accurate and complete.
5. You have a right to receive an accounting of disclosures of your health information made by the University of North Texas Health Science Center, except that the Health Science Center does not have to account for the disclosures described in parts 1 (treatment), 2 (payment), 3 (health care operations), 4 (information provided to you), and 22 {certain government functions) of section I. of this Notice of Privacy Practices.
6. You have a right to a paper copy of this Notice of Privacy Practices. You may ask us to give you a copy of this notice at any time or you may obtain a copy of the Notice via our website <http://www.hsc.unt.edu/departments/familymed/patientforms.htm>

If you would like to have a more detailed explanation of these rights or if you would like to exercise one or more of these rights, contact

The Privacy Officer
817-735-0404
3500 Camp Bowie Blvd,
FW, TX 76107

OR

The Director of Regulatory
Compliance
817-735-2571
3500 Camp Bowie Blvd,
FW, TX 76107

IV. Changes to this Notice of Privacy Practices

The University of North Texas Health Science Center reserves the right to amend this Notice of Privacy Practices at any time in the future, and to make the new provisions effective for all information that it maintains, including information that was created or received prior to the date of such amendment. Until such amendment is made, the University of North Texas Health Science Center is required by law to comply with this Notice.

Should the Notice be amended the revised Notice will be available on our website -(www.hsc.unt.edu) and in the clinic where you see your health care provider.

V. Complaints

Complaints about this Notice of Privacy Practices or how the University of North Texas Health Science Center's handles your health information should be directed to the clinic where you receive services or to:

The Privacy Officer
817-735-0404
3500 Camp Bowie Blvd,
FW, TX 76107

OR

The Director of Quality Management
817-735-2233
3500 Camp Bowie Blvd,
FW, TX 76107

If you are not satisfied with the manner in which this office handles a complaint, you may submit a complaint to:

**Our Institution in the Department of Quality Management
3500 Camp Bowie Blvd
Fort Worth, TX 76107
at 817.735.2233**

Or you may contact the Department of Health and Human Services
Office for Civil Rights
Hubert H. Humphrey Bldg.
200 Independence Avenue, S.W.
Room 509F HHH Building
Washington, DC 20201

You may also address your complaint to one of the regional Offices for Civil Rights. A list of these offices can be found online at <http://www.hhs.gov/ocr/regmail.html>.

You will not be penalized for filing a complaint.

OTHER USES OF MEDICAL INFORMATION

Other uses and disclosures of medical information not covered by this notice or the laws that apply to us will be made only with your written permission. If you provide us permission to use or disclose medical information about you, you may revoke that permission, in writing, at any time. If you revoke your permission, we will no longer use or disclose medical information about you for the reasons covered by your written authorization. You understand that we are unable to take back any disclosures we have already made with your permission, and that we are required to retain our records of the care that we provided to you.

Este Aviso tambien esta disponible en espanol