

# NOTICE OF OUR PRIVACY PRACTICES

## YOU HAVE THE RIGHT TO:

- Get a copy of your health and claims records
- Ask us to correct health and claims records
- Request confidential communication
- Ask us to limit the information we share
- Request an accounting of disclosures, as described on page 2
- 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 page 2 for more information on these rights and how to exercise them.

## YOU HAVE CHOICES IN THE WAY THAT WE USE AND SHARE INFORMATION AS WE:

- Share information with your family, friends, or others involved in payment for your care
- Share information in a disaster relief situation
- Market our services and sell your information
- Raise funds

▶ See page 3 for more information on these choices and how to exercise them.

## WE MAY USE AND SHARE YOUR INFORMATION AS WE:

- Help manage the health care treatment you receive
- Run our organization
- Pay for your health services
- Administer your plan
- Help with public health and safety issues
- Conduct 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 page 3 and 4 for more information on these uses and disclosures.

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UNIVERSITY OF UTAH HEALTH | INFORMATION PRIVACY OFFICE  
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IT'S YOUR HEALTH INFORMATION, YOU HAVE RIGHTS:

<p>Get a copy of your health and claim records</p>	<ul style="list-style-type: none"> <li>You can ask to see or get a copy of your health and claims records and other health information we have about you. Ask us how to do this.</li> <li>We will provide a copy or a summary of your health and claims records, usually within 30 days of your request. We may charge a reasonable, cost-based fee.</li> </ul>
<p>Ask us to correct health and claims records</p>	<ul style="list-style-type: none"> <li>You can ask us to correct your health and claims records if you think they are incorrect or incomplete. Ask us how to do this.</li> <li>We may say “no” to your request, but we’ll tell you why in writing within 60 days.</li> </ul>
<p>Request confidential communications</p>	<ul style="list-style-type: none"> <li>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.</li> <li>We will say “yes” to all reasonable requests.</li> </ul>
<p>Ask us to limit what we use or share</p>	<ul style="list-style-type: none"> <li>You can ask us <b>not</b> to use or share certain health information for treatment, payment, or our operations.</li> <li>We are not required to agree to your request, and we may say “no” if it would affect your care.</li> </ul>
<p>Get a list of those with whom we’ve shared information</p>	<ul style="list-style-type: none"> <li>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.</li> <li>This list will not include disclosures made for the purposes of treatment, payment, and health care operations, or certain other disclosures (such as any you asked us to make).</li> </ul>
<p>Get a copy of this privacy notice</p>	<ul style="list-style-type: none"> <li>You may 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.</li> </ul>
<p>Choose someone to act for you</p>	<ul style="list-style-type: none"> <li>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.</li> <li>We will make sure the person has this authority and can act for you before we take any action. Documentation may be required.</li> </ul>
<p>File a complaint if you feel your rights are violated</p>	<ul style="list-style-type: none"> <li>You can complain if you feel we have violated your rights by contacting us using the information on page 1 of this notice.</li> <li>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, 509F HHH Building, S.W., Washington, D.C. 20201, or visiting <a href="http://www.hhs.gov/ocr/privacy/hipaa/complaints/">www.hhs.gov/ocr/privacy/hipaa/complaints/</a>.</li> <li>We will not retaliate against you for filing a complaint.</li> </ul>

## YOUR CHOICES:

For certain health information, you can tell us your choices about what we share. If you have a 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.

<p>In these cases, you have both the right and choice to tell us your preferences regarding how we:</p>	<ul style="list-style-type: none"> <li>• Share information with your family, close friends, or others involved in payment for your care.</li> <li>• Share information in a disaster relief situation.</li> <li>• Contact you for fundraising efforts.</li> <li>• If you are not able to tell us your preference, for example if you are unconscious, we may share your information if we believe it is in your best interest.</li> <li>• We may also share your information when needed to lessen a serious and imminent threat to health or safety.</li> </ul>
<p>In these cases we never share your information unless you have given us written permission:</p>	<ul style="list-style-type: none"> <li>• Marketing purposes</li> <li>• Sale of your information</li> </ul>

## HOW DO WE TYPICALLY USE OR SHARE YOUR HEALTH INFORMATION?

We use or share your health information in the following ways.

<p>Help manage the health care treatment you receive</p>	<ul style="list-style-type: none"> <li>• We can use your health information and share it with other professionals who are treating you.</li> </ul>	<p><b>Example:</b> A doctor sends us information about your diagnosis and treatment plan so we can arrange additional services.</p>
<p>Run our organization</p>	<ul style="list-style-type: none"> <li>• We can use and disclose your information to run our organization and contact you when necessary.</li> <li>• <b>We are not allowed to use genetic information to decide whether we will give you coverage and the price of that coverage.</b> This does not apply to long term care plans.</li> </ul>	<p><b>Example:</b> We use health information about you to develop better services for you.</p>
<p>Pay for your health services</p>	<ul style="list-style-type: none"> <li>• We can use and disclose your health information as we pay for your health services.</li> </ul>	<p><b>Example:</b> We share information about you with your dental plan to coordinate payment for your dental work.</p>
<p>Administer your plan</p>	<ul style="list-style-type: none"> <li>• We may disclose your health information to your health plan sponsor for plan administration.</li> </ul>	<p><b>Example:</b> Your company contracts with us to provide a health plan, and we provide your company with certain statistics to explain the premiums we charge.</p>

**YOUR CHOICES:**

**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)

<p><b>Help with public health and safety issues</b></p>	<p>We can share health information about you for certain situations such as:</p> <ul style="list-style-type: none"> <li>• Preventing disease</li> <li>• Helping with product recalls</li> <li>• Reporting adverse reactions to medications</li> <li>• Reporting suspected abuse, neglect, or domestic violence</li> <li>• Preventing or reducing a serious threat to anyone’s health or safety</li> </ul>
<p><b>Do research</b></p>	<ul style="list-style-type: none"> <li>• We can use or share your information for health research.</li> </ul>
<p><b>Comply with the law</b></p>	<ul style="list-style-type: none"> <li>• 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.</li> </ul>
<p><b>Respond to organ and tissue donation requests</b></p>	<ul style="list-style-type: none"> <li>• We can share health information about you with organ procurement organizations.</li> </ul>
<p><b>Work with a medical examiner or funeral director</b></p>	<ul style="list-style-type: none"> <li>• We can share health information with a coroner, medical examiner, or funeral director when an individual passes away.</li> </ul>
<p><b>Address workers’ compensation, law enforcement, and other government requests</b></p>	<p>We can use or share health information about you:</p> <ul style="list-style-type: none"> <li>• For workers’ compensation claims</li> <li>• For law enforcement purposes or with a law enforcement official</li> <li>• With health oversight agencies for activities authorized by law</li> <li>• For special government function</li> </ul>
<p><b>Respond to lawsuits and legal actions</b></p>	<ul style="list-style-type: none"> <li>• We can share health information about you in response to a court or administrative order, or in response to a subpoena.</li> </ul>

## OUR RESPONSIBILITIES

- We are required by law to maintain the privacy and security of your 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 will notify you in writing if possible and provide detailed information and instructions.
- 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: <https://www.hhs.gov/hipaa/for-individuals/>

## 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, on our web site, and we will notify you.

## THIS NOTICE OF PRIVACY PRACTICES APPLIES TO THE FOLLOWING ORGANIZATIONS

University of Utah Health Plans and University of Utah Health Insurance Plans.

## ORGANIZED HEALTH CARE ARRANGEMENT (OHCA)

University of Utah Health Plans and University of Utah Health Insurance Plans may participate in an organized health care arrangement (“OHCA”) with other health care providers or entities. If we participate in an OHCA, a list of participants in the OHCA can be found at [uhealthplan.utah.edu](http://uhealthplan.utah.edu). We do this to support the provision of health care services, payment and operations related to the OHCA.

For more information about this notice or HIPAA regulations, please contact us using the information provided on page 1 of this notice or visit <https://www.hhs.gov/hipaa/for-individuals/>.