



UNIVERSITY OF ARKANSAS

STUDENT AFFAIRS

*Pat Walker
Health Center*

NOTICE OF PRIVACY PRACTICES

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.

This Notice is provided on behalf of the Pat Walker Health Center. The Pat Walker Health Center provides patient-centered, cost-effective care through a healthcare system enriched by and committed to education and research.

PURPOSE OF NOTICE: This Notice of Privacy Practices describes how we may use and disclose your Protected Health Information to carry out treatment, payment or healthcare operations and for other purposes permitted or required by law. "Protected Health Information" is information about you or your minor child, including demographic data such as name, address, phone numbers, etc., that may identify you and that relates to your past, present or future physical or mental health and related healthcare services.

We are required to: 1) provide this Notice; 2) maintain the privacy of Protected Health Information; and 3) notify affected individuals following a breach of unsecured protected health information. We must abide by this Notice, but we reserve the right to change the privacy practices described in it. This Notice may be viewed on our web site, at <http://health.uark.edu>. Notices will be posted in prominent areas of our facilities. You may receive a current copy by sending a written request to the Pat Walker Health Center, Director of Medical Services, 525 N. Garland Ave., Fayetteville, AR 72701.

We understand that medical information about you and your health is personal and confidential, and we are committed to protecting the confidentiality of your medical information. We create a record of the care and services you receive at the Pat Walker Health Center. We need this record to provide services to you and to comply with certain legal requirements. This Notice will tell you about the ways we may use and disclose your information. We also describe your rights and certain obligations we have to use and disclose your health information.

If you believe your Privacy Rights have been violated, you may complain to us or to the U.S. Secretary of Health and Human Services. To file a complaint with us, you may send a letter describing the violation to the Pat Walker Health Center, Director, 525 N. Garland Ave., Fayetteville, AR 72701 or phone the Director at 479-575-4077. There will be no retaliation for filing a complaint.

If you have questions or need more information, contact the Director of Medical Services at 479-575-4476.

THIS NOTICE DESCRIBES THE PRACTICES OF:

Pat Walker Health Center healthcare professionals, employees, volunteers and others who work or provide healthcare services at our facility.

Students-in-training at the Pat Walker Health Center.

Your Privacy Rights. You have the following rights relating to your Protected Health Information and may:

- You may request a paper copy of this Notice.
- Inspect and/or obtain a copy of records used to make decisions about you. You may be charged a fee for the cost of copying, mailing or other supplies. We are allowed to deny this request under certain circumstances. In some situations, you have the right to have the denial of your request reviewed by a licensed healthcare professional you select from the Pat Walker Health Center's adjunct staff who was not involved in the original denial decision. We will comply with the outcome of this review.

- Request that an amendment be added to your record if you feel the information is incomplete or incorrect. We are allowed to deny this request in certain circumstances and will ask you to put these requests in writing and provide a reason that supports your request.
- Request in writing a restriction on certain uses and disclosures of your information. We are not required to abide by the requested restrictions if such restrictions are not required by law. You may request to restrict disclosure of protected health information to your health plan if the information pertains solely to a health care item or service for which you (not your health plan) have paid us in full.
- Obtain a record of certain disclosures of your Protected Health Information.
- Make a reasonable request to have confidential communications of your Protected Health Information sent to you by alternative means or at alternative locations.
- Revoke your authorization for use or disclosure of your Protected Health Information except to the extent that use or disclosure already has occurred. This request must be in writing and signed by you.
- Any written requests to inspect, copy or amend your records must be submitted to the Health Information Management Department.

Our Responsibilities. We are required to protect the privacy of your Protected Health Information, abide by the terms of this Notice; make this Notice available to you and to notify you if we are unable to agree to a requested restriction or an alternative means of communicating.

Examples of Uses & Disclosures

We will use your Protected Health Information for treatment. Certain information obtained by a nurse, doctor, or other healthcare worker will be put into your record and used to plan and manage your treatment. We may provide reports or other information to your doctor or other authorized persons (including students and/or trainees) who are involved in your care.

We will also provide your physician(s) or a subsequent healthcare provider with copies or various reports that should assist him or her in treating you once you are no longer receiving care at the Pat Walker Health Center.

We will use your Protected Health Information for payment. If applicable, a bill will be sent to your insurance (*medical or pharmaceutical*) company with information that identifies you, your diagnosis, procedures and supplies used. In addition, an Explanation of Benefits (EOB) will be sent to the policy holder of your insurance plan.

If there is a charge from the Pat Walker Health Center it will appear on your treasurer's bill. If you would prefer for this charge not to appear on the treasurer's bill you may pay in full at the time services are rendered. Please note other University of Arkansas departments will have access to your treasurer's bill. A health center charge appears as follows:

On Campus Services \$XX.XX
with a transaction date that is not necessarily the date services are rendered.

We will use your Protected Health Information for regular healthcare operations. The Medical Staff and other healthcare workers may use your Protected Health Information to check on the care you received, how you responded to it, and for other business purposes related to operating our clinic. Your university ID number will be used to obtain and/or track retention information in coordination with the Division of Student Affairs with established protocols to ensure the privacy of your health information.

Business Associates: We may share some of your Protected Health Information with outside people or companies who provide services for us, such as typing physician reports.

Notification: We may use or disclose Protected Health Information to notify a family member or other person involved in your care your location and general condition unless you tell us not to do so.

Communication with Involved Individuals: We may share Protected Health Information with a family member, a close personal friend, or a person that you identify, if we determine they are involved in your care or in payment for your care, unless you tell us not to do so. We will use our professional judgment and experience with common practice to allow a person to pick up prescriptions, medical supplies, or other types of medical information.

Research: We may disclose information to researchers when their research has been approved by an institutional review board that has reviewed the research proposal and established protocols to ensure the privacy of your health information.

Coroners, Medical Examiners, Funeral Directors: The law allows us to disclose Protected Health Information to these people so that they may carry out their duties.

Organ Donor Organizations: We must share your Protected Health Information with the organ donation agency for the purpose of tissue or organ donation or as we are required to do so.

Contacts: We may contact you to provide appointment reminders, to discuss your treatment, treatment alternatives or other health related benefits that may be of interest to you as a patient. This contact may be through, but is not limited to, telephone, email, or through our patient web portal.

Fundraising: We may contact you to raise funds. With each fundraising communication you will be provided an opportunity to elect not to receive any further fundraising communications. You will also be provided a method to opt back in should you so choose. We will not condition treatment or payment on your choice with respect to receive fundraising communications.

Food and Drug Administration (FDA): We may share your Protected Health Information with certain government agencies like the FDA so they can recall drugs or equipment.

Workers Compensation: We may disclose your Protected Health Information for workers' compensation claims.

Your Employer: We may disclose your Protected Health Information to your employer if the health care you receive is at the request of your employer. Examples include but are not limited to Worker's Compensation, mandatory employee drug testing, and various physical examinations.

Public Health: We may give your Protected Health Information to public health agencies who are charged with preventing or controlling disease, injury or disability or as required by law.

Communicable Disease: We may disclose Protected Health Information, if authorized by law, to a person who may have been exposed to a communicable disease or may otherwise be at risk of contracting or spreading the disease or condition.

Correctional Institution: If you are an inmate of a correctional institution, we may disclose Protected Health Information needed for your health or the health and safety of others.

Law Enforcement: We must disclose Protected Health Information for law enforcement purposes as required by law.

As Required by Law: We must disclose Protected Health Information about you when required by federal, state or local law.

Health Oversight: We must disclose Protected Health Information to a health oversight agency for activities authorized by law, such as investigations and inspections. Oversight agencies are those that oversee the healthcare system, government benefit programs, such as Medicaid, and other government regulatory programs.

Abuse or Neglect: We must disclose your Protected Health Information to government authorities that are authorized by law to receive reports of suspected abuse or neglect.

Legal Proceedings: We may disclose Protected Health Information in the course of any judicial or administrative proceeding and in response to a court order, subpoena, discovery request or other lawful process.

Required Uses and Disclosures: We must make disclosures when required by the Secretary of the Department of Health and Human Services to investigate or determine our compliance with the requirements of the HIPAA Privacy Regulations.

To Avoid Harm: We may use and disclose information about you when necessary to prevent a serious threat to your health or safety of the health or safety of the public or another person.

For Specific Government Functions: In certain situations, we may disclose Protected Health Information of military personnel and veterans. We may disclose Protected Health Information for national security activities required by law.

OTHER USES OF MEDICAL INFORMATION

Use and sharing of medical information not covered by this Notice or allowed under the law will be made only with your written permission. At any time, you may cancel this permission, but you must put this in writing. If you cancel this permission, we will no longer use or disclose medical information about you for the reasons covered by your written authorization unless we are required to do so by law. We are unable to take back any uses or disclosures we have already made.

Effective Date: April 14, 2003

Revision(s): December 8, 2003, November 1, 2004, November 28, 2005, February 17, 2006, April 8, 2010, November 10, 2011, August 2013, June 2014

Signature: 
Mary Alice Serafini

Title: Executive Director, Pat Walker Health Center