



## University of Utah Health Plans NOTICE OF PRIVACY PRACTICES

Effective November 15, 2017

**This notice describes how medical information about you may be used or disclosed and what your rights are in managing your health information. \*\*Please review it carefully. \*\***

We reserve the right to make changes to this notice at any time. Current notices will be available on our website at <http://privacy.utah.edu/pdf/notice-of-privacy-practices-english.pdf>. Este documento está también disponible en español.

### **Our Organization:**

This Notice describes the privacy practices of The University of Utah Health Plans. U of Utah Health Plans is required by law to:

- Maintain the privacy and security of your health information;
- Notify you promptly if a breach occurs that may have compromised the privacy or security of your health information
- Follow the terms and provide you a copy, of the Notice currently in effect.
- Implement physical, technical, and administrative controls to protect oral, written, and electronic information.
- Examples of these controls include policies, procedures, and training to:
  - Avoid discussion of PHI in elevators, hallways, bathrooms, break rooms, or outside the UUHP offices.
  - Ensure documents with PHI are kept in locked files or rooms, left unattended on desks, printers or fax machines
  - Make sure that documents with PHI on them are destroyed appropriately using bins located in the office;
  - Allow our employee's access to PHI and our servers by using passwords and approved secure user profiles.

UUHP participates in organized healthcare arrangements (OHCAs) with other entities, including but not limited to, University of Utah Medical Group and IHC Health Services, Inc. (Intermountain Healthcare) (with respect to certain defined pediatric specialty services). These OHCA participants will share medical and billing information about you for treatment, payment, and health care operations purposes to improve, manage, and coordinate your care. For more information about the OHCA activities, and protecting your data, please contact: University of Utah Health Plans: P.O. Box 45180 Salt Lake City, UT 84145

**Privacy Promise: Privacy and Customer Service are our greatest concerns. Claims are processed quickly and confidentially. We follow strict federal and state laws that require us to maintain the confidentiality of your health information.**

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

**Help manage the health care treatment you receive:** We can use your health information and share it with professionals who are treating you. Examples may include: A health plan administrator communicates information about your diagnosis and treatment plan so a doctor can arrange additional services.

**Help ensure patient satisfaction while controlling costs to you:** We can use your health information to ensure that your primary care provider receives key information to help you make informed, cost-effective choices about all of your care. We can also contact your provider(s) to ensure that treatment or claim information is complete and accurate.

### **Run our organization**

- We can use and disclose your information to run our organization and contact you when necessary.
- We are not allowed to use genetic information to decide whether we will give you coverage and the price of that coverage. *Example: We use health information about enrolled employees in the aggregate to develop better services for health plan members.*

**Pay for your health services:** We can use and disclose your health information as we pay for your health services. *Example: We share information about you with your dental plan to coordinate payment for your dental work.*

**Administer your plan:** We may disclose your health information for claims administration. *Example: We contract with the benefits department to provide network and claims information, and they use certain statistics so they can calculate the premiums they charge. If you are enrolled in an employer-sponsored plan group health plan (or a group health plan sponsored by another entity), we may disclose protected health information to the group health plan or plan sponsor to facilitate administration of the plan. For example, we supply enrollment lists to employers so that premiums can be paid appropriately.*

**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

**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.

**Address other government requests**

We can use or share health information about you:

- With health oversight agencies, like the FDA, 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.

**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 payment for your care
- Share information in a disaster relief situation
- Confidential communications with a mental health professional (psychotherapy notes) and substance abuse treatment records

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

- Marketing purposes
- Sale of your information

**NOTE: University of Utah Health Plans does not use genetic testing information for underwriting purposes.**

**All other uses and disclosures, not described in this notice, require your signed authorization.** You may authorize us to use or share your health information, OR revoke your authorization, at any time by completing the required form available through University of Utah Health Plans, or on line at <http://privacy.utah.edu>, and submitting it to the:

University of Utah Health Plans: P.O. Box 45180 Salt Lake City, UT 84145 (801) 587-6480 E-mail: [uuhp@hsc.utah.edu](mailto:uuhp@hsc.utah.edu)

**For more information about the practices and rights described in this notice:**

- Visit our website at [www.privacy.utah.edu](http://www.privacy.utah.edu); OR
- Contact the Information Privacy Office at: **University of Utah Health Information Privacy Office**  
515 East 100 South, Ste. 650, Salt Lake City, UT 84102  
(801) 587-9241 Fax: (801) 587-9443 [www.privacy.utah.edu](http://www.privacy.utah.edu).

**When it comes to your health information, you have certain rights.** This section explains your rights and some of our responsibilities to help you. **You Have A Right To:**

**Get a copy of this privacy notice**

**Get a copy of health and claims records:** 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. 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. \*

**Ask us to correct health and claims records:** 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. We may say "no" to your request, but we'll tell you why in writing within 30 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. \*

**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. \*

**Receive notification if there is a breach of your health information:** We will notify you in writing about a breach and provide detailed information and instructions.

**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. \*

**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 listed below.

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 <http://www.hhs.gov/ocr/office/file/index.html>. We will not retaliate against you for filing a complaint.

**Requests marked with a star (\*) must be made in writing.** Contact the Health Information Department at (801) 587-3887 or visit our web site at [www.privacy.utah.edu](http://www.privacy.utah.edu) to find the right form for your request.

**If you have concerns or wish to file a complaint, contact:**

University of Utah Health Plans: P.O. Box 45180 Salt Lake City, UT 84145 (801) 587-6480 E-mail: [uuhp@hsc.utah.edu](mailto:uuhp@hsc.utah.edu)

We will investigate all complaints and will not retaliate against you for filing a complaint.

You may also file a written complaint with the Office of Civil Rights of the U.S. Department of Health and Human Services.