

**UNIVERSITY OF OKLAHOMA  
HEALTH PLANS  
NOTICE OF PRIVACY PRACTICES**

EFFECTIVE DATE: January 1, 2015  
LAST REVISED: August 15, 2016

**This NOTICE describes how your medical information may be used and disclosed and how you can get access to that information. It applies to the health information that is protected by HIPAA, used to make decisions about your health plan coverage, and generated or maintained by the University's Health Plans ("health plan information").**

**Please review it carefully.**

The University's Health Plans are required by law to protect the privacy of your health plan information that is protected by HIPAA, give you a Notice of its legal duties and privacy practices, and follow the current Notice. It will be followed by all employees and volunteers of the University's Health Plans. The University's Employee Health Plans include Payflex, Employee Assistance Programs, and the health insurance plans. These plans operate together as Affiliated Covered Entities. The University's Student Health Plans includes health insurance plans.

**1. Uses and Disclosures of Your Health Information**

The following describe some of the ways that the University's Health Plans may use or disclose your health plan information that is protected by HIPAA without your authorization.

**Treatment:** The University's Health Plans will use your health plan information to provide you with medical treatment/services and for treatment activities of other health care providers. *Examples:* Your health information may be shared with doctors so a treatment plan can be arranged.

**Payment:** The University's Health Plans may use your health plan information for payment activities, such as to determine plan coverage, to bill/collect, or to help another health care provider with payment activities. *Example:* Your health information may be released to an insurance company to get pre-approval of or payment for services.

**Operations:** The University's Health Plans may use your health plan information for uses necessary to run its healthcare businesses, such as to conduct quality assessment activities, train, or arrange for legal services. We are not allowed to use genetic information to decide whether to give you coverage or the price of that coverage. (This does not apply to long-term care plans.) *Example:* The University's Health Plans may use your health information to contact you to develop better services.

**Health Information Exchange:** The University's Health Plans may participate in a health information exchange (HIE), an organization in which providers exchange patient information to facilitate health

care, avoid duplication of services (such as tests), and reduce the likelihood of medical errors. By participating in an HIE, the University's Health Plans may share your health information with other providers who participate in the HIE or participants of other HIEs. If you do not want your medical information in the HIE, you must request a restriction using the process outlined below or by contacting the HIE.

**Administration of the Plans:** The University's Health Plans may disclose your health plan information to the health plan sponsor for plan administration. *Example:* We may provide the plan sponsor with certain statistics to explain or determine premiums we charge.

**Business Associates:** The University's Health Plans may disclose your health plan information to other entities that provide a service to the University's Health Plans or on behalf of the University's Health Plans' behalf that requires the release of your health information, such as a billing service, but only if the University's Health Plans have received satisfactory assurance that the other entity will protect your information.

**Individuals Involved in Your Care or Payment for Your Care:** The University's Health Plans may release your health plan information to a friend, family member, or legal guardian who is involved in your care or who helps pay for your care.

**Research:** The University's Health Plans may use and disclose your health plan information to researchers for research. Your health information may be disclosed for research without your authorization if the authorization requirement has been waived or revised by a committee charged with making sure the disclosure will not pose a great risk to your privacy or that steps are being taken to protect your information, to researchers to prepare for research under certain conditions, and to researchers who have signed an agreement promising to protect the information. Health plan information regarding deceased individuals can be released without authorization under certain circumstances.

**Organ and Tissue Donation:** If you are an organ or tissue donor, the University's Health Plans may release health plan information to donation banks or organizations that handle organ or tissue procurement or transplantation.

**Fundraising/Marketing:** The University's Health Plans may use (or release to the University's Health Plans'-related foundation) certain information such as your name, DOB, address, department of service, outcome, physician, insurance status, and treatment dates for fundraising. If you do not want to be contacted for fundraising efforts, notify THE UNIVERSITY'S HEALTH PLANS Privacy Official at the phone number or address in Paragraph 6 below. The University's Health Plans will not use your health plan information to contact you for marketing purposes or sell your health information without your written permission.

**2. Uses and Disclosures of Health Information**

**Required/Permitted By Law:** The following describe some of the ways that the University's Health Plans may be allowed or required to use or disclose your health plan information that is protected by HIPAA without your authorization.

**Required by Law/Law Enforcement:** The University's Health Plans may use and disclose your health plan information if required by federal, state, or local law, such as for workers' compensation, and if requested by law enforcement officials for certain purposes such as to locate a suspect or in response to a court order.

**Public Health and Safety:** The University's Health Plans may use and disclose your health plan information to prevent a serious threat to the health and safety of you, others, or the public and for public health activities, such as to prevent injury. *Example:* We may disclose your information to help with product recalls.

**Food & Drug Administration (FDA) and Health**

**Oversight Agencies:** The University's Health Plans may disclose health plan information about incidents related to food, supplements, product defects, or post-marketing surveillance to the FDA and manufacturers to enable product recalls, repairs, or replacements; and to health oversight agencies for activities

authorized by law, such as audits or investigations.

**Lawsuits/Disputes:** If you are involved in a lawsuit/dispute and have not waived the physician-patient privilege, the University's Health Plans may disclose your health plan information under a court/administrative order, or subpoena.

**Coroners, Medical Examiners, and Funeral Directors:** The University's Health Plans may release your health plan information to coroners, medical examiners, or funeral directors to enable them to carry out their duties.

**National Security/Intelligence Activities and Protective Services:** The University's Health Plans may release your health plan information to authorized national security agencies for the protection of certain persons or to conduct special investigations.

**Military/Veterans:** The University's Health Plans may disclose your health plan information to military authorities if you are an armed forces or reserve member.

**Inmates:** If you are an inmate of a correctional facility or are in the custody of law enforcement, the University's Health Plans may release your health plan information to a correctional facility or law enforcement official so they may provide your health care or protect the health and safety of you or others.

Oklahoma law requires that the University's Health Plans inform you that health plan information used or disclosed may indicate the presence of a communicable or noncommunicable disease. It may also include information related to mental health.

If the University's Health Plans want to use and/or disclose your health plan information for a purpose not in this Notice or required or permitted by law, the University's Health Plans must get specific authorization from you for that use and/or disclosure, and you may revoke it at any time by contacting the Privacy Official at the phone number or address in Paragraph 6.

The University's Health Plans must obtain your authorization for most uses or disclosures of your psychotherapy notes. Some exceptions include use for Treatment by your provider or disclosures required by law.

### **3. Your Rights Regarding Your Health**

**Information:** You have the rights described below in regard to the health plan information that is protected by HIPAA that the University's Health Plans maintains about you. You must submit a written request to exercise any of these rights. Forms for this purpose are available by contacting the University's Privacy Official at the number or address in Paragraph 6 or at <http://www.ouhsc.edu/hipaa/forms-patients.asp>.

**Right to Inspect/Copy:** You have the right to inspect and get a copy of health plan information maintained by the University's Health Plans and used in decisions about your care. This right does not apply to psychotherapy notes and certain other information. By law, the University's Health Plans may charge for the copies and supplies, plus postage, payable prior to the release of the requested records.

**Right to Amend:** If you believe health or claims information that the University's Health Plans created is inaccurate or incomplete, you may ask the University's Health Plans to amend it. You must provide a reason for your request. The University's Health Plans cannot delete or destroy any information already included in your medical record. The University's Health Plans may deny your request if you ask to amend information that the University's Health Plans did not create (unless the creator is not available to make the amendment); that is not part of the health plan information the University's Health Plans maintain; that is not part of the information you are permitted by law to inspect and copy; or that is accurate and complete.

**Right to Accounting of Disclosures:** You have the right to ask for a list of disclosures the University's Health Plans have made of your health plan information. The University's Health Plans are not required to list all disclosures, such as those you authorized. *You must state a time period, which may not be longer than 6 years or include dates before April 14, 2003.* If you request more than one accounting in a 12-month period, the University's Health Plans may charge you for the cost involved. The University's Health Plans will tell you the cost; you may withdraw or change your request before the copy is made.

**Right to Request Restrictions:** You have the right to request a restriction or limit on how the University's Health Plans use or disclose your health plan information. You must be specific in your request for restriction. The University's Health Plans are not required to agree to all requests. If the University's Health Plans agree or are required to comply, the University's Health Plans will comply with the request unless the information is required to be disclosed by law or is needed in case of emergency.

**Right to Request Confidential Contacts:** You have the right to request that the University's Health Plans contact you in a certain way, such as by mail. You must specify how or where you wish to be contacted; the University's Health Plans will consider reasonable requests.

**Right to a Copy of This Notice:** You have the right to a paper or electronic copy of this Notice, which is posted and available on OU's website: [www.ouhsc.edu/hipaa](http://www.ouhsc.edu/hipaa).

**Right to Designate a Representative:** If you have given someone a medical power of attorney or have a legal guardian, that person can exercise your rights under HIPAA and make choices about your health plan information. We may require proof of this person's status.

**4. Changes to this Notice:** The University's Health Plans reserve the right to change this Notice and to make the revised Notice effective for health plan information that the University's Health Plans created or received about you prior to the revision, as well as to information it receives in the future. Revised Notices will be posted and available on OU's website; we will also mail you a copy upon request and as required by law.

**5. Right to be Notified.** You have the right to be notified of breaches that may have compromised the privacy or security of your health plan information.

**6. Information/Complaints.** If you believe your privacy rights have been violated, you may file a complaint with OU's Privacy Official, Jill Bush Raines, at (405) 271-2511; 1-866-836-3150; [OU.Compliance@ouhsc.edu](mailto:OU.Compliance@ouhsc.edu); or PO Box 26901, OKC, OK 73126-0901; or with the Secretary of the Department of Health and Human Services, Office of Civil Rights – DHHS, 1301 Young Street, Suite 1169, Dallas, TX 75202, (214) 767-4056; (214) 767-8940 TDD. Complaints must be submitted within 180 days of when you knew or should have known of the circumstance leading to the complaint. **You will not be retaliated against for filing a complaint.**

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)



OU Office of Compliance  
P O Box 26901  
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Si necesita recibir este aviso en español, favor de ponerse en contacto con la Oficina de Cumplimiento anotada arriba.