



HEDCO Clinic

Notice of Privacy Practices

PLEASE REVIEW CAREFULLY

This notice describes how medical information about you may be used and disclosed.

- Your Information
- Your Rights
- Our Responsibilities

YOUR RIGHTS

The University of Oregon is committed to upholding all legal and professional obligations to protect the confidentiality of your health records. This notice describes how your health record may be used and/or disclosed and how you can get access to this information.

Note: UO is a hybrid entity under the Health Insurance Portability and Accountability Act of 1996 (HIPAA). This means that some of UO's departments are required to comply with HIPAA and some are not. The HEDCO Clinic is required to comply with the applicable provisions of HIPAA. We are also required to comply with the Family Education Rights and Privacy Act (FERPA) and UO policy for University of Oregon students. While other departments may not be required to comply with HIPAA, the confidentiality protections afforded by FERPA still apply to education records maintained by those departments. (For more information regarding UO student's protections and rights under FERPA, visit: registrar.uoregon.edu/records-privacy.)

YOU HAVE THE RIGHT TO

- **Get a copy of your paper or electronic health record.** We will provide a copy or a summary of your health record, usually within 30 days of your request. We may charge a reasonable, cost-based fee.
- **Right to request us to correct your health information that you think is incorrect or incomplete.** We will respond to you within 60 days of receiving a written request. If we deny or partially deny your request, we will provide you with a written explanation.
- **Request confidential communication.** 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. This request should be in writing. We will accommodate reasonable requests.
- **Ask us to limit the information we share.** You can request a restriction on the use or sharing of your health information– we are not required to agree to your request, and we may say “no” if it would interfere with your care or a law requires us to share that information.
- **Get a list of those with whom we've shared your information.** You can ask for a list (accounting) of the times we've shared your health record for six years prior to the date you ask. This accounting will include disclosures to public health, law enforcement, and research.
- **Request a copy of this privacy notice at any time**
- **Have authorized person(s) act on your behalf.** For UO students: Your parents until you (the student) reach the age of 18 or are in attendance at an institution of postsecondary education; or your legal guardian if you are not mentally or physically capable of making decisions about your health care and have officially designated someone to act as your legal guardian for that purpose. We will make sure that this person has the requisite legal authority and can act for you before we take any action.
- **To file a complaint if you believe your privacy rights have been violated.** You can file a complaint if you feel that we have violated your rights by contacting our Privacy Officer using the information provided on page 2 of this document; or you may file a complaint with the U.S. Department of Health and Human Services, or the Office for Civil Rights. Additionally, UO students may file a complaint with the U.S. Department of Education - Contact information is also on the back page.

YOUR CHOICES

In the following situations, we will use and share your health information only with your permission which you may revoke at any time in writing:

- **Share information with your family, close friends or others involved in your care**
- **Contact you for marketing or fundraising purposes – we will never sell your information**
- **Conduct health research**
- **Address workers' compensation claims**
- **Bill for your services.** If you pay for a service out-of-pocket in full, you can ask us not to bill your insurance for that service.
- **Information relating to certain public health activities.**

OUR RESPONSIBILITIES

- We are required by law to maintain the privacy and security of your education records and health records.
- We will let you know promptly if a breach of security occurs that compromises the privacy or security of your information.
- We must follow the duties and privacy practices described in this notice and provide you a copy of it.

USES AND DISCLOSURES THAT DO NOT REQUIRE CONSENT INCLUDE

- **In providing your health care.** We can share your health record with other professionals who are treating you.
- **Respond to health and safety emergencies**
- **Run our organization.** We may use or disclose information about you for the purpose of improving our business operations. These uses may include quality review, training, client satisfaction, and cost control.
- **Comply with the law.** We will share information about you if state or federal law requires it and the disclosure is allowed by state and federal law; for special government functions such as military, national security, and presidential protective services.
- **Respond to lawsuits, legal actions, subpoenas or orders from other tribunals or state agencies, in compliance with UO Policy and state and federal law.** It is important to note that if legal action is anticipated or if the University is served with a subpoena, you may have additional protections as described in the Confidentiality of Client/Patient Health Care and Survivors' Services Information policy (a hardcopy of this policy is available upon request and/or you may visit the University website address for this policy: policies.uoregon.edu/III.05.02).

ACKNOWLEDGEMENT

During your intake process, you will be provided a copy of this Notice of Privacy Practices and asked to provide your acknowledgement

FOR UNIVERSITY OF OREGON STUDENTS

I hereby consent to the University of Oregon, including any of its school officials, releasing my educational records as stated below:

- (1) Records that are related to and are being provided in response to public health and safety emergencies;
- (2) Records that are related to and are being provided in order to prevent or control disease, injury or disability;
- (3) Records that are related to your treatment and care being provided in order to further your treatment and care;
- (4) Records relating to and being provided in order to: (i) bill third parties for health care services or pharmaceutical drugs provided to me; and (ii) pay for health care services or pharmaceutical drugs provided to me.

RECORDS MAY BE RELEASED TO

- (1) Public health authorities that are legally authorized to receive reports for the purpose of preventing or controlling public health emergencies, disease, injury or disability. ("Public health authorities" include agencies or authorities of the United States Government, a State, a Territory, a political subdivision of a State or Territory, as well as a person acting under a grant of authority from, or under a contract with a public health authority);
- (2) Persons who are at risk of contracting or spreading a disease or condition, if other law authorizes the University to notify such individuals as necessary to carry out public health interventions or investigations;
- (3) Health care providers treating me and their staff.
- (4) HIPAA covered entities and their staff participating in the electronic medical exchange network;
- (5) Insurance Companies that are obligated to pay for health care services and pharmaceutical drugs provided to me; and
- (6) Other third parties that process payment for health care services and pharmaceutical drugs provided to me.

For more information, see: hhs.gov/ocr/privacy/hipaa/understanding/consumers/noticepp.html.

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, in our office, and on our website: education.uoregon.edu/clinic.

You can file a complaint with our HIPAA Privacy Officer:

HIPAA Privacy Officer

1715 Franklin Boulevard, Suite 2A
1260 University of Oregon, Eugene, OR, 97403
541-346-0923 | FAX 541-346-6772

U.S. Department of Health and Human Services Office for Civil Rights

200 Independence Avenue
SW, Washington, DC 20201
1-877-696-6775 | www.hhs.gov/ocr/privacy/hipaa/complaints

UO Students may also file a complaint with:

Registrar

Assistant Vice President for Enrollment Management
5257 University of Oregon, Eugene, OR 97403
541-346-3195 | FAX 541-346-6682

U.S. Department of Education

Family Policy Compliance Office
400 Maryland Avenue
SW, Washington, DC 20202
<http://familypolicy.ed.gov/complaint-form>

UO students may also use our anonymous hotline to make a report at uoregon.ethicspoint.com.

ACKNOWLEDGEMENT OF RECEIPT OF NOTICE OF PRIVACY PRACTICES

File/Client Code: _____ Program: _____

I _____, acknowledge that I have received and read the Notice of Privacy Practices for the HEDCO Clinic.

Signature Date

Personal Representative (If applicable) Date

If there are additional clients in this system, they sign below:

I _____, acknowledge that I have received and read the Notice of Privacy Practices for the HEDCO Clinic.

Signature Date

Personal Representative (If applicable) Date

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