



# UNIVERSITY of WESTERN STATES

*Integrating Health and Science*

## 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.

University of Western States is required, by law, to maintain the privacy and confidentiality of your protected health information and to provide our patients with notice of our legal duties and privacy practices with respect to your protected health information.

This notice applies to all four of the University of Western States clinics, which are: UWS Campus Health Center, Columbia Integrated Care, Gresham Integrated Care and West Burnside Chiropractic Clinic. The four clinics will share patients' health information as necessary for the purposes of treatment, payment or health care operations.

### Disclosure of Your Health Care Information

#### Treatment

We may disclose your health care information to other healthcare professionals within our practice for the purpose of treatment, payment or healthcare operations.

*"On occasion, it may be necessary to seek consultation regarding your condition from other health care providers associated with University of Western States."*

*"It is our policy to provide a substitute health care provider, authorized by University of Western States to provide assessment and/or treatment to our patients, without advanced notice, in the event of your primary health care provider's absence due to vacation, sickness, or other emergency situation."*

#### Payment

We may disclose your health information to your insurance provider for the purpose of payment or health care operations.

*"As a courtesy to our patients, we will submit an itemized billing statement to your insurance carrier for the purpose of payment to University of Western States for health care services rendered. If you pay for your health care services personally, we will, as a courtesy, provide an itemized billing to your insurance carrier for the purpose of reimbursement to you. The billing statement contains medical information, including diagnosis, date of injury or condition, and codes which describe the health care services received."*

#### Workers' Compensation

We may disclose your health information as necessary to comply with state Workers' Compensation Laws.

#### Emergencies

We may disclose your health information to notify or assist in notifying a family member, or another person responsible for your care about your medical condition or in the event of an emergency or of your death.

**CONTINUED**

### Public Health

As required by law, we may disclose your health information to public health authorities for purposes related to: preventing or controlling disease, injury or disability, reporting child abuse or neglect, reporting domestic violence, reporting to the Food and Drug Administration problems with products and reactions to medications, and reporting disease or infection exposure.

### Judicial and Administrative Proceedings

We may disclose your health information in the course of any administrative or judicial proceeding.

### Law Enforcement

We may disclose your health information to a law enforcement official for purposes such as identifying or locating a suspect, fugitive, material witness or missing person, complying with a court order or subpoena, and other law enforcement purposes.

### Deceased Persons

We may disclose your health information to coroners or medical examiners.

### Organ Donation

We may disclose your health information to organizations involved in procuring, banking, or transplanting organs and tissues.

### Research

We may disclose your health information to researchers conducting research that has been approved by an Institutional Review Board.

### Public Safety

It may be necessary to disclose your health information to appropriate persons in order to prevent or lessen a serious and imminent threat to the health or safety of a particular person or to the general public.

### Specialized Government Agencies

We may disclose your health information for military, national security, prisoner and government benefits purposes.

### Marketing

We may contact you for marketing purposes or fundraising purposes, as described below: (example)

*"If we need to contact in regards to your appointment or health care we might call. If you are not at home, we leave a reminder message on your answering machine or with the person answering the phone. No personal health information will be disclosed during this recording or message other than to ask that you call our clinic."*

### Change of Ownership

In the event that University of Western States is sold or merged with another organization, your health information/record will become the property of the new owner.

### Your Health Information Rights

- You have the right to request restrictions on certain uses and disclosures of your health information. Please be advised, however, that the University of Western States is not required to agree to the restriction that you requested.
- You have the right to have your health information received or communicated through an alternative method or sent to an alternative location other than the usual method of communication or delivery, upon your request.
- You have the right to inspect and copy your health information.

- You have a right to request that the University of Western States amend your protected health information. Please be advised, however, that the University of Western States is not required to agree to amend your protected health information. If your request to amend your health information has been denied, you will be provided with an explanation of our denial reason(s) and information about how you can disagree with the denial.
- You have a right to receive an accounting of disclosures of your protected health information made by University of Western States.
- You have a right to a paper copy of this Notice of Privacy Practices at any time upon request.

**Changes to this Notice of Privacy Practices**

University of Western States reserves the right to amend this Notice of Privacy Practices at any time in the future, and will make the new provisions effective for all information that it maintains. Until such amendment is made, University of Western States is required by law to comply with this Notice.

University of Western States is required by law to maintain the privacy of your health information and to provide you with notice of its legal duties and privacy practices with respect to your health information.

**Questions/ Complaints**

If you have questions about any part of this notice or if you want more information about your privacy rights, or you wish to file a complaint about your Privacy rights or how University of Western States has handled your health information please contact:

Joseph Pfeifer, D.C.  
 UWS HIPAA Compliance Officer  
 2900 NE 132<sup>nd</sup> Ave.  
 Portland, OR 97230  
 (503) 251-2846

If you are not satisfied with the manner in which this office handles your complaint, you may submit a formal complaint to:

DHHS, Office of Civil Rights  
 200 Independence Avenue, S.W.  
 Room 509F HHH Building  
 Washington, DC 20201

*This notice is effective as of 4/26/2010.*

I have read the Privacy Notice and understand my rights contained in the notice.

By way of my signature, I provide University of Western States with my authorization and consent to use and disclosed my protected health care information for the purposes of treatment, payment and health care operations as described in the Privacy Notice.

\_\_\_\_\_  
 Patient's Name (print)

\_\_\_\_\_  
 Patient's Signature

\_\_\_\_\_  
 Date

\_\_\_\_\_  
 Authorized Facility Signature

\_\_\_\_\_  
 Date