



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.

Carnegie Mellon University Health Services (UHS) is required by law to maintain the privacy of your medical records and to give you this notice that describes our privacy practices. This notice describes how we may use and disclose your protected health information to carry out treatment, payment and health care operations and for other purposes permitted or required by law. It also describes your rights to access and control your protected health information, which is information about you, including demographics that may identify you and that relates to your past, present or future physical or mental health and related health care services. **This notice does not apply to student medical records, which are covered by the Family Educational Rights and Privacy Act of 1974 (FERPA) and the University's policy on the *Privacy Rights of Students* - <http://www.cmu.edu/policies/documents/StPrivacy.html>.**

We are required to abide by the terms of this Notice of Privacy Practices currently in effect. We reserve the right to change our privacy practices at any time and make the new practices effective for all health information that we maintain, including health information we created or received before we made the changes. Should we make such a change to our privacy practices, we will change this Notice and make the new notice available upon request. You may obtain a copy of this notice on the University Health Service website, by contacting the HIPAA Privacy Liaison at 1060 Morewood Avenue, Pittsburgh, PA 15213, or by requesting one at the time of your appointments.

USES AND DISCLOSURES OF PROTECTED HEALTH INFORMATION.

We may use or disclose your health information as follows:

- **For Treatment.** We may use and disclose your health information for treatment purposes. For example we may disclose your health information to a physician or other healthcare provider within or outside of UHS who is providing medical treatment or services to you. Your health information may be provided to a health care provider to whom you have been referred to ensure that the physician has the necessary information to diagnose or treat you.
- **For Payment.** We may use or disclose your health information to obtain payment for service we provide to you. This may include activities your health insurance plan may undertake if it approves or pays for the health care service we recommend for you, or to determine eligibility for plan benefits, or to coordinate benefits.
- **For Health Care Operations.** We may use or disclose your health information in connection with our healthcare operations. These uses and disclosures are necessary to

run our facility and to make sure patients receive quality services. These activities may include insurance related activities, quality assessment, reviewing the competence or qualifications of health care professionals, conducting medical review, legal services, audit services, accreditation, certification, licensing or credentialing activities and for business planning, management and general administration.

Other Permitted and Required Uses and Disclosures that may be made Without Your Authorization or Opportunity to Object

We may use or disclose your health information in the following situations without your authorization:

- **As Required by Law.** We may use or disclose your health information to the extent that the use or disclosure is required by law.
- **Public Health.** 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.
- **Health Oversight Activities.** We may disclose your health information to a health oversight agency for activities authorized by law, such as audits, investigations, inspections, licensure and other activities related to the oversight of the health care system.
- **Legal Proceedings.** We may disclose your health information in the course of administrative or judicial proceedings.
- **Coroners, Medical Examiners and Funeral Directors.** We may disclose your health information to coroners, medical examiners and funeral directors for purposes of identification, determining cause of death and to enable them to perform their duties as authorized by law.
- **Organ Donation.** If you are an organ donor, we may use and disclose your health information for cadaveric organ, eye or tissue donation purposes.
- **Public Safety.** We may disclose your health information to appropriate persons to prevent or lessen a serious and imminent threat to the health or safety of a particular person or the general public.
- **National Security.** We may disclose your health information for military or national security purposes as necessary.
- **Workers' Compensation.** We may disclose your health information as necessary to comply with workers' compensation or similar laws.
- **Inmates.** We may use or disclose your health information if you are an inmate of a facility and we created or received your protected health information in the course of providing care to you.
- **Researchers.** We may disclose your health information to researchers when their research has been approved by an Institutional Review Board that has reviewed the research proposal and protocols to ensure the privacy of your protected health information.

- **Business Associates.** We may disclose your health information to persons who perform functions, activities, or services to us or on our behalf that require the use or disclosure of health information. In addition to HIPAA's direct regulation of business associate, we contractually require the business associate to appropriately safeguard your health information.

Other Permitted and Required Uses and Disclosures that may be made with Your Agreement or Opportunity to Object.

We may use and disclose your health information in the following ways. You have opportunity to object to these uses.

- **Others involved in your Healthcare.** Unless you object, we may disclose to a family member, other relative, close personal friend or any other person you identify, health care information that directly relates to that person's involvement in your care. If you are unable to agree or object, we may disclose your health information as necessary if we determine it is in your best interests based on our professional judgment.
- **Emergencies.** We may use or disclose your health information in an emergency situation. If this happens, your physician or other health care provider shall try to obtain your consent as soon as reasonably practical after the delivery of treatment.

Uses and Disclosures Based Upon your Written Authorization

- **Psychotherapy Notes.** We must obtain your written authorization for most uses and disclosures of psychotherapy notes.
- **Marketing.** We must obtain your written authorization to use and disclose your health information for most marketing purposes.
- **Sale of Health Information.** We must obtain your written authorization for any disclosure of health information which constitutes a sale of health information.
- **Other Uses and Disclosures; Authorization.** Other uses and disclosure of your health information, not described above, will be made only with your written authorization (unless otherwise permitted or required by law). You may revoke your authorization at any time, in writing, except to the extent an action has already been taken in reliance on your authorization.

Statement of your Health Information Rights

You have certain rights regarding your health information, which are explained below.

- **Right to Inspect and Copy.** You have the right to inspect and copy your health information. This includes medical and billing records and any other records that your physician, dentist or other health care provider uses to make decisions about you. To inspect and copy such information, you must submit your request in writing to the HIPAA Privacy Liaison at 1060 Morewood Ave., Pittsburgh, PA 15213. If you request a copy of the information, we may charge you a reasonable fee to cover expenses associated with your request. There are situations where we may deny your request for access to health information. Depending on the circumstances of the denial, you may have a right to have this decision reviewed. For example, under federal law, you may not

inspect or copy psychotherapy notes or information that is subject to law that prohibits access to health information.

- **Right to Request Restrictions.** You have the right to request restrictions on certain uses and disclosures of your health information. You may ask us not to use or disclose any part of your health information for the purpose of treatment, payment or healthcare operations. You may also request that any part of your health information not be disclosed to family members or friends who may be involved in your care for notification purposes as described in this Notice of Privacy Practices. Your request must state the specific restriction requested and to whom you want the restrictions to apply. The university is not required to agree to the restrictions you request, except we must agree not to disclose your health information to your health plan if the disclosure (1) is for payment or health care operations and is not otherwise required by law, and (2) relates to an item or services which you paid in full out of pocket. You must submit your request in writing to the HIPAA Privacy Liaison at 1060 Morewood Ave., Pittsburgh, PA. 15213.
- **Right to Request Confidential Communications.** You have the right to request that we communicate with you by alternate means or at an alternate location. You must submit this request in writing to the HIPAA Privacy Liaison at 1060 Morewood Ave., Pittsburgh, PA 15213. The university will accommodate reasonable requests.
- **Right to Request Amendment.** You have a right to request an amendment to your health information in our records that you believe is incorrect or incomplete for as long as we maintain the health information. There are situations where we may deny your request. If your request is denied, we will provide you with information about our denial and tell you how to file a statement of disagreement with us. We may prepare a rebuttal to your statement, a copy of which will be provided to you. To request an amendment, you must submit the request in writing to the HIPAA Privacy Liaison at 1060 Morewood Ave., Pittsburgh, PA. 15213.
- **Right to Accounting of Disclosures.** This right applies to disclosures for purposes other than treatment, payment or healthcare operations as described in this Notice of Privacy Practices and disclosures made to you. To request an accounting of disclosures, you must submit your request in writing to the HIPAA Privacy Liaison at 1060 Morewood Ave., Pittsburgh, PA. 15213. Your request should specify a time period, which may not be longer than six years from the date of the request. The university will provide one list per 12 month period free of charge. We may charge you for additional lists requested in the same 12-month period.
- **Right to Paper Copy.** You have the right to obtain a paper copy of this notice, even if you agreed to accept this notice electronically. To obtain a paper copy, submit a written request to the HIPAA Privacy Liaison, 1060 Morewood Ave., Pittsburgh, PA. 15213. You may also access this Notice on the University Health Services web site.
- **Right to be Notified of Breach.** You have the right to notified if you are affected by a breach of unsecured protected health information.
- **Right to Opt Out of Fundraising Communications.** We may contact your for fundraising purposes. You have the right to opt out of receiving these communications.

Complaints

You may complain to us or to the Secretary of Health and Human Services if you believe your privacy rights have been violated. You may file a complaint with us by notifying the

HIPAA Privacy Liaison at 412-268-7010 or at 1060 Morewood Ave., Pittsburgh, PA. 15213 and completing the Privacy Practices Complaint form. We will not retaliate against you for filing a complaint.

NOTE REGARDING STUDENT MEDICAL RECORDS & FERPA

The privacy practices set forth above do not apply to medical records of students at Carnegie Mellon. Medical records of students maintained by UHS are governed by the Family Educational Rights and Privacy Act of 1974 (FERPA) and the University's policy on the *Privacy Rights of Students*. Under FERPA, student medical records are considered either "education records" or "treatment records." By law, such records are excluded from the definition of "protected health information" under the Health Insurance Portability and Accountability Act of 1996 (HIPAA).

- **Treatment Records** are records that (i) are made or maintained by a physician, psychiatrist, psychologist, or other recognized professional or paraprofessional acting in his or her professional capacity or assisting in a paraprofessional capacity; (ii) are made, maintained or used only in connection with the treatment of the student; and (iii) may be disclosed to individuals providing treatment.

Treatment records may be disclosed:

- To health care professionals who are providing treatment to the student, including health care professionals who are not part of or not acting on behalf of Carnegie Mellon (e.g. a third-party health care provider), as long as the treatment records are disclosed for the purpose of treatment.
- To a third-party health care provider when the student has requested that his or her records be reviewed by a physician or other appropriate professional of the student's choice.

Treatment records may also be converted to Education Records and disclosed under the exceptions applicable to education records.

- **Education Records** maybe only be disclosed with the consent of the student or where an exception to FERPA permits disclosure without consent. Exceptions permitting the disclosure of education records without consent are set forth in the University's policy on the *Privacy Rights of Students* (<http://www.cmu.edu/policies/documents/StPrivacy.html>). A paper copy of this policy is available upon request.

This notice was published and becomes effective on September 23, 2013.

**Carnegie Mellon University
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<http://www.cmu.edu/health-services/student-insurance>**