

**UNIVERSITY OF OKLAHOMA  
STUDENT HEALTH PLAN  
NOTICE OF PRIVACY PRACTICES  
EFFECTIVE DATE: September 1, 2014**

**This NOTICE describes how the University's Student Health Plan may use or disclose your health information and how you can get access to that information. It applies to the health information that is protected by HIPAA that is generated or maintained by the University's Student Health Plan.**

**Please review it carefully.**

The University's Student Health Plan is required by law to protect the privacy of your health 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 Student Health Plan ("University's Plan").

**Uses and Disclosures of Your Health Information**

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

**Treatment:** The University's Student Health Plan may use or disclose your health information for treatment, services, or 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 Student Health Plan may use your health information for payment activities, such

as to determine plan coverage. *Example:* Your health information may be released to coordinate payment for services.

**Operations:** The University's Student Health Plan may use your health 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 Student Health Plan may use your health information to contact you to develop better services.

**Health Information Exchange:** The University's Student Health Plan 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 Student Health Plan 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 Plan:**

The University's Student Health Plan may disclose your health 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 Student Health Plan may disclose your health information to other entities that provide a service to the University's Student health Plan or on behalf of the University's Student Health Plan that requires the release of your

health information, such as a billing service, but only if the University's Student Health Plan has received satisfactory assurance that the other entity will protect your health information.

**Individuals Involved in Your Care or Payment for Your Care:**

The University's Student Health Plan may release your health 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 Student Health Plan may use and disclose your health information to researchers for health research 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 health information, to researchers to prepare for research under certain conditions, and to researchers who have signed an agreement promising to protect the information. Health information regarding deceased individuals can be released without authorization under certain circumstances.

**Fundraising/Marketing:** The University's Student Health Plan may use (or release to

an OU-related foundation) certain information such as your name, DOB, address, and insurance status, for fundraising. If you do not want to be contacted for fundraising efforts, notify OU's Privacy Official at the phone number or address in Paragraph 6 below. The University's Student Health Plan will not use your health information to contact you for marketing purposes or sell your health information without your written permission.

**Uses and Disclosures of Health Information**

**Required/Permitted By Law:**

The following describe some of the ways that the University's Student Health Plan may be allowed or required to use or disclose your health information that is protected by HIPAA without your authorization.

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

**Required by Law/Law**

**Enforcement:** The University's Student Health Plan may use and disclose your health information if required by federal, state, or local law, such as for workers' compensation,

and if requested by law enforcement officials to locate a suspect or in response to a court order.

**Public Health and Safety:** The University's Student Health Plan may use and disclose your health 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 health information to help with product recalls.

**Food & Drug Administration (FDA) and Health Oversight Agencies:**

The University's Student Health Plan may disclose health 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 Student Health Plan may disclose your health information under a court/administrative order or subpoena.

**Coroners, Medical Examiners, and Funeral Directors:** The

University's Student Health Plan may release your health 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 Student Health Plan may release your health information to authorized national security agencies for the protection of certain persons or to conduct special investigations.

**Military/Veterans:** The University's Student Health Plan may disclose your health 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 Student Health Plan may release your health 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 Student Health Plan inform you that health 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 Student Health Plan wants to use and/or disclose your health information for a purpose not in this Notice or required or permitted by law, the University's Student Health Plan 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 Student Health Plan 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.

**Your Rights Regarding Your Health Information:** You have the rights described below in regard to the health information that is protected by HIPAA that the University's Student Health Plan 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>

**Right to Inspect/Copy:** You have the right to inspect and get a copy of health information maintained by the University's Student Health Plan and used in

decisions about your care. By law, the University's Student Health Plan 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 Student Health Plan created is inaccurate or incomplete, you may ask the University's Student Health Plan to amend it. You must provide a reason for your request. The University's Student Health Plan may deny your request if you ask to amend information that the University's Student Health Plan did not create (unless the creator is not available to make the amendment); that is not part of the health information the University's Student Health Plan maintains; 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 Student Health Plan has made of your health information. The University's Student Health Plan is 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 Student Health Plan may charge you for the cost involved. The University's Student Health Plan 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 that the University's Student Health Plan not share certain health information for treatment, payment, or our operations. The University's Student Health Plan is not required to agree to all requests. If the University's Student Health Plan agrees or is required to comply, the University's Student Health Plan 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 Student Health Plan contact you in a certain way, such as by mail. You must specify how or where you wish to be contacted; the University's Student Health Plan will try to accommodate reasonable requests.

**Right to a Copy of This Notice:**

You have the right to a

paper copy of this Notice, which is posted 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 information. We may require proof of this person's status.

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

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

**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)



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