

# Our Lady of the Lake University Health Services

## Notice of Privacy Practices

The U.S. Department of Health and Human Services (“HHS”) issued the Standards for Privacy of Individually Identifiable Health Information (“Privacy Rule”) to implement the requirements of the Health Insurance Portability and Accountability Act of 1996 (“HIPAA”).

**THIS NOTICE DESCRIBES HOW MEDICAL INFORMATION ABOUT YOU MAY BE USED AND DISCLOSED AND HOW YOU CAN GET ACCESS TO THIS INFORMATION. PLEASE REVIEW THIS NOTICE CAREFULLY.**

**Our Lady of the Lake University Health Services Office** is dedicated to maintaining the privacy of your “individually identifiable health information” or “protected health information” (“PHI”). In providing you with health services, we create medical records identifying you and the nursing/medical treatment you receive from the Nurse Practitioner. We are required by law to maintain the confidentiality of the health information that identifies you. We are also required to provide you with notice of our legal duties and the privacy practices we maintain at the Health Services Office concerning your PHI. By Federal and State law, we must follow the terms of the Notice of Privacy Practices that we currently have in effect.

We must provide you with the following information:

- How we may use and disclose your PHI.
- The right to privacy of your PHI.
- Our obligations concerning the use and disclosure of your PHI.

**IF YOU HAVE QUESTIONS ABOUT THIS NOTICE, PLEASE CONTACT:**

**HIPAA Compliance Officer**  
**Our Lady of the Lake University**  
**411 S.W. 24<sup>th</sup> Street, UWAC 112**  
**San Antonio, Texas 78207**  
**(210) 431-3919**

**PERMITTED Uses and Disclosures:** *(Situations in which we are permitted, but not required, by law to disclose or use your medical information without your written authorization or an opportunity to object.)*

**To the Individual:** We may disclose PHI directly to you.

**Treatment:** Your health information will be used for the provision, coordination, or management of your health care and related services by one or more health care providers, including consultation between providers regarding the patient and referral of the patient by one provider to another.

**Payment:** Your health information may be used to facilitate payment from you or your health plan for health care services rendered. For example, your diagnosis will be identified by code to insurance companies and laboratories.

**Health Care Operations:** Your health information may be used as necessary to support the daily activities and management of OLLU Health Services Office. For example, information on the services you received may be used to support budgeting based on types/rates of utilization of health services.

**Uses and Disclosures with Opportunity to Agree or Object:** Your informal permission will be deemed granted for the use of PHI for notification purposes and patient contact directory purposes. For example, your designation of an emergency contact person.

**Incidental Use and Disclosure:** The Privacy Rule does not require that every risk of an incidental use or disclosure of PHI be eliminated. Therefore, any use or disclosure of your PHI that occurs as a result of, or as an “incident to,” an otherwise permitted use or disclosure is also permitted. OLLU Health Services Office commits that such PHI being shared shall be limited to the “minimum necessary.”

**Public Interest and Benefit Activities:** The Privacy Rule permits use and disclosure of PHI, without an individual’s authorization or permission, for several national priority purposes, including but not limited to:

**Law Enforcement** - To facilitate law enforcement investigations in response to a court order.

**Victims of Abuse, Neglect or Domestic Violence** - PHI may be disclosed to appropriate government authorities.

**Public Health Reporting** - Your PHI may be disclosed to public health agencies as required by law. For example, we are required to report certain communicable diseases to the Texas Department of Health.

**AUTHORIZED Uses and Disclosures That Require Your Authorization:** *In situations other than those listed above, we will ask for your written authorization before using or disclosing any identifiable health information about you.*

If you choose to sign an authorization to disclose and use your PHI, you can later revoke that authorization, in writing, to stop future uses and disclosures. However, any revocation will not apply to disclosures or uses already made or taken before you notified us of your decision to revoke authorization.

**Additional Uses of Information:**

**Appointment reminders:** Your health information may be used by our staff to remind you about appointments. An example, reminders for important dates to complete a vaccine series.

**Your Rights Under Federal Privacy Regulations:**

- The right to request restrictions on the use and disclosure of your protected health information.
- The right to receive confidential communications concerning your medical condition and treatment.
- The right to inspect and copy your protected health information.
- The right to amend or submit corrections to your protected health information.
- The right to receive an accounting of how and to whom your protected health information has been disclosed.
- The right to receive a printed copy of this notice.

**Right to Review Medical Records:**

The Health Services Office requires that requests to inspect or copy protected health information be submitted in writing. You may obtain a form to request access to your records by contacting the Compliance Officer.

**Complaints:**

If you would like to submit a comment or complaint about our privacy practices, or if you feel that your privacy rights have been violated, please send your complaint in writing to:

**HIPAA Compliance Officer  
Our Lady of the Lake University  
411 S.W. 24<sup>th</sup> Street, UWAC 112  
San Antonio, Texas 78207  
(210) 431-3919**

**You will not be penalized or otherwise retaliated against for filing a complaint.**

**OLLU Health Services Contact Person:**

For further information concerning our privacy practices, contact Sarah Gormican, APRN, FNP at the address above.

**Department of Health and Human Services/Office of Civil Rights:**

If you believe that a person, agency or organization covered under the HIPAA Privacy Rule (“a covered entity”) violated your (or someone else’s) health information privacy rights or committed another violation of the Privacy Rule, you may file a complaint with the Office for Civil Rights (OCR).

Complaints to the Office for Civil Rights must: (1) Be filed in writing, either on paper or electronically; (2) name the entity that is the subject of the complaint and describe the acts or omissions believed to be in violation of the applicable requirements of the Privacy Rule; and (3) be filed within 180 days of when you knew that the act or omission complained of occurred.

Anyone can file written complaints with OCR by mail, fax, or email. If you need help filing a complaint or have a question about the complaint form, call the OCR toll free number: 1-800-368-1019. OCR has ten regional offices, and each regional office covers certain states.

The contact information for the regional office of OCR is as follows:

Office for Civil Rights  
U.S. Department of Health & Human Service  
1301 Young Street- Suite 1169  
Dallas, TX 75202  
(214) 767-4056, (214) 767-8940 (TDD)  
(214) 767-0432 FAX

**Effective Date:**

**May 29, 2003**