NOTICE OF PRIVACY PRACTICES

Purpose: To define the required content of the University of Iowa’s Privacy Notice, applicable to covered units within the U of I not covered by UI Health Care

Policy: Under the provisions of the HIPAA Privacy Rule, an individual has a right to know the uses and disclosures of protected health information (PHI) that may be made by the University of Iowa College or unit providing health care. The individual also has a right to know what his or her responsibilities are with respect to PHI. The U of I is required to provide a notice of privacy practices to all patients as well as to individuals requesting a copy.

Procedure: The College or health care unit will:

- Provide the Notice of Privacy Practices at the first date of service to all patients
- Make a good faith effort to obtain a written acknowledgement of receipt of the notice
- Have the Privacy Notice visible in clinic and service locations
- Have the Privacy Notice available for patients to take with them

Exceptions: in an emergency, if it is impossible or impractical to provide the notice, or if doing so would delay care, providing patient care takes the highest priority.

Content of the Privacy Notice.

The U of I Health Care units will provide a Privacy Notice that is written in plain language and that contains the following elements:

- **Header:** The Privacy Notice must contain the following statement as a header or otherwise prominently displayed: “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.”

- **Uses and disclosures:** The Privacy Notice must contain:
  - A description, including at least one example, of the types of uses and disclosures that are permitted to make for each of the following purposes: Treatment, Payment, and Health Care Operations**;
  - A description of each of the other purposes for which disclosure of PHI is permitted or required without that patient’s written authorization;
  - A statement that other uses and disclosures will be made only with the patient’s written authorization and that the patient may revoke such
authorization as provided by UI “Policy on Uses and Disclosures of Protected Health Information”;
  o A statement that the patient may be contacted to provide appointment reminders or information about treatment alternatives or other health-related benefits and services that may be of interest to the patient

**Individual rights**

The Privacy Notice must contain a statement of the patient’s rights with respect to PHI and a brief description of how the individual may exercise these rights as follows:

- The right to request restrictions on certain uses and disclosures of PHI as provided by University policy, “Restrictions on Use and Disclosure of Protected Health Information.”
- The right to receive confidential communications of PHI as provided by policy “Request for Confidential Communications.”
- The right to inspect and attain a copy of the patient’s PHI as provided by policy “Access of Individuals to Protected Health Information in the Designated Record Set”.
- The right to request an amendment to PHI as provided by policy “Corrections and Amendments to Protected Health Information”.
- The right to receive an accounting of disclosures of PHI as provided by policy “Accounting of Disclosures”.
- The right of an individual, including an individual who has agreed to receive the notice electronically, to obtain a paper copy of the notice from UI upon request.

**Covered entity’s duties.**

The Privacy Notice must contain a statement that the University of Iowa:

- Is required by law to maintain the privacy of PHI and to provide individuals with notice of its legal duties and privacy practices with respect to PHI;
- Is required to abide by the terms of the notice currently in effect; and
- Reserves the right to change the terms of its notice and to make the new notice provisions effective for all PHI that it maintains. The statement must also describe how it will provide individuals with a revised notice.

**Complaints.**

- The Privacy Notice must contain a statement that individuals may complain to the University of Iowa and to the Department of Health and Human Services if they believe their privacy rights have been violated, a brief description of how the individual may file a complaint, and a statement that the individual will not be retaliated against for filing a complaint.

**Contact.**

- The Privacy Notice must contain the name, or title, and telephone number of a person or office to contact for further information.
Requirements for Electronic Notice

- The University of Iowa will provide an updated electronic version of the Privacy Notice on its website at http://www.uiowa.edu.
- The notice may be provided to an individual by e-mail, if the requirements for communicating with the individual through email is in compliance with the HIPPA electronic Mail Policy.
- Provision of electronic notice will satisfy the provision requirements if receipt of the notice by the individual is documented.
- The individual who is the recipient of electronic notice retains the right to obtain a paper copy of the notice from the University of Iowa.

Documentation of Privacy Notice:

- The University of Iowa will document compliance with the Privacy Notice requirements by retaining copies of the Privacy Notices issued by UI Health Care.
- Those persons who register or admit patients will be responsible for distributing the Privacy Notice to all patients and documenting the receipt of the “Notice of Privacy Practices Acknowledgement Form” in the record. If a written acknowledgement was not obtained from the patient, must document the reason for the failure to obtain the written acknowledgement on the “Notice of Privacy Practices Acknowledgement Form”. Such reason for failure may be, for example, that the patient refused to sign after being requested to do so.

Revisions to the Privacy Notice.

- The Privacy Notice will be revised and made available whenever there is a material change to the uses or disclosures, the individual’s rights, or other privacy practices stated in the notice. Except when required by law, a material change to any term of the notice may not be implemented prior to the effective date of the notice in which such material change is reflected.

* Definition of Protected Health Information (PHI):
Individually identifiable health information transmitted or maintained in any form or medium, including oral, written and electronic. Individually identifiable health information relates to an individual’s health status or condition, furnishing health services to an individual or paying or administering health care benefits to an individual. Information is considered PHI where there is a reasonable basis to believe the information can be used to identify an individual.

** Treatment, Payment and Health Care Operations (TPO):
Treatment involves the administering, coordinating and management of health care services. Payment includes any activities undertaken to obtain premiums, determine or fulfill its responsibility for coverage and the provision of benefits or to obtain or provide reimbursement for the provision of health care. Health Care Operation includes general administrative and business functions, including audit, quality review, and financial
management. Under the rules, “operations” also includes “the training of future health professionals”.