

# HIPAA

## *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. IT ALSO DESCRIBES HOW YOU CAN FILE A HIPAA COMPLAINT.**

**PLEASE REVIEW IT CAREFULLY.**

**YOU HAVE THE RIGHT TO RECEIVE A PAPER OR ELECTRONIC COPY OF THIS NOTICE AT ANY TIME. EVEN IF YOU HAVE AGREED TO RECEIVE THIS NOTICE ELECTRONICALLY, YOU ARE STILL ENTITLED TO A PAPER COPY OF THIS NOTICE. YOU MAY OBTAIN A COPY OF THIS NOTICE AT OUR WEBSITE,**

**[HTTP://UVAHEALTH.COM.PATIENTSVISITORSGUIDE](http://uvahealth.com.patientsvisitorsguide). TO OBTAIN A PAPER COPY OF THIS NOTICE, CONTACT THE ADMITTING OFFICE AT 434.924.9231.**

**IF YOU HAVE ANY QUESTIONS ABOUT THIS NOTICE, PLEASE CONTACT THE CORPORATE COMPLIANCE AND PRIVACY OFFICE AT (434) 924.2938 AND [ComplianceandPrivacyMedicalCenter@hscsmall.mcc.virginia.edu](mailto:ComplianceandPrivacyMedicalCenter@hscsmall.mcc.virginia.edu).**

Terms used but not defined in this Notice will have the meaning given to them in the HIPAA Rules.

**Who Will Follow This Notice**

This Notice of Privacy Practices (“**Notice**”) describes the privacy practices of this facility or practice (the “**Covered Entity**”) and of facilities, practices, providers and others operating as part of the integrated health system known as UVA Health (“**UVA Health**” or the “**Health System**”) under the Health Insurance Portability and Accountability Act (“**HIPAA**”) that protects the privacy of your health information. If you would like a list of the Health System facilities covered by this Notice (each a “**Participating Covered Entity**” and, together, the “**Participating Covered Entities**” or “**we**”), please contact UVA Health or visit our website at <https://uvahealth.com>. Covered Entity maintains its Designated Record Set through the use of an electronic health record (“**EHR**”) maintained by the Health System for use by Covered Entity and the other Participating Covered Entities.

Through their common ownership and control, use of a shared electronic health record and/or shared quality assurance and related activities, the Participating Covered Entities, including all of the Health System’s affiliated entities, sites and locations, have formed an organized system of health care in which they participate in joint quality assurance activities, and, as a result, qualify as an “affiliated covered entity” (“**ACE**”) and/or an “organized health care arrangement” (“**OHCA**”) under HIPAA. As ACE/OHCA participants, all Participating Covered Entities may use and disclose medical information contained in their shared EHR, and may share such medical information with each other, for treatment, payment or operations purposes described in this Notice.

This Notice also applies to all of the people who provide healthcare services at a Participating Covered Entity’s facility or practice, even if they are not our employees or agents, including:

- Any health care professional authorized to enter information into your medical record
- Any member of a volunteer group we allow to help you while you are a patient
- All Health System employees, staff and other personnel, and students

Certain facilities, practices and units, including the Participating Covered Entities’ inpatient psychiatric unit(s), may give patients a supplemental notice describing their practices, to the extent they differ from those described in this Notice.

We reserve the right to change this Notice and make the changed Notice effective for medical information we already have about you as well as any information we receive in the future. We will post a copy of the current Notice in select registration and admission areas and other key locations throughout the Health System, and on our website at <https://uvahealth.com/patients-visitors/forms>. This Notice will contain the effective date on the first page. In addition, each time you register at or are admitted to any of our facilities for treatment or health care services as an inpatient or outpatient, we will have copies of the current Notice available on request.

**Our Pledge Regarding Medical Information**

We understand that medical information about you and your health is personal. We are committed to protecting medical information about you. We create a record of the care and services you receive. We need this record to provide you with quality care and to comply with certain legal requirements. This Notice applies to all of the records of your care generated by the

Health System and the Participating Covered Entities, whether made by Health System personnel or your personal doctor. This Notice will tell you about the ways in which we may use and disclose medical information about you. We also describe your rights and certain obligations we have regarding the use and disclosure of medical information.

We are required by law to make sure that medical information that identifies you is kept private; give you this notice of our legal duties and privacy practices with respect to medical information about you; and follow the terms of the notice that is currently in effect.

**How We May Use and  
Disclose Medical  
Information About You**

The following categories describe different ways that we use and disclose medical information. For each category of use or disclosure we will explain what we mean and give examples. Not every use or disclosure in a category will be listed. However, all of the ways we are permitted to use and disclose information will fall within one of the categories.

Uses and Disclosures of medical information not covered by this Notice or the laws that apply to us will be made only with your written permission (an “**Authorization**”). In particular, most uses and disclosures of medical information for marketing purposes, most disclosures in return for payment, and most uses and disclosures of psychotherapy notes would require your authorization. If you give us permission to use or disclose medical information about you for a particular purpose, you may revoke that permission, in writing, at any time by contacting the Corporate Compliance & Privacy Office at 434.924.2938. If you revoke your permission, we will no longer use or disclose medical information about you for the reasons covered by your written authorization. You understand that we are unable to take back any disclosures we have already made with your permission, and that we are required to retain our records of the care that we provided to you.

**A. When We Can Use and Disclose PHI About You Without Your Authorization.** We may use and disclose PHI about you without your Authorization for the following purposes:

**1. For Treatment.** We may use medical information about you to provide you with medical treatment or services, including in the following cases:

- We will provide medical information about you to doctors, nurses, technicians, medical students, residents, or other personnel who are involved in taking care of you. For example, a doctor treating you for a broken leg may need to know if you have diabetes because diabetes may slow the healing process. In addition, the doctor may need to tell the dietician if you have diabetes so that we can arrange for appropriate meals.
- Different departments of the Health System or of a Participating Covered Entity (and different Participating Covered Entities participating in your care) also may share medical information about you in order to coordinate the different things you need, such as prescriptions, laboratory work and x-rays.
- We may use and disclose medical information about you in order to communicate with you about available treatment—for instance, to send you appointment or prescription refill reminders, or to offer wellness and other educational programs, or to tell you about or recommend possible treatment options or alternatives that may be of interest to you.
- We may also disclose medical information about you to people outside the Health System who provide services that are related to your care, such as home health agencies or medical equipment suppliers.

**2. For Payment.** We may use and disclose medical information about you so that the treatment and services you receive may be billed to and payment may be collected from you, an insurance company or another third party. If you do not want your health plan to receive information about treatment for which you have paid in advance, see “Right to Request Restrictions” on page 4 of this Notice.

- For example, we may need to give your health plan information about your surgery so your health plan will pay us or reimburse you for the surgery.
- We may tell your health plan about a treatment you are going to receive, to obtain prior approval or to determine whether your plan will cover the rest of the treatment.

**3. For Health Care Operations.** We may use and disclose medical information about you for health care operations. These uses and disclosures are necessary to run the Health System and make sure that all of our patients receive quality care.

- For example, we may use medical information to review our treatment and services and to evaluate the performance of our staff in caring for you.
- We may also combine medical information about many patients to decide what additional services the Health System should offer, what services are not needed, and whether certain new treatments are effective.
- We may also provide information to doctors, nurses, technicians, medical and nursing students, and other personnel and trainees for review and learning purposes.
- We may also combine the medical information we have with medical information from other hospitals to compare how we are doing and see where we can make improvements in the care and services we offer. We may remove information that identifies you from this set of medical information, so that others may use it to study health care and health care delivery without learning who you are.

**4. For treatment provided by other care providers.** We may disclose medical information to health care professionals who have cared or currently are caring for you, such as rescue squads, a referring hospital and its physicians, or a nursing home medical director, for them to use in treating you, seeking payment for treatment, and certain health care operations, such as evaluating the quality of their care and the performance of their staff, providing training, and licensing and accreditation reviews.

**5. To Business Associates.** There are some services provided to the Participating Covered Entities through contracts with business associates. Examples include computer maintenance by outside companies and transcription of medical records by outside medical records services. Where these services are contracted, we may disclose your health information to our business associates so that they can perform the job we have asked them to do. Similarly, there are departments of the University of Virginia (“UVA”) that provide services to us and may need access to your health information to do their jobs. We require business associates and other UVA departments to appropriately safeguard your information and to notify us of any breaches to your health information.

**6. For fundraising activities.** We may use the following information to reach you in an effort to encourage donations for the Health System. We also may disclose this information to a foundation related to the Health System so that the foundation may contact you to encourage donations. This means your name, address, phone number, email address and other contact information, age, date of birth, gender identity, insurance status, the names of your physicians, the dates you received treatment or services at the hospital, and the departments where you received treatment or services. It does not include information about your diagnosis or treatment, except that we may use or disclose to a related foundation limited information regarding the outcome of your treatment for screening purposes. You have the right to opt out of receiving contacts for fundraising. If you do not want the hospital to contact you for fundraising efforts, you may notify the Health System Development Office at 800.297.0102 or 434.924.8432.

**B. When We May Use and Disclose PHI About You Without an Authorization or an Opportunity to Object.** We may Use or Disclose PHI about you without your Authorization and are not required to give you an opportunity to object before making the Use or Disclosure in the following situations:

**1. As Required by Law.** We will disclose medical information about you when required to do so by federal, state or local law.

**2. For Public Health Activities.** We may disclose PHI about you for public health activities, including to:

- Prevent or control disease, injury or disability;
- Report births and deaths;
- Report endangering disabilities of drivers and pilots;
- Report abuse or neglect of children, the elderly and incompetent patients;
- Report reactions to medications or problems with products; or
- Notify people of recalls of products they may be using.

**3. To law enforcement.** We may release medical information if asked to do so by a law enforcement official:

- In response to a court order, subpoena, warrant, summons or similar process;
- About a death we believe may be the result of criminal conduct;
- About criminal conduct at the hospital;
- About wounds made by certain weapons; or
- To a correctional institution that has custody of you.

**4. To avert a serious threat to health or safety.** We may use and disclose medical information about you when necessary to prevent an immediate, serious threat to your health and safety or the health and safety of the public or another person. Any disclosure, however, would only be to someone able to help prevent the threat.

**5. Health oversight activities.** We may disclose medical information to a health oversight agency for activities authorized by law. These oversight activities include, for example, audits, investigations, inspections, and licensure. These activities are necessary for the government to monitor the health care system, government programs, and compliance with civil rights laws.

**6. Medical examiners and funeral directors.** We may release medical information to a medical examiner. This may be necessary, for example, to identify a deceased person or determine the cause of death. We may also release medical information about deceased patients of the hospital to funeral directors as necessary to carry out their duties.

**7. Organ and tissue donation.** If you are an organ donor, we may release medical information to organizations that handle organ or tissue procurement or to an organ donation bank, to further organ or tissue donation and transplantation.

**C. When You Can Object to a Use or Disclosure of Your PHI.** Unless you tell us not to, we can Use or Disclose your PHI in the following situations:

**1. To include you in our inpatient directory.** If you are an inpatient in one of our hospitals, unless you notify us that you object, we will use your name, location in the hospital, and general condition to respond to questions about you from persons

who ask for you by name. If you do not want some or all of this information used for this purpose during your current hospital stay, please notify the Bed Coordination Center at 434.243.9931, or if you want to permanently restrict this use, please notify the Admitting Office at 434.924.9231. This information and your religious affiliation also may be provided to members of the clergy. If you do not want some or all of this information provided to members of the clergy, please notify the Admitting Office at 434.924.9231.

**2. To individuals involved in your care or payment for your care.** We may release information about you to a family member or friend who is involved in your care, or the payment for your care. We may tell your family or friends your condition and that you are in the hospital.

**3. To agencies for disaster relief efforts.** We may disclose medical information about you to an entity assisting in a disaster relief effort so that your family can be notified about your condition, status and location.

**D. Use and Disclosure of PHI in Special Circumstances.** We may Use or Disclose PHI about you in special circumstances, or based on your involvement in certain activities. Uses and Disclosures in these situations can often be done without your Authorization, but we may be required to take additional steps before making the Use or Disclosure as described below:

**1. Military and veterans.** If you are a member of the armed forces, we may release medical information about you as required by military command authorities. We may also release medical information about foreign military personnel to the appropriate foreign military authority.

**2. Workers' Compensation.** We may release medical information about you for workers' compensation or similar programs that provide benefits for work-related injuries or illness.

**3. Lawsuits and disputes.** If you are involved in a lawsuit or a dispute, we may disclose medical information about you in response to a court or administrative order. We may also disclose medical information about you in response to a subpoena, discovery request, or other lawful process by someone else involved in the dispute, but only if efforts have been made to tell you about the request or to obtain an order protecting the information requested.

**4. Research.** Under certain circumstances, we may use and disclose medical information about you for research purposes. We also may retain samples from tissue or blood and other similar fluids normally discarded after a medical procedure, for later use in research projects. For example, a research project may involve comparing the health and recovery of all patients who receive one medication to those who received another for the same condition.

- All these research projects, however, are subject to a special approval process. This process evaluates a proposed research project and its use of medical information, trying to balance the research needs with patients' need for privacy of their medical information. Before we use or disclose medical information for research, the project will have been approved through this research approval process. In some cases, your authorization would be required. In other cases it would not, where the review process determines that the project creates, at most, a minimal risk to privacy.
- We may also disclose medical information about you to people preparing to conduct a research project, for example, to help them look for patients with specific medical needs, so long as the medical information they review does not leave the Health System.
- If a research project can be done using medical data from which all the information that identifies you (such as your name and medical record number) has been removed, we may use or release the data without special approval. We also may use or release data for research with a few identifiers retained, including dates of birth, admission and treatment, and general information about where you live (not your address), without special approval. However, in this case we will have those who receive the data sign an agreement to appropriately protect it.

**5. Social Security Numbers.** The Health System may collect your social security number. We use social security numbers for identification and verifications (for example, to provide the right medical record when two patients have the same name). We also are required to collect social security numbers by Virginia law ([Va. Code 58.1-521](#)) for use if needed in the administrative offset program. Some other governmental programs, such as Medicaid, require social security numbers. Providing a social security number is voluntary, except for applicants to governmental programs that require it. The privacy practices in the Notice apply to your social security number.

**6. Disclosures Related to Care Provided to Minors.** If you are under the age of 18 and not legal emancipated, we are generally required to Disclose your PHI to your parent or guardian. However, as required by Virginia Law ([Va. Code § 54.1-2969\(E\)](#)), we will not reveal any information about treatment you receive for venereal disease or other reportable infectious or

contagious disease; pregnancy or family planning; or for outpatient services related to substance abuse, mental illness or emotional disturbance.

**Your Rights Regarding  
Medical Information  
About You**

You have the following rights regarding medical information we maintain about you. If you want to exercise your rights, you must fill out a special form. To obtain the form or for more information, please contact Health Information Management.

- A. Right to Inspect and Copy.** You have the right to inspect or receive a copy of your medical and billing records, or to have a copy sent to another person designated by you. You may request copies of records in an electronic format, and if the records are available in that format, they will be provided in it. You may also ask us to transmit copies of records in an electronic format to a third party, and if the records are available in that format, they will be provided in it. If they are not, we will provide the records to you or to the third party in an alternate format. For medical records, you must submit a signed authorization form to Health Information Management, University of Virginia Medical Center, P.O. Box 800476, Charlottesville, VA 22908-0476, or by fax at 434.924.2432. Authorization forms and instructions are available on the Medical Center's website at <https://uvahealth.com/patients-visitors/your-medical-records>. Call 434-924.5136 with any questions. For billing records you may write to Patient Financial Services, P.O. Box 800750, Charlottesville, VA 22908-0750, or call 800.523.4398. If you request a copy of the information, we may charge a fee for costs of copying and mailing.
- B. Right to Amend.** If you feel that medical information we have about you is incorrect or incomplete, you may ask us to amend the information. You have the right to request an amendment for as long as the information is kept by or for the Health System. To request an amendment, your request must be made in writing and submitted to Health Information Management, University of Virginia Medical Center, P.O. Box 800476, Charlottesville, VA, 22908-0476. In addition, you must provide a reason that supports your request.
- C. Right to an Accounting of Disclosures.** You have the right to request an "accounting of disclosures." This is a list of disclosures of medical information about you that were not for treatment, payment, or health care operations and of which you were not previously aware. To request this list of accounting of disclosures, you must submit your request in writing to Health Information Management, University of Virginia Medical Center, P.O. Box 800476, Charlottesville, VA 22908-0476. Your request must state a time period which may not be longer than six years. Your request should indicate in what form you want the list (for example, on paper or electronically). The first list you request within a 12-month period will be free. For additional lists, we may charge you for the costs of providing the list. We will notify you of the cost involved and you may choose to withdraw or modify your request at that time before any costs are incurred.
- D. Right to Request Restrictions.** Requests to restrict disclosures of health records to other persons may be made by calling Health Information Management at 434.924.5136. Requests to restrict disclosures of Medical Center and physician billing and payment records may be made by calling Patient Financial Services at 434.924.5377. If we agree, we will comply with your request unless the information is needed to provide you emergency services.
- 1. You have the right to restrict disclosure of health information to your health plan** for services paid out of pocket in full prior to the service being provided. This restriction applies only if the disclosure is to a health plan for purposes of payment or health care operations and the protected health information relates to a health care item or service for which the health care provider has been paid in full prior to the services. Talk to the clinic staff or your physician to exercise this right.
  - 2. You have the right to request other restrictions on our use or disclosure of medical information about you** for treatment, payment or operations purposes, or disclosure of health information about you to someone who is involved in your care or the payment for your care. We are not required to agree to your request for these restrictions. For instance, we will not be able to agree to requests that we cannot reasonably carry out, or that would interfere with your treatment such as restricting your referring or primary care physician's access to your health information. Our normal process is to immediately send records of your visit to your referring physician.
- E. Right to Request Alternative Communications.** You have the right to request that we communicate with you about medical matters in a certain way or at certain locations. For example, you can ask that we only contact you at work or by mail. To request alternative communications, you must make your request in writing—contact the Admitting Office at 434.924.9231 for instructions on how to make your request. We will not ask you the reason for your request. We will accommodate all reasonable requests within our technical capabilities. Your request must specify how or where you wish to be contacted.
- F. Right to Receive Notice of Any Breach.** You have the right to receive written notice from us if there has been a breach of your identifiable health information.
- G. We May Deny Your Requests Only in Certain Very Limited Circumstances.**
- 1. If We Deny Your Request to Access or Copy Your PHI** you may request that the denial be reviewed. Another licensed

health care professional chosen by the hospital will review your request and the denial. The person conducting the review will not be the person who denied your request. We will comply with the outcome of the review.

**2. We may deny your request to Amend your PHI if you ask us to amend information that:**

- Was not created by us, unless you can show the person or entity that created the information is no longer available to make the amendments; if so, we will add your request to the information records;
- Is not part of the medical information kept by or for the Health System;
- Is not part of the information which you would be permitted to inspect and copy; or
- Is accurate and complete.

**Complaints**

If you believe your privacy rights have been violated, you may file a complaint with the Health System or with the Secretary of the Department of Health and Human Services. To file a complaint, contact the Corporate Compliance & Privacy Office at 434.924.2938. You will not be penalized for filing a complaint.

Una copia de la notificación de prácticas de privacidad está disponible en español.

**UVA Health welcomes and provides services, programs and activities to all patients and visitors.**

**UVA Health:**

- Complies with all applicable civil rights laws and does not discriminate, exclude, or treat differently, patients or visitors on the basis of race, age, color, national origin, religion, disability, sexual orientation, gender, gender identity or gender expression.
- Provides free aids and services to people with disabilities to communicate effectively with us, including:
  - Qualified sign language interpreters
  - Information in other formats (large print, audio, accessible electronic formats, etc.)
- Provides free language services in over 200 different languages to people whose primary language is not English, including:
  - Qualified interpreters
  - Information written in other languages
- If you need communication aids or language services, call our Language Office at 434.982.1794.

***If you believe that UVA Health has failed to provide these services or discriminated in any way you can file a complaint in person, by mail, fax or email with:***

Patient Experience Officer  
PO Box 800678  
Charlottesville, VA 22908-0678  
Phone: 434.924.8315  
Email: PatientExperience@hscmail.mcc.virginia.edu

You can file a civil rights complaint with the U.S. Department of Health and Human Services, Office for Civil Rights. If you wish, we can help you.

U.S. Department of Health and Human Services  
200 Independence Avenue SW  
Room 509F, HHH Building  
Washington, D.C. 20201  
800.368.1019  
800.537.7697 (TDD)

Complaint forms, information and an online portal for electronic filing are available at:  
[hhs.gov/civil-rights/filing-a-complaint](https://hhs.gov/civil-rights/filing-a-complaint)



## Language Assistance

Language assistance services, free of charge, are available to you. **Call 1.434.982.1794 (TTY: 844.346.7516).**

**Spanish** ¿Habla español? Le proporcionaremos un intérprete sin costo alguno para usted.

**French** Parlez-vous français? Nous vous fournirons gratuitement un interprète.

**Korean** 한국어를 사용하십니까?  
무료로 통역 서비스를 제공해  
드리겠습니다.

**Russian** Вы говорите по-русски? Мы абсолютно бесплатно предоставим вам переводчика.

**Vietnamese** Quý vị nói được tiếng Việt không? Chúng tôi sẽ cung cấp một thông dịch viên miễn phí cho quý vị.

**Hindi** क्या आप हिन्दी बोलते हैं? हम आपके लिए बिना किसी निजी लागत के एक दुभाषिया को उपलब्ध कराएँगे।

**Mandarin** 您讲国语吗? 我们将免费为您提供翻译。

**German** Sprechen Sie Deutsch? Wir stellen Ihnen unentgeltlich einen Dolmetscher zur Verfügung.

**Arabic** هل تتحدث اللغة العربية؟ سوف نوفر لك مترجمًا فورًا بدون أي تكلفة عليك.

**Bengali** আপনি কি বাংলায় কথা বলেন? আমরা আপনাকে একজন দোভাষী (ইন্টারপ্রিটার) দেব যার জন্য আপনার ব্যক্তিগতভাবে অর্থব্যয় করতে হবে না।

**Tagalog** Nakapagsasalita ka ba ng Tagalog? Magbibigay kami ng tagasalin nang wala kang personal na babayaran.

**Nepali** तपाईं नेपाली बोल्नुहुन्छ? हामी तपाईंको लागि निःशुल्क रूपमा दोभाषे उपलब्ध गराउने छौं।

**Farsi** فارسی صحبت می کنید؟ یک مترجم شفاهی رایگان در اختیار شما قرار خواهیم داد.

**Swahili** Je, unazungumza Kiswahili? Tutakupatia mkalimani bila gharama yoyote kwako.

**Amharic** አማርኛ ይናገራሉ? እርስዎ በግልፅ ምንም ወጪ ሳያወጡ አስተርጓሚ እናቀርባለን።

**Dari** آیا شما دری صحبت میکنید؟ ما به شما ترجمان رایگان مهیا میکنیم.

**Urdu** کیا آپ اردو بولتے ہیں؟ ہم بغیر آپ کے ذاتی لاگت کے آپ کے لئے ترجمان فراہم کریں گے۔

**Kru** Nje o nso Yoruba? A o fun o ni ogbufo lai gba owo lowo re.