UT MEDICINE SAN ANTONIO
UT HEALTH SCIENCE CENTER™
WE MAKE LIVES BETTER

Notice of Privacy Practices

Effective Date: April 2003

THIS NOTICE DESCRIBES HOW HEALTH INFORMATION ABOUT YOU MAY BE USED AND DISCLOSED AND HOW YOU CAN GET ACCESS TO THIS INFORMATION.

PLEASE REVIEW IT CAREFULLY AND SIGN THE ACKNOWLEDGEMENT FORM

1. **Purpose:** The University of Texas Health Science Center at San Antonio (UT Health Science Center) and its faculty, students, residents, employees, non-employees, and its affiliates (UT Medicine Physicians Group and its clinics) follow the privacy practices described in this Notice. The UT Health Science Center maintains your health information in records that are kept in a confidential manner, as required by law. The UT Health Science Center must use and disclose or share your health information as necessary for treatment, payment, and health care operations to provide you with quality health care.

2. **What Are Treatment, Payment, and Health Care Operations?** Treatment includes sharing information among health care providers involved in your care. For example, your health care provider may share information about your condition with the pharmacist to discuss medications, or with radiologists or other consultants to make a diagnosis. UT Health Science Center may use your health information as required by your insurer or HMO to obtain payment for your treatment. UT Health Science Center may use and disclose your health information to improve the quality of care and for education and training purposes of UT Health Science Center students, residents, and faculty.

3. **How Will the UT Health Science Center Use and Disclose My Health Information?** Your health information may be used for the following purposes unless you ask for restrictions on a specific use or disclosure:
   Note: You will have the opportunity to refuse some of these communications about your health information, indicated by (*).
   - UT Health Science Center directories, which may include your name, general condition, and your location in the UT Health Science Center. *
   - Religious affiliation to a hospital chaplain or member of the clergy. *
   - Family members or close friends involved in your care or payment for treatment. *
   - Disaster relief agency if you are involved in a disaster relief effort. *
   - To inform you of treatment alternatives or benefits or services related to your health. *
   - Fundraising activities by the UT Health Science Center. Such information will be limited to your name, address, phone number, age, gender, insurance status, and the dates you received services at the UT Health Science Center.*
   - Appointment reminders.
   - Public health activities, including disease prevention, injury or disability; reporting births and deaths; reporting reactions to medications or product problems; notification of recalls; infectious disease control; notifying government authorities of suspected abuse, neglect, or domestic violence.
   - Health oversight activities, such as audits, inspections, investigations, and licensure.
   - Law enforcement.
   - Coroners, medical examiners, and funeral directors.
   - Organ and tissue donation.
   - Certain research projects.
   - To prevent a serious threat to health or safety.
   - To military command authorities if you are a member of the armed forces or a member of a foreign military authority.
   - National security and intelligence activities to authorized persons to conduct special investigations.
   - Workers' Compensation. Your medical information regarding benefits for work-related injuries and illnesses may be released as appropriate.

- Alcohol and drug abuse information has special privacy protections. The UT Health Science Center will not disclose any information identifying an individual as being a patient or provide any health information relating to the patient's substance abuse treatment unless the patient consents in writing; to carry out treatment, payment, and operations; or as required by law.
- To carry out health care treatment, payment, and operations functions through business associates, such as to install a new computer system.

4. **Your Authorization Is Required for Other Disclosures**. Except as described above, we will not use or disclose your medical information, unless you allow the UT Health Science Center in writing to do so. For example, we will not use your photographs for presentations outside the UT Health Science Center without your written permission. You may withdraw or revoke your permission, which will be effective only after the date of your written withdrawal.

5. **You Have Rights Regarding Your Health Information**. You have the following rights regarding your medical information, if requested on the form(s) provided by the UT Health Science Center:
   - **Right to request restriction**. You may request limitations on your health information that we use or disclose for health care treatment, payment, or operations, although we are not required to comply with your request. For example, you may ask us not to disclose that you have had a particular procedure. We will release the information if necessary for emergency treatment.
   - **Right to confidential communications**. You may request communications of your health information in a certain way or at a certain location, but you must tell us how or where you wish to be contacted.
   - **Right to inspect and copy**. You have the right to review and obtain a copy of your medical or health record. We may charge a fee for copying, mailing, and supplies. Under limited circumstances, your request may be denied; you may request review of the denial by another licensed health care professional chosen by the UT Health Science Center. The UT Health Science Center will comply with the outcome of the review.
     Right to request amendment. If you believe that the health information we have about you is incorrect or incomplete, you may request an amendment on the form provided by the UT Health Science Center. The UT Health Science Center is not required to accept the amendment.
   - **Right to accounting of disclosures**. You may request a list of the disclosures of your health information that have been made to persons or entities for disclosures unrelated to health care treatment, payment, or operations within the past six (6) years, but not prior to April 14, 2003. After the first request, there may be a charge.
   - **Right to a copy of this Notice**. You may request a paper copy of this Notice at any time, even if you have been provided with an electronic copy. You may obtain an electronic copy of this Notice at our web site, http://www.uthscsa.edu/hipaa/patientrights.html. A more detailed Notice is also available at this website if you would like more information about these practices.

6. **Requirements Regarding This Notice**. The UT Health Science Center is required by law to provide you with this Notice. We will comply with this Notice for as long as it is in effect. The UT Health Science Center may change this Notice, and these changes will be effective for health information we have about you, as well as any information we receive in the future. Each time you register at the UT Health Science Center for health services, you may receive a copy of the Notice in effect at the time.

7. **Complaints.** If you believe your privacy rights have been violated, you may file a complaint with the UT Health Science Center's Privacy Officer (210/567-5212) or with the Secretary of the United States Department of Health and Human Services. We will not penalize or retaliate against you in any way for making a complaint to The University of Texas Health Science Center at San Antonio or to the Department of Health and Human Services.

   Contact UT Medicine's Privacy Officer at (210) 257-1627 if:
   - **You have any questions about this Notice;**
   - **You wish to request restrictions on uses and disclosures for health care treatment, payment, or operations; or**
   - **You wish to obtain a form to exercise your individual rights described in paragraph 5.**

PLEASE BRING THE ACKNOWLEDGEMENT FORM WITH YOU TO YOUR CLINIC VISIT.

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Acknowledgement of Receipt of Notice of Privacy Practices

Your name and signature on this sheet indicate that you have received a copy of UT Medicine San Antonio/UTHSCSA Notice of Privacy Practices on the date indicated. If you have any questions regarding the information in UT Medicine San Antonio/UTHSCSA Notice of Privacy Practices, please do not hesitate to contact a clinic representative or the UT Medicine San Antonio/UTHSCSA Patient Privacy Officer at (210) 257-1627.

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Authorization:

Do you authorize your immediate family member(s) to have access to your medical records/information?

- ☐ Yes
- ☐ No

If yes, please list the name(s) of the AUTHORIZED family member(s):

_____

_____

_____

_____	_____
PRINT Patient Name	If Patient Representative, PRINT name and relationship to Patient
_____	_____
Patient Signature	Patient Representative Signature
_____	
Date Notice Received	
_____	
Witness Signature	Date

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