

Contact Information:

You can file a complaint with the HIPAA Compliance Officer:

Debra McLaughlin, MPA, CHC
Compliance Officer
University of Oregon Health Center
1232 University of Oregon, Eugene, Oregon 97403
T - (541) 346-4452 or F – (541) 346-8215

Or the UO Registrar:

Julia Pomerenk
Assistant Vice President for Enrollment Management
Office of the Registrar
5257 University of Oregon, Eugene, OR 97403
T – (541) 346-3124 or F – (541)-346-6682

You can also, file a complaint with:

U.S. Department of Health and Human Services Office for Civil Rights
200 Independence Avenue, S.W., Washington, D.C. 20201
1-877-696-6775 or visiting
www.hhs.gov/ocr/privacy/hipaa/complaints/.

Or

U.S. Department of Education
Family Policy Compliance Office,
400 Maryland Ave. S.W., Washington, D.C. 20202-8520
Or visit - <http://familypolicy.ed.gov/complaint-form>

You may also use our anonymous hotline to make a report at www.uoregon.ethicspoint.com

We will not retaliate against you for filing a complaint.



University of Oregon

University Health Center

Notice of Privacy Practices



Please Review Carefully—

This notice describes how medical information about you may be used and disclosed

- Your Information
- Your Rights
- Our Responsibilities

Your Rights

The University of Oregon is committed to upholding all legal and professional obligations to protect the confidentiality of your health records. This notice describes how your health record may be used and/or disclosed and how you can get access to this information.

(NOTE: UO is a hybrid entity under the Health Insurance Portability and Accountability Act of 1996 (HIPAA). This means that some of UO's departments are required to comply with HIPAA and some are not. The Health Center is required to comply with the applicable provisions of HIPAA, we are also required to comply with the Family Education Rights and Privacy Act (FERPA) and UO policy. While other departments may not be required to comply with HIPAA, the confidentiality protections afforded by FERPA still apply to education records maintained by those departments. (For more information regarding your protections and rights under FERPA, visit: <https://registrar.uoregon.edu/records-privacy>.)

You have the right to:

- **Get a copy of your paper or electronic health record**

We will provide a copy or a summary of your health record, within less than 30 days of your request. We may charge a reasonable, cost-based fee.

- **Request us to correct your health information that you think is incorrect or incomplete**

We may say "no" to your request, but we'll tell you why in writing within 60 days; and if we decide not to correct your health information, you may be entitled to a hearing.

- **Request confidential communication**

You can ask us to contact you in a specific way, for example home or office phone or to send mail to a different address.

Acknowledgement and Consent

- (3) Health care providers treating me and their staff.
- (4) HIPAA covered entities and their staff participating in the electronic medical exchange network;
- (5) Insurance Companies that are obligated to pay for health care services and pharmaceutical drugs provided to me; and
- (6) Other third parties that process payment for health care services and pharmaceutical drugs provided to me.

During your check in process, you will be provided a copy of this Notice of Privacy Practices and asked to provide your acknowledgement and consent. This consent will remain in place until revoked by you in writing.

For more information see: www.hhs.gov/ocr/privacy/hipaa/understanding/consumers/noticepp.html.

Changes to the Terms of this Notice

We can change the terms of this notice, and the changes will apply to all information we have about you. The new notice will be provided to you, available upon request, available on My UO Health Patient Portal and on the University Health Center's website at: *Revised: 02/20/18*



Please Review Carefully

University Health Center

Acknowledgement and Consent

I hereby consent to the University of Oregon, including any of its school officials, releasing my educational records as stated below:

- (1) Records that are related to and are being provided in response to public health and safety emergencies;
- (2) Records that are related to and are being provided in order to prevent or control disease, injury or disability;
- (3) Records that are related to your treatment and care being provided in order to further your treatment and care;
- (4) Records relating to and being provided in order to: (i) bill third parties for health care services or pharmaceutical drugs provided to me; and (ii) pay for health care services or pharmaceutical drugs provided to me.

Records may be released to:

- (1) Public health authorities that are legally authorized to receive reports for the purpose of preventing or controlling public health emergencies, disease, injury or disability. ("Public health authorities" include agencies or authorities of the United States Government, a State, a Territory, a political subdivision of a State or Territory, as well as a person acting under a grant of authority from, or under a contract with a public health authority);
- (2) Persons who are at risk of contracting or spreading a disease or condition, if other law authorizes the University to notify such individuals as necessary to carry out public health interventions or investigations;



Please Review Carefully

Your Rights

- **Ask us to limit the information we share**
You can ask us not to use or share certain health information for treatment – we are not required to agree to your request, and we may say “no” if it would affect your care or a law requires us to share that information.
- **Get a list of those with whom we’ve shared your information**
You can ask for a list (accounting) of the times we’ve shared your health record for six years prior to the date you ask. These include all the disclosures except for those for treatment or those made with your consent.
- **Request a copy of this privacy notice at any time**
- **Have authorized person(s) act on your behalf**
Your parents until you (the student) reach the age of 18 or are in attendance at an institution of post-secondary education; or your legal guardian if you are not mentally or physically capable of making decisions about your health care and have officially designated someone to act as your legal guardian for that purpose. We will make sure that this person has the requisite legal authority and can act for you before we take any action.
- **To file a complaint if you believe your privacy rights have been violated**
You can file a complaint if you feel that we have violated your rights by contacting our Privacy Officer using the information provided on the back page; or you may file a complaint with the U.S. Department of Health and Human Services, Office for Civil Rights or the U.S. Department of Education – Contact information is also on the back page.

University Health Center

In the following situations, we will use and share your health information only with your consent which you may revoke at any time in writing:

- **Share information with your family, close friends or others involved in your care who are not providing you treatment**
- **Contact you for marketing or fundraising purposes – we will never sell your information**
- **Conduct health research**
- **Respond to organ and tissue donation requests**
- **Address workers' compensation claims**
- **Bill for your services**
If you pay for a service out-of-pocket in full, you can ask us not to bill your insurance for that service.
- **Information relating to certain public health activities**

Our Responsibilities:

- We are required by law to maintain the privacy and security of your education records and health records.
- We will let you know promptly if a breach of security occurs that compromises the privacy or security of your information.
- We must follow the duties and privacy practices described in this notice and provide you a copy of it.

That Do Not Require Consent include:

- **In providing your health care**
We can share your health record with other professionals who are treating you.
- **Respond to health and safety emergencies**
- **Work with a medical examiner or funeral director**
- **Run our health care organization**
We may use your information when there is a legitimate need to know in the course of carrying out one's duties, while maintaining the minimum necessary standards, for example Quality Assurance Reviews.
- **Comply with the law**
We will share information about you if state or federal law requires it and the disclosure is allowed by state and federal law; for special government functions such as military, national security, and presidential protective services.
- **Respond to lawsuits, legal actions, subpoenas or orders from other tribunals or state agencies, in compliance with UO Policy and state and federal law.**
It is important to note that if legal action is anticipated or if the University is served with a subpoena, you may have additional protections as described in the Confidentiality of Client/Patient Health Care and Survivors' Services Information policy (a hardcopy of this policy is available upon request and/or you may visit the University website address for this policy: www.policies.uoregon.edu/III.05.02).