

## UNIVERSITY OF IOWA COLLEGE OF NURSING PRIVACY NOTICE

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.

### ***Our Legal Responsibility***

As your health care provider, we are legally required to protect the privacy of your health information, and to provide you with this notice about our legal duties and privacy practices. This requirement applies to all patients served by University of Iowa College of Nursing. University of Iowa College of Nursing is legally required to follow the privacy practices described in this notice. If you have any questions or want more information about this notice, please contact our Privacy Officer at the contact information listed below.

### Your Protected Health Information (PHI)

**Throughout this notice we will refer to your protected health information as PHI. Your PHI includes data that identifies you and reports about the care and services you receive at the hospital, in the clinics, or at your place of residence.**

This notice applies to all of the records, both electronic and paper, about your care. It includes all information created by University of Iowa College of Nursing staff. This staff includes nurse practitioners, other health care professionals, students and other departmental staff.

This notice about our privacy practices explains how, when, and why we use and share your PHI. We may not use or disclose any more of your PHI than is necessary for the purpose of the use or disclosure, with some exceptions.

### *Changes to This Notice*

We reserve the right to change the terms of this notice and our privacy policies. Any changes will apply to your past, current, or future PHI. When we make an important change to our policies, we will change this notice and post a new notice on our Web site ([www.nursing.uiowa.edu](http://www.nursing.uiowa.edu)). You may also request a copy of our current notice at any time from the University of Iowa College of Nursing by contacting the Privacy Officer listed below.

### **Uses of Protected Health Information**

University of Iowa College of Nursing collects health information about you and stores it in a chart and on a computer. This is your medical record. The medical record is

the property of University of Iowa College of Nursing, but the information in the medical record belongs to you.

We use and disclose health information for many reasons. The following examples describe some of the categories of our uses and disclosures. Please note that not every use or disclosure in a category is listed.

- **Treatment** - We may use and disclose medical information about you to physicians, nurse practitioners, nurses, technicians, physicians in training, or other health care professionals who are involved in your care. For example, if you are being treated for a knee injury, we may disclose your PHI to the Department of Rehabilitation Therapies. Different health care professionals, such as pharmacists, lab technicians, and x-ray technicians, also may share information about you in order to coordinate your care. In addition, we may send information to the physician who referred you to University of Iowa College of Nursing.
- **Payment** - We may use and disclose your PHI in order to bill and collect payment for the treatment and services we provided to you. For example, we may provide PHI to an insurance company or other third party payor in order to obtain approval for treatment or admission to the hospital.
- **Health care operations** - We may use and disclose your PHI as part of our routine operations. For example, we may use your PHI to evaluate the quality of health care services you received or to evaluate the performance of health care professionals who cared for you. We may also disclose information to physicians, nurses, technicians, medical, nursing and other health professional students, and other hospital personnel as part of our educational mission.
- **Appointment reminders and health-related benefits or services** - We may use your PHI to provide appointment reminders or give you information about treatment alternatives or other health care services.
- **Public health activities** - We report information about births, deaths, and various diseases to government officials in charge of collecting that information. We provide coroners, medical examiners, and funeral directors information about an individual's death.
- **Law enforcement** - We may disclose PHI to government agencies and law enforcement personnel when the law requires it. For example, we report about victims of abuse, neglect, or domestic violence, and gunshot victims, and when ordered to do so in judicial or administrative proceedings.
- **Health oversight activities** - We may disclose PHI to a health oversight agency for audits, investigations, inspections, and licensure, as authorized by law. For example we may disclose PHI to the Food and Drug Administration, state Medicaid fraud control, or the Health and Human Service Office for Civil Rights.

- **Research studies** - We may disclose your PHI to help conduct research. Research may involve finding a cure for an illness or helping to determine how effective a treatment is. In research studies, a Privacy Board or Institutional Review Board determines that measures are in place to protect your identity from disclosure to organizations outside of University of Iowa College of Nursing. You may be asked to participate in a research study and if you agree, you will need to give special authorization to disclose your PHI outside of University of Iowa College of Nursing.
- **Organ donation** - We may use your PHI to notify organ donation organizations, and to assist them in organ, eye, or tissue donation and transplants.
- **Workers' compensation purposes** - We may disclose PHI at your employer's request regarding a work-related injury.
- **National security and intelligence activities** - We may release PHI to authorized federal officials when required by law. This information may be used to protect the President, other authorized persons or foreign heads of state, to conduct special investigations, for intelligence and other national security activities authorized by law.

*Uses and Disclosures for which You Have the Opportunity to Object*

- **Disclosures to family, friends, or others** - We may provide your PHI to a family member, friend, or other person you tell us is involved in your care or involved in the payment of your health care, unless you object in whole or in part. If you are unable to agree or object to such a disclosure, we may disclose such information as necessary if we determine that it is in your best interest.

**Except as described above, all other uses and disclosures of your PHI will require your authorization.**

*Your Rights Regarding PHI*

**You have the right to:**

- **Request Restrictions**  
You have the right to ask that we limit how we use and disclose your PHI. We will consider your request, but we are not legally required to accept it. If we accept your request, we will put any limits in writing and follow them except in emergency situations. You may not limit the uses and disclosures that we are legally required or allowed to make. To request a restriction, contact the Privacy Officer listed at the end of this notice.

- **Request Confidential Communications**

You have the right to ask that we send PHI to you at a different address. For example, you may wish to have appointment reminders and test results sent to a PO Box or a different address than your home address. We will accommodate reasonable requests. To make a request, contact any member of your health care team.
- **Inspect and Copy**

You have the right to inspect and obtain a copy of medical information that may be used to make decisions about your care. Usually this includes the medical record and billing records. To inspect and obtain a copy of medical or billing information, you must submit your request in writing to the Privacy Officer listed at the end of this notice. We will make every effort to respond to your request within a reasonable period of time. You may be charged a fee to cover the costs of copying, mailing, or other supplies associated with your request.
- **Disclosures**

You have the right to obtain a list of instances in which we have disclosed your PHI. Your request must state a time period not longer than six years and your request may not include dates before May 1, 2006. The list will not include uses or disclosures made for treatment, payment, or health care operations. In addition, the list will not include uses or disclosures that you have specifically authorized in writing, such as copies of records to your attorney or to your employer. You must submit your request in writing to the Privacy Officer listed at the end of this notice.
- **Amend**

You have the right to request an amendment of your PHI if you think that information is inaccurate or incomplete in your medical record or in a billing record. You may request an amendment for as long as that record is maintained. You may submit a written request for an amendment to the Privacy Officer listed at the end of this notice.

University of Iowa College of Nursing may deny your request for an amendment if:

  - It is not in writing,
  - It relates to information not created or produced by University of Iowa College of Nursing staff,
  - We decide that the information is accurate and complete, or
  - It is not part of information you are allowed to inspect or copy.
- **Paper copy of this notice**

You have the right to request a paper copy of this notice. You may request a copy from any member of your health care team or from the Privacy Officer listed at the end of this notice, or you may request that a copy be sent to you.

## **Revocation of Permission**

If you provide us with permission to use or disclose medical information about you, you may revoke that permission at any time. You must make your request in writing to the Privacy Officer listed at the end of this notice.

If you revoke your permission, we will no longer use or disclose medical information about you for the reasons covered by your written revocation. We are unable to take back any disclosures previously made with your permission. Also, we are required to keep all records of the care that we provided to you.

## **Complaints and Questions**

If you believe your privacy rights have been violated, you may file a complaint with University of Iowa College of Nursing or with the Secretary of the Department of Health and Human Services. To file a complaint with University of Iowa College of Nursing, contact the University of Iowa College of Nursing Privacy Officer at the address and phone number listed below. You will not be penalized for filing a complaint and your care will not be compromised.

If you have questions about this notice, any complaints about our privacy practices, or you would like to know how to file a complaint with the Secretary of the Department of Health and Human Services, please contact the Privacy Officer listed below.

### **Contact Information for College of Nursing Privacy Officer:**

University of Iowa College of Nursing  
Assistant Dean for Operations and Finance  
**50 Newton Road**  
Iowa City, Iowa 52242  
**319-335-7019**