**EASTERN KENTUCKY UNIVERSITY**

**NOTICE OF PRIVACY PRACTICES**

Effective April 14, 2003

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.

Eastern Kentucky University (“EKU”) is required by federal law (the Health Insurance Portability and Accountability Act of 1996 or “HIPAA”) to protect your personal health information in keeping it private and following certain rules that dictate whether and when EKU can use or disclose your health information. Additionally, the law requires that EKU inform you, through this Notice of Privacy Practices (“Notice”), of your rights regarding how the health care provider may use and disclose your protected health information and EKU’s legal duties and privacy practices with respect to protected health information.

EKU is required to follow the terms of the Notice currently in effect. However, EKU reserves the right to change the terms of this Notice and apply those changes to all protected health information currently maintained by EKU. If this Notice is changed, you will be notified of the changed Notice within 60 days after the change is made, and a copy of the new Notice thereafter will be posted in your provider’s office and will be available upon request through your health care provider’s office.

For further information about this Notice, your rights and EKU’s legal duties regarding your health information, please contact EKU’s Privacy Official:

Gary T. Barksdale
Director of Human Resources/Payroll Services
Jones Room 106, CPO 24A
Eastern Kentucky University
521 Lancaster Avenue
Richmond, KY 40475-3102
(859) 622-1327

**Protected Health Information** – “Protected health information” is any written and oral health information about you, including demographic data that can be used to identify you. This is health information that is created or received by EKU and that relates to your past, present, or future physical or mental health or condition. It includes but is not limited to your name, age, address, a history of your illness or condition, injury, or symptoms, tests given, x-rays taken and laboratory work conducted, and treatment provided to you.

**Uses and Disclosures of Protected Health Information** – EKU may use your protected health information for purposes of providing treatment, obtaining payment for treatment, and conducting health care operations. Your protected health information may be used or disclosed only for these purposes unless EKU has obtained your authorization or the use or disclosure is otherwise permitted by HIPAA privacy regulations or state law. Disclosures of your protected health information for the purposes described in this Notice may be made in writing, orally, or by facsimile. Listed below are descriptions of specific ways in which EKU may use and disclose your protected health information.

**Treatment**: EKU may use and disclose your protected health information to provide, coordinate, or manage your health care and any related services. For example, EKU may disclose your protected health information to physicians or other health care providers who may be treating you or consulting with respect to your care. EKU may also disclose your protected health information to others who may be involved in your medical care such as other physicians, health care workers, family members, or clergy.

**Payment**: Your protected health information will be used, as needed, to obtain payment for the health care services provided to you. For example, EKU may need to disclose information to your health insurance company to determine your eligibility for certain benefits or whether a particular service is covered under your plan. EKU may also need to disclose protected health information to another provider involved in your care for the other provider’s payment activities.

**Operations**: EKU may use or disclose your protected health information for its own health care operations to facilitate the function of its health care components and to provide quality care to all patients. Health care operations include: quality assessment and improvement activities, employee review activities, training programs including those in which students, trainees, or practitioners in health care learn under supervision, accreditation, certification, licensing, or credentialing activities, review and auditing, including compliance reviews, medical reviews, legal services and maintaining compliance programs, and business and administrative activities. EKU may also disclose protected health information to another provider or health plan for their health care operations.

**Appointment Reminders**: EKU may use or disclose your protected health information to contact you, a family member, or friend involved in your health care or as authorized by you as a reminder that you have an appointment for treatment or medical care at EKU’s facilities. EKU may also leave a message on your answering machine/voicemail system unless you tell us not to.

**Treatment Alternatives**: EKU may use or disclose your protected health information to tell you about or recommend possible treatment options or alternatives that may be of interest to you.

**Health Related Benefits and Services**: EKU may use or disclose your protected health information to tell you about health related benefits or services that may be of interest to you.

**Fundraising Activities**: EKU may use or disclose your protected health information to contact you in an effort to raise money for its health care components and their operations. EKU would only release contact information, such as your name, address, phone number, and the dates you received treatment or services at a facility. If you do not want EKU to contact you for fundraising efforts, you must notify the Privacy Official in writing.

**Individuals Involved in Your Care or Payment of Your Care**: EKU may use or disclose your protected health information to a friend or family member who is involved in your medical care or the payment of your medical care. EKU may also tell your family or friends your location at the time of your care or provide information to an entity assisting in a disaster relief effort in order to communicate your condition and location to your family. If you want any of this information restricted, then you must communicate that in writing to EKU’s Privacy Official.

**Research**: Under certain circumstances, EKU may use and disclose your protected health information for research purposes. For example, a research project may require comparing the health and recovery of all patients who received one procedure to those who received another procedure for the same condition. All research projects, however, are subject to a special approval process. Before EKU uses or discloses your protected health information for research, the project will have been approved through this process; however, EKU may disclose your protected health information to people preparing to conduct a project, for example, to identify patients with specific health needs. EKU will almost always ask for your authorization if a researcher will have access to your name, address, or other information that reveals who you are, or will be involved in your care at an EKU facility.

Eastern Kentucky University
521 Lancaster Avenue
Richmond, KY 40475-3102
(859) 622-1327

For further information about this Notice, your rights and EKU’s legal duties regarding your health information, please contact EKU’s Privacy Official:
As Required by Law: EKU will disclose your protected health information when required to do so by federal, state, or local law. This may include reporting of communicable diseases, wounds, abuse, disease/trauma registries, health oversight matters and other public policy requirements. EKU may be required to report this information without your permission.

To Avert a Serious Threat to Health or Safety: EKU may use and disclose protected health information to avert a serious threat to health or safety. EKU may use and disclose protected health information for the following public activities and purposes: to prevent, control, or report disease, injury, or disability as permitted by law; to report vital events such as birth or death as permitted or required by law; to conduct public health surveillance, investigation and interventions as permitted or required by law; to collect or report adverse events and product defects; to notify a person who has been exposed to a communicable disease or who may be at risk of contracting or spreading a disease as authorized by law.

Health Oversight Activities: EKU may disclose protected health information to a health oversight agency authorized by law for audits, investigations, inspections, and licensure. Health oversight agencies generally oversee the health care system, government health programs (such as Medicare and Medicaid), and the enforcement of civil rights laws.

In Connection with Judicial and Administrative Proceedings: EKU may disclose your protected health information in the course of any judicial or administrative proceeding in response to an order of a court or administrative tribunal as expressly authorized by such order. In certain circumstances, EKU may disclose your protected health information in response to a subpoena to the extent authorized by state law if we receive satisfactory assurances that you have been notified of the request or that an effort was made to secure a protective order.

For Law Enforcement Purposes: EKU may disclose protected health information if asked to do so by a law enforcement official under the following circumstances: if you have incurred certain injuries or wounds that are legally required to be reported; in response to a court order, subpoena, warrant, summons, investigative demand, or similar process; to identify or locate a suspect, fugitive, material witness, or missing person; under certain limited circumstances when you are the victim or a crime; if EKU suspects criminal conduct on its premises; in emergency circumstances to report a crime, its location, or information about the person who may have committed the crime.

Uses and Disclosures which You Authorize: Other than as stated above, EKU will not disclose your health information without your written authorization. After having given your authorization, you may revoke it in writing at any time except to the extent that EKU has taken action in reliance upon your authorization.

Individual Rights – You have the following rights regarding your protected health information:

Right to Request Restrictions: You have the right to request that EKU not use or disclose certain parts of your protected health information for the purposes of treatment, payment, or health care operations. You may also request that EKU not disclose your protected health information to family members or friends. For example, you may request that EKU not tell certain people of your health condition. EKU is not required to agree to your request. If EKU agrees to your restrictions, EKU will comply with your wishes unless the information is needed to provide emergency treatment to you. To request restrictions, you must make a written request to the Privacy Official identified on page 1 of this Notice. In your written request, you must state (1) the specific information you want to limit, (2) whether you want to limit use of the information and/or disclosure of the information, and (3) to whom you want the restriction to apply (for example, disclosures to your spouse). Upon receipt of your request, you will be notified whether or not EKU will agree to your restrictions. Either you or EKU may terminate the agreement to a restriction under certain circumstances.

Right to Request Confidential Communications: You have the right to request that EKU communicate with you using alternative means or at alternative locations if you clearly state to EKU that the disclosure of all or part of that information could endanger you. For example, you may ask that EKU call you at a certain phone number and indicate whether or not to leave a message for you. To request confidential communications, you must make a written request to the Privacy Official identified on page 1 of this Notice. In your written request, you must state specifically how or where you wish to be contacted and that communication by regular means could endanger you. EKU will honor all reasonable requests for confidential communications.

Right to Inspect and Copy Your Protected Health Information: You have the right to inspect and copy your protected health information, including most of your medical and billing records. You do not have the right to review any psychotherapy notes, information created for use in legal actions, or other information covered by certain laws. If you would like to inspect and/or copy your protected health information, you must submit your request in writing to the Privacy Official identified on page 1 of this Notice. If you request a copy of the information, EKU may charge you a reasonable fee for copying, postage, or other expenses related to your request. EKU may deny your request to inspect and/or copy your health information if your request is denied, depending on the circumstances of that denial, you may have the right to have a decision of denial reviewed. Please contact the Privacy Official identified on page 1 of this Notice if you have questions about access to your protected health information.

Right to Request Amendments to Your Protected Health Information: If you think the protected health information EKU has in your record is incorrect or incomplete, you may request an amendment of the information for as long as EKU maintains this information. You may make a request for an amendment in writing to the Privacy Official identified on page 1 of this Notice. EKU must act on your request no later than 60 days after receipt of it. EKU will provide written notification of the acceptance or denial of your request. EKU may deny your request for an amendment if you ask to amend information that: (1) was not created by EKU, unless you provide a reasonable basis that the person or entity who created the information is no longer available to make the amendment; (2) is not part of the health information kept by EKU; (3) is not part of the information which you would be permitted to inspect and copy; or (4) is accurate and complete. If EKU denies your request for amendment, you have the right to file a statement of disagreement with EKU and EKU may prepare a rebuttal to your statement. If such rebuttal is prepared, EKU will provide you with a copy.

Right to Receive an Accounting: You have the right to receive an accounting of certain disclosures of your protected health information made by EKU in the six years prior to the date on which the accounting is requested. This right applies to disclosures for purposes other than treatment, payment or health care operations as described in this Notice. EKU is also not required to account for disclosures that you requested, disclosures that you agreed to by signing an authorization form, disclosures for a directory, disclosures to family or friends involved in your care or the payment of your care, or certain other disclosures EKU is permitted to make without your authorization. The request for an accounting must be made in writing to the Privacy Official identified on page 1 of this Notice and must specify the time period sought for the accounting. EKU must act on your request for an accounting no later than 60 days after receipt of such request. EKU is not required to provide an accounting for disclosures that occur prior to April 14, 2003. EKU will provide the first accounting you request during any 12 month period free of charge. Subsequent accounting requests by you within the same 12 month period will be subject to a reasonable cost-based fee. After learning of the exact amount of the fee, you have the right to withdraw or modify your request in order to avoid or reduce the fee.

Right to Obtain a Paper Copy of This Notice: You have the right to receive a paper copy of this Notice from EKU upon your request even if you have already received a copy or have agreed to accept this Notice electronically.

Complaints: You have the right to complain to EKU and to the Secretary of the United States Department of Health and Human Services if you believe your privacy rights have been violated. You may file a complaint in writing to EKU by contacting the Privacy Complaint Official. EKU’s Privacy Complaint Official is Virginia Underwood, Director, Equal Opportunity Office, Eastern Kentucky University, Jones Building Room 106, CP0 37A, 521 Lancaster Ave, Richmond, KY 40475-3102, (859)622-8020. You will not be retaliated against or otherwise penalized for filing a complaint.