Notice of Privacy Practices for Protected Health Information

This Notice describes how medical and health information about you may be used and disclosed and how you can access this information. Please read it carefully.

We, at University Hospital (UH), are dedicated to maintaining the privacy of your medical and health information (“Protected Health Information” or “PHI”). We are required by law to provide you with notice of UH’s legal duties and privacy practices with respect to your health information. Although the records that we create, use and disclose about the treatment and services we provide to you, are UH’s property, we will use and/or disclose your health information in accordance with this Notice (or other notice in effect at the time of the use or disclosure). This Notice applies to all of the health information maintained by us, as necessary, to carry out treatment, payment and healthcare operations.

How We May Use and Disclose Your Health Information

This Notice is intended to give you a general overview and not to describe all possible ways that we may use and disclose your PHI. To the extent that we engage third parties to provide treatment, payment and healthcare operations on our behalf (business associates), they are obligated to protect your privacy under law and are limited in contract by how they may use or disclose your medical and health information.

We may use and/or disclose your PHI when (1) you give us your written authorization (your permission) on a form that complies with New Jersey and federal law including, the Health Insurance Portability and Accountability Act (HIPAA)”(your Authorization)” or (2) at exception to your Authorization applies to UH. Section A below describes when your Authorization is required. UH and other independent providers may also disclose your PHI to an entity that may apply to UH where your Authorization is not required. Except to the extent that we have previously taken action in reliance upon your Authorization, you may revoke your Authorization by sending us a written revocation stating your desire to rescind your Authorization to the address at the end of this Notice.

A. Uses and Disclosures With Your Authorization

1. Treatment

We use and disclose your PHI to provide medical treatment, items and/or services. For example, we may disclose all or any portion of your health information to your treating physician, treating pharmacist, consulting physician(s), nurses, technicians and other healthcare professionals who have a need for such information for your care and treatment. Also, we may share health information about you in order to coordinate specific services, such as prescriptions, lab work and x-rays. We may also disclose your health information to people outside UH who may be involved in your medical care, such as family members, social services, clergy and others who provide services that are part of your care. Also, our staff may discuss your care in a case conference or with business associates (for more information about our “business associates,” see below).

2. Payment

We may use and disclose your PHI so that we may bill and receive payment for treatment and services that you receive. Your PHI may also be necessary for purposes of determining coverage, medical necessity, pre-authorization or certification and for utilization management. Your PHI may be released to an insurance company, third party payer or other entity that authorizes payment of your medical bill and may include copies or portions of your medical record that are necessary for payment of your account. For example, a bill sent to an insurance company may include carefully that identifies you, your diagnosis and the procedures and supplies used. Also, your PHI may be disclosed to consumer reporting and/or to collection agencies.

3. Health Care Operations

You have the right to restrict disclosure of your PHI to your health insurer concerning a health care item or service for which you, or a person on your behalf, already paid for in full out of pocket. See “Right to Request Restrictions” below.

Healthcare Operations

We may use and disclose your PHI for our healthcare operations, including quality assessments, utilization review, medical review, internal auditing, accreditation, certification, licensing, credentialing, certain medical research, scheduling appointments, and for educational purposes. For example, UH may use and disclose your health information to make sure that UH provides quality care to all of its patients, complying with regulatory requirements, and where UH is obligated to share it with other healthcare professionals to determine possible treatment/diagnosis changes.

Other Healthcare Providers

Health Plans and Clearinghouses

We may use and disclose your PHI to healthcare providers, a health plan, or a clearinghouse involved in the billing of services and treatment provided to you, for the purpose of payment and any other proper business activities. We may use and disclose certain operational activities as permitted by law. We will not use or disclose any genetic information about you for enrollment or eligibility purposes.

Activities of Organized Health Care Arrangements in Which We Participate

For purposes of this Notice, UH and other independent providers may be called an Organized Health Care Arrangement. We may use and disclose information about you to healthcare providers participating in our Organized Health Care Arrangements as necessary to carry out our treatment, payment and/or healthcare operations. All participants in our Organized Health Care Arrangements may rely on this Notice and have agreed to abide by the terms of this Notice with respect to your medical and health information created or received as part of the delivery of healthcare services to you at UH.

Facility Directory

Unless you Opt-Out (that is, “object” or “disagree”), we may include certain limited information about you in a facility directory while you are a patient. This information may include your name, UH’s general location (e.g., floor, safe, etc.) and your religious affiliation. This is so you and your family can visit you at UH and you generally know how you are doing.

Directory information, except for your religious affiliation, may be given only to someone who asks for you by name. Your religious affiliation may be given to a member of the clergy, even if they don’t ask for you by name. If you do not want to be included in a facility directory or if you want to limit those who can know that you are at UH, please inform the Registration staff.

Persons Involved in Your Care

If you are not present, or the opportunity for you to agree or object to a use or disclosure of your PHI cannot practically be provided because of your incapacity or in an emergency, we may disclose limited health information about you to family members, relatives, a close personal friend, and/or other person(s) involved in your medical care and/or payment or identified by you when you are present, at our discretion in accordance with federal and state law and after the exercise of our professional judgment to determine whether disclosure is in your best interests. We would disclose only the limited amount of information that is necessary to provide you with appropriate care or payment related to your health care as needed for notification purposes. In some cases, you still may have a right to object to and Opt-Out of these disclosures. In certain other cases, you don’t have the right to Opt-Out where we are obligated to share and/or disclose with other healthcare providers a patient’s PHI, such as by sending test results to referring physicians or by complying with applicable law in order to offer patients treatment options and/or hospital discharge planning alternatives. See “Right to Request Restrictions” below.

Disaster Relief

Unless you object, we may use and disclose your PHI to a public or private entity, without your authorization, to notify your family about your condition, status and location.

Health-Related Benefits and Services

We may use and disclose your PHI to tell you about health-related benefits and services that may be of interest to you.

Business Associates

We may use and disclose your PHI to business associates. A business associate is an individual or entity under contract with UH to perform or assist UH in a function or activity which requires the use and/or disclosure of the personal health information of patients. Examples of business associates include, but are not limited to, copies services used by us to copy and transmit your health information, consultants, accountants, lawyers and interpreters. We require business associates to enter into agreements to protect the confidentiality of your PHI.

Research

There may be some instances where your Authorization to use and disclose your PHI for research may not be required. However, most uses and disclosures related to research require your Authorization in accordance with laws governing human subject research approved by an Institutional Review Board and/or by UH policies.

Identification Data and Unique Identifiers

We may use and disclose health information about you if we remove all personal identifiers that could be used to identify you, i.e., “de-identified” information. We are required to remove nineteen (19) different pieces of information that could be used to possibly identify you. We may also use and disclose a limited amount of health information about you in a “limited data set” for purposes of research, public health or healthcare operations if we enter into a data use agreement with the recipient of the data.

Organ Procurement Organizations

We may use and disclose your PHI to organ procurement organizations and individuals engaged in the procurement, banking or transplantation of organs and tissue for the purpose of donation and transplantation.

Fundraising

We may use and disclose certain personal and/or health information to contact you in an effort to raise money to support fundraising activities for UH and its Foundation. The information used is demographic (such as your name, address, gender, the dates you received treatment or services at UH, the departments of service, treating physicians, outcome information and health insurance status. We are required to notify you of such intentions, and you have the right to Opt-Out from receiving such communications. If you do not want to be contacted for fundraising, you must Opt-Out from receiving fundraising communications by writing to us at the address at the end of this Notice.

Health Oversight Agencies

We may use and disclose your PHI to health oversight agencies for activities authorized by law including, but not limited to, licensure, certification, audits, investigations and inspections. These activities are necessary for the government to monitor the health oversight agencies to monitor the healthcare system, government programs, and compliance with civil rights.

Law Enforcement

We may use and disclose your PHI for law enforcement purposes, if required or permitted by law, or in response to a valid subpoena. Also, we may disclose your PHI if it is necessary for law enforcement authorities to identify or locate an individual.

Disclosures in Judicial/Legal Proceedings

We may disclose your PHI for a judicial or administrative agency when a judge or administrative agency orders us to do so. We may also use and disclose your PHI in legal proceedings, such as in response to a discovery request, subpoena, court order, etc. Also, UH may use and disclose your PHI to attorneys for and/or in connection with any dispute or litigation between you and UH.

Public Health Risk

We may use and disclose your PHI to public health and/or legal authorities charged with preventing or controlling disease, injury or disability. For example, we are required by law to report the existence of a communicable disease, such as Acquired Immune Deficiency Syndrome (AIDS), to New Jersey’s Department of Health for the purpose of protecting the health and well-being of the general public. Other health information we generally disclose includes the following:

• To report births and deaths
• To report reactions to medications or problems with products
• To notify persons who may have been exposed to, or be at risk for contracting or spreading, a communicable disease
• To notify appropriate government authorities if UH believes a patient has been the victim of abuse, neglect or domestic violence

View in Spanish
C. Your Rights Regarding Your Health Records

Right to Receive Confidential Communications

At all times, we will accommodate your reasonable request to receive confidential communications about your PHI by alternative means or at alternative locations. To exercise your right, please write to the address at the end of this Notice.

Right to Request to Inspect and to Obtain a Copy

You have the right to inspect and to obtain an electronic or paper copy of your health information and billing information. However, under certain limited circumstances, we may deny you access to a portion of your records as permitted by law. You have the right to appeal such denials. To exercise your right, please write to the address at the end of this Notice. Copying fees may be imposed. Please note that if you are a parent or legal guardian of a minor (under age 18), certain portions of the minor’s medical record will not be accessible to you in accordance with law (including records related to pregnancy, abortion, sexually transmitted disease, substance use and abuse, contraception and family planning services).

Right to Request Amendment

You have the right to request that we amend PHI maintained in your medical and/or billing record. UH may deny your request to amend your records under certain circumstances. All requests for amendments must be in writing and provide a reason(s) supporting your request for an amendment. To exercise your right, please write to the address at the end of this Notice.

Right to Request Restrictions

You have the right to request restrictions on certain uses and/or disclosures of your protected health information for purposes of treatment, to carry out payment or healthcare operations and to individuals involved in your care or with your healthcare, to use or disclose your PHI under limited circumstances. For example, if you have a communicable disease as required by New Jersey law. We may or may not agree to such requests for restrictions except in the case where the intended disclosure is to a health plan for purposes of payment or healthcare operations and to individuals involved in your care or with your healthcare. UH may deny your request to restrict disclosure, it must be in writing and sent to the address at the end of this Notice.

Right to Receive an Accounting of Uses and Disclosures

You have the right to request that we provide you with an accounting of disclosures of your PHI that we have made prior to the date of your request as limited by applicable law. An accounting is a list of disclosures. This list will not include disclosures of your health information for treatment, payment, or healthcare operations, or made to you or pursuant to your written Authorization.

The request should state the time period for which you wish to receive an accounting. This time period should not be longer than six (6) years and should not include dates before April 14, 2003. The first accounting you request within a twelve (12) month period will be free. For additional requests during the same twelve (12) month period, we may charge you for the cost of providing the accounting. We will notify you of the amount we will charge, and you may choose to withdraw or change your request before you are charged any costs. To exercise your right, please write to the address at the end of this Notice.

Right to Receive a Copy of this Notice

You have the right to receive a paper copy of this Notice, upon request, even if you have agreed to receive this Notice electronically. You may obtain an electronic copy of this Notice at our website: http://www.uhn.org/compliance/docs/SearchPrivacyPracticeProtectedHealth.pdf

Right to Revoke Your Prior Authorization

You have the right to revoke your Authorization (your permission) to use and disclose your health information at any time except to the extent that (a) we already have taken action in reliance on your prior Authorization, or (b) you have obtained insurance that requires such disclosures. To exercise your right, please write to the address at the end of this Notice.

Right to Opt-Out of HIEs

With respect to Highlander and/or to Epic Care Everywhere, only, you must take additional action if you do not wish to allow healthcare providers at UH involved in your care to share your PHI electronically through Highlander and/or Epic Care Everywhere. For Highlander, you must complete, sign and submit the Opt-Out form to UH’s Registration staff for your Highlander Opt-Out selection to apply to you. For Epic Care Everywhere, you must tell your physicians and then also complete, sign and submit the Epic Care Everywhere Opt-Out form to your physicians for your Opt-Out selection to apply to you.

For More Information or to Make a Complaint

If you have questions and would like additional information, you may call the HIPAA hotline: (855) 431-9966, file a complaint by visiting: https://complaints.hhs.gov/ and/or write to the address at the end of this Notice. If you believe your privacy rights have been violated, you may file a complaint with UH by writing to the address at the end of this Notice. You may also file a written complaint with the Secretary of the Department of Health and Human Services by writing to 200 Independence Avenue, S.W., Washington, D.C. 20201, calling 1-877-696-6775 or by visiting www.hhs.gov/ocr/PrivacyNoS/complaints. UH will not retaliate against you for filing a complaint.

Changes to This Notice

UH will abide by the terms of the Notice currently in effect. However, UH reserves the right to change the terms of its Notice at any time and to make the new Notice effective for all health information that it maintains including information created and/or received prior to issuing the revised Notice. UH will post its Notice on the UH web site, www.uhn.org, and display and distribute its Notice as required by law.

Effective Date

This revised Notice is effective January 1, 2016.

Call or Write to:
Office of Ethics and Compliance
University Hospital
65 Bergen Street, Suite 1214
Newark, New Jersey 07101-6750
Telephone: (973) 972-3450
Attention: Privacy Officer
Notice of Privacy Practices