

**University of Louisville  
Physicians  
UofL Health Care Outpatient  
Center  
401 East Chestnut Street  
Louisville, KY 40202**

**JOINT NOTICE OF PRIVACY  
PRACTICES**  
University of Louisville Physicians  
Organized Health Care Arrangement

**Effective Date: April 14, 2003  
Revised: December 1, 2013**

**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 PLEDGE TO YOU**

Your health information is something that University of Louisville Physicians has always worked to keep private. We also are ethically and legally bound to keep it confidential under state and federal laws.

**WHAT IS THIS DOCUMENT?**

This document, called a Joint Notice of Privacy Practices, tells you how we may use and share your health information. This includes using and sharing it so that we may provide you with health care and be paid for it, and so that we may run our business and follow state and federal legal rules. We are required by law to provide you with this notice and to follow its terms.

**WHO FOLLOWS THIS NOTICE**

This Joint Notice describes the privacy practices of the following groups or entities:

- 1) University of Louisville Physicians practices
- 2) University of Louisville Practices: Children and Youth Project, Neonatal Follow-up, Weisskopf Child Evaluation Center (WCEC), Pediatrics Kosair Charities clinic, 550 Clinic and Campus Health Services (all locations)

Other separate health-care providers at the University of Louisville Medical Center also may provide you with health services. You might receive a notice of privacy practices from them, too.

**WAYS WE MAY USE AND SHARE YOUR HEALTH INFORMATION FOR CERTAIN PURPOSES WITHOUT YOUR PERMISSION.**

**Treatment.** We will use and share your medical information for your care.

**Example:** Doctors, dentists, students, medical residents or other university workers may read your record to learn if a treatment is working. Your medical information also may be shared with doctors or dentists outside of University of Louisville Physicians to decide the best treatment for you.

**Payment.** We may use and share your medical information to be paid for the care and services we provided you.

**Examples:** We may contact your insurance company to check coverage or benefits for a certain procedure, or for referral purposes. Please be aware that we report information to insurance companies based on the insurance information you provide. Insurance companies send bills to the person who is named on the insurance card, which may or may not be you.

**Healthcare Operations.** We need to use and share your health information to run our health-care business. We may use or share your information for several reasons related to our health care activities.

**Examples:** We may share your medical information in our training programs where students, trainees, or other health care practitioners learn to improve their health care skills. Your information may also be used for quality improvement, safety programs, and to see how well our healthcare personnel are doing.

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**Business Associates.** We may share your medical information with another company or organization, called a "business associate" that we hire to provide a service to us or on our behalf. Business Associates must also follow privacy rules.

**Example:** A company that submits bills on our behalf to your insurance company.

**Appointment Reminders.** We may contact you to remind you of an appointment or to change one. We may also let you know that it is time for a follow-up appointment or a regular check-up.

**Health-Related Benefits, Services and Treatment Alternatives.** We may contact you to let you know about health-related benefits or services, or possible treatments alternatives that may be of interest to you.

**Fundraising Activities.** UofL health care providers rely on the kindness of the community to help us provide quality health care to this region. *Patients who share their experiences and suggest ways to work with us are giving back in a meaningful way.* Their information also helps us improve and expand our services. We may use limited information about you, called demographic information, along with the dates you received care, the department and/or physician who provided your care, outcome information, and your health insurance status for fundraising efforts to support our mission. We also may share this information with our related foundation or business associates so they can contact you for your support. Your generosity helps us continue to be an outstanding provider of health-care services in this region. You have a right to opt out of receiving such communications.

**Required Disclosures.** The Secretary of the Department of Health and Human Services may investigate privacy violations. If your health information is requested as part of an investigation, *we must share your information with the Secretary*

*of the Department of Health and Human Services.* Under the same laws, we must give you access to information in your medical record. The laws also permit us to keep certain information from you.

**Required by Law.** We must share medical information if federal, state or local law requires us to.

**Public Health and Safety.** We may share your medical information for public health reasons. These include:

- to prevent or control disease, injury or disability;
- to report births and deaths;
- to report child abuse or neglect;
- to report information to the FDA about the products it oversees;
- to let you know that you may have been exposed to a disease or may be at risk for getting or spreading a disease or condition; or
- to your employer in certain limited instances.

**Abuse and Neglect.** The law may require us to report suspected abuse, neglect or domestic violence to state and federal agencies. Your information may be shared with these agencies for this purpose. Generally, you will be told that we are sharing this information with these agencies.

**Health Oversight Activities.** Certain health agencies are in charge of overseeing health-care systems and government programs or to make sure that civil rights laws are being followed. We may share your information with these agencies for these purposes.

**Legal Proceedings.** If a court or administrative authority orders us to do so, we may release your health information and records. We will only share the information required by the order. If we receive

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any other legal request, we may also release your health information and records. However, for such other requests, we will only release the information if we are told that you know about it, and had a chance to object and did not, or if we have received confirmation that the party requesting the information has agreed to protect it under an order approved by a court or administrative authority.

**Law Enforcement.** We may share health information if a law enforcement official asks for it:

- to respond to a court order, warrant, summons or other similar process;
- to identify or locate a suspect, fugitive, material witness or missing person; or
- to obtain information about an actual or suspected victim of a crime.

We may share information with a law enforcement official:

- if we believe a death was the result of a crime;
- to report crimes on our property; or
- in an emergency.

**Coroners, Medical Examiners and Funeral Directors.** We may share health information with a coroner or medical examiner to identify a deceased person or find the cause of death. We also may release health information to funeral directors if they need it to do their job.

**Organ and Tissue Donation.** If you are an organ donor, we may release medical information to the organizations in charge of getting, transporting or transplanting an organ, eye or tissue.

**Research.** We may share your medical record with researchers, without your permission, in very limited situations. In most cases, a researcher must submit his/her request to see your information to a special group called the Institutional Review Board ("IRB").

The IRB will decide if it should allow the researcher to use or share your information. Your medical information also may be used by or shared with researchers to prepare for research, but only under strict conditions. Under similar strict conditions, medical information about deceased people can be used or shared.

**To Prevent a Serious Threat to Safety.** We may use and share your medical information to prevent a serious threat to your health and safety or the health and safety of others.

**Specialized Governmental Functions.** We may share your medical information and records with:

**Authorized federal officials**

- for intelligence, counter-intelligence and other national security activities authorized by law; or
- to protect the President.

**Armed forces command authorities or the Department of Veterans Affairs**

- to see if you are fit for military duty or eligible for veterans health services; or
- to see if you are medically fit to receive a security clearance by the Department of State.

**Correctional facility or law enforcement official or agency** if you are an inmate or under the custody of a law enforcement official or agency, if necessary, to:

- help the correctional facility provide you with health care; or
- protect the health and safety of you and/or others.

**Workers Compensation.** We may share your health information with agencies or individuals to

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follow workers compensation laws or other similar programs.

**WAYS WE MAY USE AND SHARE YOUR  
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GIVEN YOU A CHANCE TO OBJECT.**

You have the right to agree or disagree to the following uses of your medical information. If you are not here or able to agree or disagree, we may still use and share information if we think that it may be best for you.

**Individuals Involved in Your Care or Payment for Your Care.** We may share medical information about you with your family members, friends, or any other person you tell us who is involved in your medical care or who helps pay for it.

**Disaster Relief.** We also may share medical information about you to a disaster relief agency so that your family can be told of your condition and location.

In some circumstances, you may have a chance to object to the sharing of information for this purpose.

**OTHER USES AND SHARING OF YOUR HEALTH INFORMATION REQUIRE YOUR WRITTEN AUTHORIZATION.**

Certain uses and sharing of your health information that are not described in this notice will be made only with your written permission, called an Authorization. These include uses and disclosures of psychotherapy notes, uses and disclosures of your health information for marketing purposes, and disclosures that constitute a sale of your health information.

You may revoke your authorization at any time, but it will not be effective for uses or disclosures that have already taken place. To revoke an authorization, you must write to the University of

Louisville Physicians Privacy Officer at the address listed below.

**YOUR RIGHTS REGARDING YOUR HEALTH  
INFORMATION.**

You have certain rights regarding your health information, described below. These rights apply to the health information we keep. You must submit a written request to use any of these rights. You can send your written request to the University of Louisville Physicians Privacy Officer at the address given at the end of this notice.

**Right to Request Special Communications.** You have the right to ask that we write or call you at a different address or phone number and/or by a different way. We will try to follow all reasonable requests.

If you would like us to use a different address, phone number or different way of reaching you, you must ask for this in writing. We will not ask why you want to do this. Your request must tell us how you wish to be contacted.

**Right to Inspect and Copy.** You have the right to read or get a copy of your health information, with some exceptions. We may turn down your request under certain circumstances. If we do so, you may ask for a licensed health-care professional chosen by us to review why we turned you down. We will follow the reviewer's decision.

**Right to Request Changes.** If you believe the health information that we created is wrong or incomplete, you may ask us to change it. *You must provide a reason why you want the change.* We cannot take out or destroy any information already in your medical record. Under certain circumstances, we are permitted to deny your request for a change. If we do not agree to the change, we will provide you with a letter explaining the reason for our denial. You can then write us a

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letter if you disagree with our reason for denying the changes. You can send this letter to the University of Louisville Physicians Privacy Officer at the address listed below. Your letter will be attached to the information you wanted changed or corrected. We may also send you a letter in response.

**Right to an Accounting of Disclosures.** We are required to track who we share your health information with under certain circumstances. You have the right to ask for a copy of this list. Your request must give a time period, which may not be longer than 6 years.

If you would like to ask for a list of disclosures, you must ask for it in writing. You must tell us the date(s) you would like to see. The first list will be given to you free. We are permitted to charge a reasonable fee if you request an additional list of disclosures in the same 12 month period. Your right to receive this list is subject to certain limitations and the law permits us to exclude certain types of disclosures from the list we provide.

**Right to Request Restrictions.** You have the right to ask for a restriction or limitation on the medical information we use or share about you. We are not required to agree to your request, with one exception. We are required to agree when you ask us to refrain from sharing your information with a health plan, if the information pertains to a health care item or service that you have paid for out of pocket in full. For other requests, if we choose to agree, we will follow your request unless the information is needed to provide you with emergency treatment. You must tell us the type of restriction you want and to whom it applies.

**Right to Receive Breach Notifications.** In many instances, you have the right to know if your unsecured information has been lost, stolen, or otherwise seen by people who do not usually have the right to see it.

**Right to a Paper Copy of This Notice.** You have the right to a paper copy of this notice. Copies of this notice will be posted and available at each location where medical services are provided and at [www.uoflphysicians.com](http://www.uoflphysicians.com)

**CHANGES TO THIS NOTICE.**

We reserve the right to change this notice. We reserve the right to make the revised or changed notice effective for your health information we already have as well as any we get in the future. Any changes in this notice will be posted on our Web site at [www.uoflphysicians.com](http://www.uoflphysicians.com). The revised notice also will be available at any of the locations where University of Louisville Physicians offers services.

**WHAT IF I HAVE QUESTIONS OR NEED TO REPORT A PROBLEM?**

If you have any questions about this notice or about how your health information is used or shared by us please contact the University of Louisville Physicians Privacy Officer by calling 502.588.4520 or 1.855.588.6001.

If you believe your privacy rights have been violated, you may file a complaint with us.

To file a complaint, please contact the University of Louisville Physicians Privacy Officer at 502.588.4520 or 1.855.588.6001 or write to the Privacy Officer at PO Box 909, Louisville, KY 40201-0909. Please give as much information as possible so that the complaint can be looked into properly.

You may also file a complaint with the Secretary of the Department of Health and Human Services. ***Your care will not be affected if you file a complaint, nor will any action be taken against you.***