*University of Louisville*
*School of Dentistry*
**501 S. Preston Street**
**Louisville, KY 40202**

# NOTICE OF PRIVACY PRACTICES

**Effective Date: April 14, 2003**

## THIS NOTICE TELLS YOU HOW YOUR MEDICAL RECORD MAY BE USED AND SHARED AND HOW YOU MAY GET THIS INFORMATION.

## PLEASE READ IT CAREFULLY.

**OUR PLEDGE TO YOU**

Your health information is something that the University of Louisville School of Dentistry 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 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 must follow the terms of this notice.

**WHO FOLLOWS THIS NOTICE**

This notice is for the University of Louisville School of Dentistry. 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. If you are seen in a hospital at the U of L Medical Center, it will give you a notice that covers medical information gathered during your visit there including the information created by the University of Louisville School of Dentistry.

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

**Treatment.** We will use and share your medical record 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 the University of Louisville School of Dentistry 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 learn if a service is covered. We may bill you or your insurance company for the services we provide.

**Health-care 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.

***Examples:*** Our staff may use your medical information to make sure that you and other patients get the best possible care. Medical students may see the information as part of their training. Others on our staff may use it to make sure that billing is being done correctly. In certain special conditions, other health-care providers may get your information from us to run their businesses.

**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. We will only share your information if the business associate has agreed in writing to keep it private.

***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 tell you about interesting health-related benefits or services such as newsletters, announcements, possible treatments or alternatives.

**Assistance for special projects, services and research.** The University of Louisville School of Dentistry relies 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 or share limited information, called demographic information, and the date you received care, to ask for your help. We also may share this information with our related foundation or business associates so they can contact you. Your generosity helps us continue to be an outstanding provider of health-care services in this region.

**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.* We will share your information if they ask for it as part of an investigation of a privacy violation. Under the same laws, we must give you information in your medical record. We are allowed to keep some information from you.

**Required by Law.** We must share medical information if federal, state or local law says so.

**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 records. We will only share the information required by the order. If we receive any other legal request, we may also release your health record. However, for other requests we will only release the information if we are told that you know about it, had a chance to object and did not.

**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 dead 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"). This group 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 dead 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.

**Special Governmental Functions.** We may share your medical information 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 Veteran's 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 follow workers compensation laws or other similar programs.

**WAYS WE MAY USE AND SHARE YOUR HEALTH INFORMATION WHEN WE HAVE GIVEN YOU A CHANCE TO OBJECT.**

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

We may tell your family or friends your condition and that you are in one of our facilities. 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.

Usually you will have a chance to object to the sharing of this information.

**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 School of Dentistry's Privacy Officer at the address given at the end of this notice.

**Right to Request Special Communications.** You have the right to ask us to contact you about medical matters in a certain way or at a certain place. We will follow all reasonable requests. 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. We also are not required to agree to make the change. If we do not agree to the change, you can write a letter about the changes. We will send you one back saying why we will not make the changes. You may then send another disagreeing with us. It will be attached to the information you wanted changed or corrected.

**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. We do not have to track every time we share your health information with others. *Your request must give a time period, which may not be longer than 6 years and may not include dates before April 14, 2003.*

You have the right to ask for a restriction or limitation on the medical information we use or share about you for payment, treatment or health-care operations and the information we may share with your family, friends or others involved in your care. We are not required to agree to your request. If we 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 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 http://louisville.edu/dental/patients/docs/hipaa.pdf

**OTHER USES AND SHARING OF YOUR HEALTH INFORMATION**

All other uses and sharing of your health information will be done only with your written permission.

**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 http://louisville.edu/dental/patients/docs/hipaa.pdf.

The revised notice also will be available at any of the locations where the University of Louisville School of Dentistry 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 School of Dentistry's Privacy Officer by e-mail at dentalca@louisville.edu or by calling (502) 852-5128.

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 School of Dentistry's Privacy Officer by email at the address listed above or you can write to Privacy Officer, University of Louisville, 501 S.Preston Street, Suite 246, Louisville, KY 40202. Please give as much information as possible so that the complaint can be looked into properly.

You may also file a complaint with: 1l) the University of Louisville's Privacy Office, 501 E. Broadway, Suite 110, Louisville, KY 40202, Phone: (502) 852-3803; http://privacy.louisville.edu or 2.) 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.***