

UNIVERSITY OF LOUISVILLE RESEARCH  
FOUNDATION PROVIDING CLINICAL  
SERVICES FOR THE UNIVERSITY OF  
LOUISVILLE SCHOOL OF DENTISTRY

**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 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 UofL 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.

**Example:** We may share your information with a company that provides transcription or dictation services for our health care providers.

**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.

**Fundraising Activities.** 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 about you to ask for your help in supporting special projects or services. Your generosity helps us continue to be an outstanding provider of health care services in this region. You can ask to not be contacted for fundraising purposes.

**Required Disclosures.** If the Secretary of the Department of Health and Human Services requests your health information to investigate a possible HIPAA violation, we must share your information with the Secretary. 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. Examples 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 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 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, friends 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. If you are unable to agree or object to the sharing of your information, we may share the information as necessary if we determine that it is in your best interest based on our professional judgment.

**YOUR RIGHTS REGARDING YOUR HEALTH INFORMATION.**

You have certain rights regarding your health information, as 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 501 S. Preston Street, Room 246, Louisville, KY 40202.**

**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 are not required to agree to make the change. If we do not agree, we will send you a letter saying why we will not make the change. You may then send us another letter disagreeing with us. We cannot take out or destroy any information already in your medical record, but the letters 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.*

**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 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, except as noted below. 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.

There is one exception where we must agree to your request: You may ask us not to share specific information with your health insurance company. To do this, you must pay for the specific health care completely out of your own pocket.

**Right to Receive Notification if your Information is Breached.** 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.

#### **WAYS WE MAY USE AND SHARE YOUR HEALTH INFORMATION WITH YOUR PERMISSION**

Other 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. Examples where your Authorization is required include:

- Most uses or sharing of psychotherapy notes
- Using or sharing your health information for marketing purposes
- For some situations in which we get paid for sharing your information

You can revoke your Authorization in writing at any time. If you revoke your authorization, we will no longer use or disclose your protected health information for the reasons covered by your written authorization. Please understand that we are unable to take back any sharing of information made with your Authorization before it was revoked.

#### **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. The revised notice also will be available at any of the locations where the **UNIVERSITY OF**

**LOUISVILLE SCHOOL OF DENTISTRY** offers services.

#### **IF YOU 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 Privacy Office by email at [privacy@louisville.edu](mailto:privacy@louisville.edu) or by calling 502-852-3803.

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 Privacy Office at [privacy@louisville.edu](mailto:privacy@louisville.edu) or write to Privacy Officer, University of Louisville Privacy Office, Med Center One Suite110, 501 E Broadway, 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 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.***