

Notice of Privacy Practices

This notice describes how your medical information may be used and disclosed and how you can get access to this information.
Please review it carefully.

UE Mental Health and Wellness Clinic HAS A LEGAL DUTY TO PROTECT THE PRIVACY OF YOUR HEALTH INFORMATION

We call this information "Protected Health Information" or "PHI" for short. It includes information that we have created or received about your past, present, or future health or condition, information about how we provide services to you, and information related to payment of these services. PHI also includes phone numbers, addresses, insurance information, names, DOB's, etc. We are required to give you this notice about our privacy practices that explains how, when and why we use and disclose your PHI. We are legally required to follow the privacy practices described in this notice. We reserve the right to change the terms of this notice and our privacy policies at any time. Any changes will apply to the PHI we already have. Before we make an important change to our policies, we will change this notice and post a new notice in the main lobby of our facility.

HOW WE MAY USE AND DISCLOSE YOUR PROTECTED HEALTH INFORMATION

We use and disclose health information for many different reasons. For some of these uses or disclosures, we need your prior consent or specific authorization. Following is a description of the different types of uses and disclosures and examples. These are all uses and disclosures relating to treatment, payment, or health care operations that do not require your prior written consent.

A. Uses and disclosures relating to treatment, payment, or health care operations that do not require your prior written consent.

- 1. Treatment:** We may disclose your PHI to internal providers, students, and other health care personnel who are involved in your care at this clinic.
- 2. To obtain payment for treatment:** We may use or disclose your PHI in order to bill and collect payment for the treatment and services provided to you. For example, we may provide portions of your PHI to our billing individual and your health plan to get paid for the services that we provided to you or for prior authorization for services. We may also provide your PHI to our claims processing companies and others that process our health care claims ("Business Associates"). In addition, your billing statement is sent to the responsible party indicated on the account and includes information on all family members listed on that account. Exception: If you choose to pay out-of-pocket for the full amount of your healthcare services and you maintain your account in good standing, you may request the restriction of your PHI to a health plan. This request must be made in writing. We will respond to your request within 60 days of receiving it.
- 3. Health care operations:** We may disclose your PHI in order to improve operations at the UE Mental Health and Wellness Clinic. For example, we may use your PHI to evaluate the quality of services that you received or the performance of the health care professionals who provided services to you. We may also provide your PHI to our accountants, attorneys, consultants and others in order to make sure we are complying with laws that affect us.
- 4. Appointment Reminders:** We may use and disclose PHI to contact you as a reminder that you have an appointment for treatment or medical care.
- 5. Treatment Alternatives:** We may use and disclose PHI to tell you about or recommend possible treatment options/alternatives that may be of interest to you.
- 6. Health-Related Benefits and Services:** We may use and disclose PHI to inform you about health-related benefits or services that may be of interest to you.
- 7. Public Health:** We may disclose PHI to public health authorities as required by law, including:
 - To prevent or control disease, injury or disability
 - To report births and deaths
 - To report child abuse or neglect
 - To report reactions to medications or problems with products
 - To notify people of recalls of products they may be using
 - To notify a person who may have been exposed to a disease or may be at risk for contracting or spreading a disease or condition
 - To notify the appropriate government authority if we believe a client has been the victim of abuse, neglect or domestic violence
- 8. Health Oversight Activities:** We may disclose PHI to a health oversight agency for activities authorized by law, such as audits, investigations and inspections/reviews for licensure or contracting purposes.
- 9. Abuse and Neglect:** The UE Mental Health and Wellness Clinic is required to report any suspicion of abuse or neglect of a child or adult. We are permitted to disclose PHI to government authorities authorized by law to receive reports of abuse or neglect. We may also disclose PHI in situations of domestic or elder abuse.
- 10. Legal Proceedings:** We may disclose PHI in the course of a judicial or administrative proceeding in response to a court order.

11. Law Enforcement: We may disclose PHI for law enforcement purposes in response to state or federal law, to identify a suspect, fugitive, material witness or missing person, about criminal conduct that may occur at the the UE Mental Health and Wellness Clinic, and in emergency circumstances to report a crime, location of a crime or victims, or the identity of a person who committed a crime.

12. To prevent harm: In order to avoid a serious threat to the health or safety of a person or the public, we may provide PHI to law enforcement personnel or persons able to prevent or lessen such harm.

13. Military Activity and National Security: We may use or disclose the PHI of individuals who are Armed Forces personnel. We may disclose medical information about you to authorized federal officials so they may provide protection to the President, other authorized persons or foreign heads of state, or conduct special investigations.

14. Workers' Compensation: We may release PHI to workers' compensation or similar programs.

B. Situations in which we MUST require written consent to release PHI

The UE Mental Health and Wellness Clinic must obtain the individuals written authorization for any use or disclosure of PHI that is not for treatment, payment or health care operations or otherwise permitted or required by the Privacy Rule. In any situation not described in this Privacy Notice, we will ask for your written authorization before using or disclosing any of your Health Information. If you choose to sign an authorization to disclose your Health Information, you can later revoke that authorization in writing to stop any future uses and disclosures.

These are all uses and disclosures that do require your prior written consent:

1. Psychotherapy Notes: UE Mental Health and Wellness Clinic must obtain an individual's authorization to use or disclose psychotherapy notes with the following exceptions:

- a. The covered entity who originated the notes may use them for treatment.
- b. For training, to defend itself in legal proceeding brought by the individual, for investigation, to avert a serious and imminent threat to public health or
- c. safety, to a health oversight agency for lawful oversight of the originator of psychotherapy notes, or for the lawful activities of a coroner or medical examiner as required by law.

2. Marketing, fundraising or media outreach involvement

3. Disclosures that constitute a sale of your information

YOUR RIGHTS REGARDING YOUR PROTECTED HEALTH INFORMATION

You have the following rights regarding your health information. You have the right to:

1. Request Limits on Uses and Disclosures of your Protected Health Information: You have the right to ask that we limit how we use and disclose your PHI. We will consider your request but are not legally required to accept it. If we accept your request, we will put any limits in writing and abide by them except in emergencies. You may not limit the uses and disclosures that we are legally required or allowed to make.

2. Choose How We Send Information to You: You have the right to ask that we send information to you at an alternate address or by alternate means.

3. View and Obtain Copies of Your Health Information: In most cases, you have the right to view or obtain copies of your PHI. You must make this request in writing. We will respond to you in writing within 30 days after receiving your written request. If we deny the request, we will tell you in writing our reasons for the denial of your request, and your right to have the denial reviewed

4. Obtain a List of the Disclosures We Have Made: You have the right to get a list of instances in which we have disclosed your Health Information. The list may not include all uses and disclosures for treatment, payment, operations, uses or disclosures you have authorized or disclosures directly to you or to your family. The list we will give you will include only those requests made after March 11, 2024, the date the clinic started operations.

5. Be notified if there is a breach of your Protected Health Information: In the event that your PHI is released to any entity not covered by this notice, we are required to notify you within 60 days of our discovery of the breach.

6. Correct or Update your Personal Health Information: If you believe there is a mistake in your PHI or a piece of important information is missing, you have the right to request that we amend the existing information or add the missing information. You must provide the request and your reason for the request in writing. We will respond within 60 days of receiving your request. We may deny your request stating the reasons for the denial and explain your right to file a written statement of disagreement with the denial.

HOW TO FILE A COMPLAINT REGARDING OUR PRIVACY PRACTICES

1. If you feel we may have violated your Privacy Rights or you disagree with a decision we made about access to your PHI, you may file a complaint with the Privacy Officer. We will take no retaliatory action against you if you file a complaint about our privacy practices.

2. If you have any questions about this notice or any complaints about our privacy practices or would like to know how to file a complaint with the Secretary of the Department of Health and Human Services, please contact: *HIPAA Privacy Officer, University of Evansville 1931 Lincoln Ave. Suite A Evansville, IN 47722. Telephone 812.488-5642, or send an email to wp41@evansville.edu.*