

# Healthyhorns Notice of Privacy Practices

Effective 03012023

This notice describes how physical and mental health information about you may be used and disclosed and how you can get access to this information. State and federal privacy laws require that we furnish you with this notice. Please review it carefully.

## Purpose:

University Health Services (UHS) and the Counseling and Mental Health Center (CMHC) and their professional staff, employees, and volunteers are required by law to maintain the privacy and security of your protected health information (PHI). PHI consists of physical and mental health information. UHS and CMHC may use and disclose your PHI to the extent necessary to provide you with quality healthcare and must follow the practices described in this Notice. We will not share your PHI in ways other than described here without your written authorization.

## Uses and Disclosures:

We may use and share your PHI in the following ways:

### Treatment:

We can use your PHI and share it with other healthcare providers and/or mental health clinicians who are involved in your care. UHS medical providers and CMHC mental health clinicians work closely together and use the same electronic health record (EHR). Your clinical records are available to all healthcare providers within UHS and CMHC. As one example, a doctor treating you for an injury may look at your entire medical record to determine treatment.

### Communication:

We may contact you to provide appointment reminders or inform you of services, treatment alternatives, or other information related to your health.

### Healthcare Operations:

We can use and share your PHI to manage operations for UHS and CMHC. As one example, we may use your health information to manage your treatment and services.

### Billing and Payment:

We can use your health information to obtain payment for your care. As one example, if your visit generates charges and you have provided us with your health insurance, we can share your health information with your health insurance plan to obtain payment for your treatment.

### Public Health and Safety:

We may share your PHI under some circumstances related to public health and safety, many of which are required by state or federal law. These include:

- Reporting suspected abuse or neglect of children, elderly people, or people with disabilities
- Preventing or reducing imminent physical injury to you or another person or immediate mental or emotional injury to you
- Controlling the spread of infectious disease or with health oversight agencies for activities authorized by law
- Reporting adverse reactions to medications and vaccines
- Helping with product recalls
- For CMHC, reporting sexual misconduct of a mental healthcare provider

### Quality of Care:

Clinical records containing your PHI might also be accessed periodically to verify that appropriate standards of care are being met and to provide information to improve the quality of care delivered at UHS and CMHC.

### Student Immunizations:

We may disclose proof of your immunization to the university, as required to meet admission requirements.

### Respond to lawsuits and legal actions:

We can share your PHI in response to a court or administrative order, or in response to a subpoena.

### Worker's Compensation:

Your PHI regarding benefits for work-related illnesses may be released as appropriate.

### National Security and Intelligence Activities:

- We can share your PHI to military command authorities if you are a member of the armed forces.
- We can share your PHI as needed for special government functions such as the protection of the President, national security concerns, intelligence activities, or other authorized persons to conduct special investigations as permitted by law.

### Research:

In limited circumstances, we can use

or share your information for health research.

### Comply with the Law and Law Enforcement:

We will share information about you if state or federal laws require it, including with the Department of Health and Human Services if it wants to see that we are complying with federal privacy law. We may also use or share your information when required by regulatory agencies, law enforcement, or court order.

## Your Rights Regarding Your PHI:

You have the following rights regarding your PHI:

### Right to pay out of pocket:

If you pay for a service or healthcare item out-of-pocket in full, you can ask us not to share that information for the purpose of payment or our operations with your health insurer. We will say "yes" unless a law requires us to share that information.

### Right to request restrictions on the disclosure of your PHI:

You may request limitations on our use or disclosure of your PHI for treatment, payment, or quality improvement purposes, unless the information is needed to provide you with emergency services. We are not required to agree to your request.

### Right to request confidential communications:

You can ask us to contact you in a specific way (for example, mobile phone or email) or to send mail to a different address. We will agree to all reasonable requests.

### Right to access your PHI:

Primary access is granted through the web portal (myUHS or myCMHC), which is accessed with your UTEID and password. Anyone who has access to your UTEID and password can also access your PHI, and it is your responsibility to safeguard that information. You can also ask to see or get an electronic or paper copy of your medical record and other health information we have about you—usually within 30 days of your request. We may charge a reasonable, cost-based fee for copies.

### Right to request an amendment to your PHI:

If you believe the PHI we have about you is inaccurate or incomplete, you may request an amendment. We are not required to make the requested change but we will give you a reason in writing within 60 days.

### Right to accounting of disclosures:

You may request a list of the disclosures of your PHI that have been made OTHER than for treatment, payment, or healthcare operations for the six years prior to the date of your request.

### Right to paper copy of this notice:

If you have received this notice electronically, you have the right to obtain a paper copy from us upon request.

## Our Duties:

CMHC and UHS are required by law to provide you with this Notice and abide by the terms of the Notice currently in effect.

We can change the terms of this Notice, and the changes will apply to all information we have about you. The new notice will be available upon request, posted in our clinics and on our website.

We will notify you promptly if a breach occurs that may have compromised the privacy or security of your PHI.

## Questions or Complaints:

If you have questions or feel your privacy rights have been violated, please contact:

- UHS: UHS Health Information Management at 512-475-8226
- CMHC: Director at 512-471-3515

If you believe your privacy rights have been violated, you may also file a complaint directly with the United States Department of Health and Human Services at: [hhs.gov/hipaa/filing-a-complaint/what-to-expect](https://www.hhs.gov/hipaa/filing-a-complaint/what-to-expect)

We will not retaliate against you in any way for filing a complaint.

healthybodies

University Health Services

healthyminds

Counseling and Mental Health Center



The University of Texas at Austin