

NOTICE OF PRIVACY RIGHTS

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.

Effective date for use of this version of the Notice of Privacy Rights:	May 29, 2003
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Marshall University is a hybrid entity as defined in the regulations for the federal Health Care Portability and Accountability Act of 1996 (HIPAA). As a hybrid entity, some organizations within Marshall University may be providers of health care services, while other organizations are not. This Notice of Privacy Rights is provided in connection with your contact with an organization within Marshall University which is a provider of health care services. The specific name of the organization is provided below:

Name of Organization:	
Address, Telephone Number, FAX Number, and/or E-mail Address of Organization:	
Address:	
City, State, ZIP:	
Telephone Number:	
FAX Number:	
E-mail Address:	

Marshall University (the "provider") including the specific organization named above is dedicated to protecting your medical information. We are required by law to take reasonable steps to ensure the privacy of your personally identifiable health information and to inform you about: (1) Your privacy rights with respect to your **protected health information (PHI)**; (2) Marshall University's duties with respect to your PHI; (3) Your right to file a complaint with Marshall University and/or with the Secretary of the U.S. Department of Health and Human Services; and (4) The person or office to contact for further information about Marshall University's privacy practices.

Section 1. Notice of PHI Uses and Disclosures

As explained in this Notice, Marshall University may generally use or disclose your PHI for treatment, payment or health care operations without the need for you to provide your consent or authorization. Marshall University is also permitted to disclose your PHI to other persons or entities pursuant to and in compliance with a valid authorization from you, pursuant to your agreement, or as otherwise permitted or provided for by applicable law.

Upon your request, Marshall University is also generally required to give you access to certain PHI in order to inspect and copy it.

Use and disclosure of our PHI may also be required by the Secretary of the Department of Health and Human Services in order to investigate or determine Marshall University's compliance with the privacy regulations.

Uses and Disclosures for Treatment, Payment and Health Care Operations

Marshall University and its business associates may use or disclose PHI without your consent, authorization or opportunity to agree or object in order to carry out treatment, payment and health care operations.

Treatment is the provision, coordination or management of health care and related services. It also includes, but is not limited to, consultations and referrals between one or more of your providers.

Payment includes, but is not limited to, actions relating to coverage determinations and payment (including billing, claims management, reviews for medical necessity and appropriateness of care and receiving pre-authorizations).

Health care operations include, but are not limited to, conducting quality assessment and improvement activities, reviewing the competence of health care professionals, evaluating provider performance, for accreditation, certification, licensing or credentialing activities. It also includes disease management, case management, conducting or arranging medical reviews, legal services and auditing functions, business planning and development, business management and general administrative activities.

Other Uses and Disclosures for Which Consent, Authorization or the Opportunity to Object is Not Required

Use and disclosure of your PHI is also allowed without your consent, authorization or request under the following circumstances: (1) When required by law and the use or disclosure complies with and is limited to the relevant requirements of such law. (2) When permitted for public health activities and purposes. Such uses and disclosures may include, but are not limited to, disclosures to public health or governmental entities authorized by law to collect or receive information for the purpose of preventing or controlling disease, disclosures to public health authorities or governmental agencies authorized by law to receive reports of child abuse or neglect,

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disclosures to persons subject to the Food and Drug Administration to report adverse events, product defects, and to facilitate product recalls. PHI may also be disclosed to an employer subject to certain conditions. (3) When authorized by law to report information about abuse, neglect or domestic violence to public authorities if there exists a reasonable belief that you may be a victim of abuse, neglect or domestic violence. In such case, Marshall University will promptly inform you that such a disclosure has been or will be made unless we reasonably believe that such disclosure would cause a risk of serious harm. (4) When required by public health agencies for oversight activities authorized by law. Such uses and disclosures may include, but are not limited to, disclosures required by civil, administrative or criminal investigations, proceedings or actions, activities necessary for the appropriate oversight of the health care system, and other activities necessary for appropriate oversight of government benefit programs. (5) When required for disaster relief. Uses and Disclosures of PHI may occur during coordination of a private or public entity, such as the American Red Cross, to assist in disaster relief efforts. (6) When required for judicial or administrative proceedings, including disclosures in response to a subpoena, court order or pursuant to a discovery request provided that certain conditions are met. (7) When required or permitted by law for law enforcement purposes, including but not limited to, disclosures pursuant to legal process, disclosures for the purpose of identifying or locating a suspect, fugitive, material witness or missing persons, and/or disclosures relating to individuals suspected to be a victim of crime under certain circumstances. (8) When required by a coroner or medical examiner for the purpose of identifying a deceased person, determining a cause of death or other duties as authorized by law. (9) When required for research purposes, subject to certain conditions. (10) When consistent with applicable law, and standards of ethical conduct if Marshall University, in good faith, believes the use or disclosure is necessary to prevent or lessen a serious and imminent threat to the health or safety of a person or the public and the disclosure is to a person reasonably able to prevent or lessen the threat, including the target of the threat. (11) When required for specialized governmental functions under certain conditions. (12) When authorized by and to the extent necessary to comply with workers' compensation or other similar programs established by law.

We may also contact you to provide appointment reminders, notice of missed appointments, requests dealing with fundraising activities, information about treatment alternatives or other health related benefits and services that may be of interest to you. This information may be distributed by mail or by phone. Marshall University may disclose protected health information to its business associates to appropriately safeguard the health information of our patients.

Except as Otherwise Indicated in this Notice, Uses and Disclosure of Your PHI will be Made Only With Your Written Authorization Subject to Your Right to Revoke Such Authorization.

Uses and Disclosures that Require Your Written Authorization

Marshall University must generally obtain an authorization from you for the use or disclosures of psychotherapy notes. Your authorization is not required for uses or disclosures of such notes which are necessary for treatment, payment or health care operations, including the use, by the originator of the psychotherapy notes, for treatment, or the use or disclosure of such information for training purposes as provided by law. We may also use and disclose such notes to defend against litigation or secure legal proceeding brought by you or on your behalf.

Marshall University must also obtain an authorization from you for any use or disclosure of PHI for marketing purposes, except otherwise provided by law.

Other Uses and Disclosures that Require That You be Given an Opportunity to Agree or Disagree Prior to the Use or Release

Unless otherwise required or permitted by law or by your authorization, disclosure of your PHI to family members, other relatives and your close personal friends is allowed only if the information is directly relevant to the family or friend's involvement with your care or payment for that care, and you have either agreed to the disclosure or have been given an opportunity to object and have not objected.

Section 2. Individual Rights

Right to Request Restrictions on PHI Uses and Disclosures

You may request that Marshall University restrict certain uses and disclosures of your PHI to carry out treatment, payment or health care operations. However, Marshall University is not required to agree to your request. You or your personal representative will be required to complete a form to request restrictions on uses and disclosures of your PHI. Such requests should be made to the following officer: HIPAA Privacy Officer, 207 Old Main, Marshall University, One John Marshall Drive, Huntington, WV 25755, Phone 304.696.3983, E-mail jstephen@marshall.edu.

Marshall University will accommodate reasonable requests to receive communications of PHI by alternative means or at alternative locations.

Right to Inspect and Copy PHI

You have a right to inspect and obtain a copy of your PHI contained in a "designated record set," for as long as Marshall University maintains the PHI. Your PHI or "Protected Health Information," includes all individually identifiable health information transmitted or maintained by Marshall University, regardless of form.

"Designated Record Set" includes the medical records and billing records about individuals maintained by or for a covered health care provider, enrollment, payment, billing, claims adjudication and case or medical management record system maintained by or for a provider; or other information used in whole or in part by or for the covered entity to make decisions about individuals. Information used for quality control or peer review analyses and not used to make decisions about individuals is not a part of a designated records set.

A response to a request for PHI information will be provided within 30 days if the information is maintained on site, or within 60 days if the information is maintained offsite. A single 30-day extension is allowed if Marshall University is unable to comply with the deadline.

You or your personal representative will be required to complete a form to request access to the PHI in your designated record set. Requests for access to PHI should be made to the following officer: HIPAA Privacy Officer, 207 Old Main, Marshall University, One John Marshall Drive, Huntington, WV 25755, Phone 304.696.3983, E-mail jstephen@marshall.edu.

If access is denied, you or your personal representative will be provided with a written denial setting forth the basis for the denial, a description of how you may exercise those review rights and a description of how you may exercise those review rights and a description of how you may complain to Marshall University or to the Secretary of the U.S. Department of Health and Human Services.

Right to Amend PHI

You have the right to request Marshall University to amend your PHI or a record about you in a designated recorded set for as long as the PHI is maintained in the designated record set. You must make any amendment request in writing, stating within the request the reasons that you believe support the requested amendment.

Marshall University has 60 days after the request is made to act on the request. A single 30-day extension is allowed if Marshall University is unable to comply with the deadline. If the request is denied in whole or part, Marshall University must provide you with a written denial that explains the basis for the denial. You or your personal representative may then submit a written statement disagreeing with the denial and have that statement included with any future disclosures of your PHI.

You or your personal representative will be required to complete a form to request amendment of the PHI in your designated record set. Requests for amendment of PHI in a designated record set should be made to the following officer: HIPAA Privacy Officer, 207 Old Main, Marshall University, One John Marshall Drive, Huntington, WV 25755, Phone 304.696.3983, E-mail jstephen@marshall.edu.

The Right to Receive an Accounting of PHI Disclosures

At your request and subject to limited exceptions, you are entitled to receive an accounting of disclosures by Marshall University of your PHI during the six years prior to the date of your request. However, such accounting need not be provided by Marshall University for PHI disclosures made: (1) to carry out treatment, payment or health care operations; (2) to individuals about their own PHI; (3) to persons involved in our care of for notification purposes required by law; (4) for national security purposes; (5) to others pursuant to your authorization; (6) to law enforcement officials as permitted by law; (7) as part of a limited data set; or (8) prior to the compliance date.

If the accounting cannot be provided by Marshall University within 60 days, an additional 30 days is allowed so long as you are given a written statement of the reasons for the delay and the date by which the accounting will be provided.

If you request more than one accounting within a 12-month period, Marshall University will charge a reasonable fee for each subsequent accounting.

The Right to Receive a Paper Copy of This Notice Upon Request

To the extent that you have received this Notice on a service or benefits website maintained by Marshall University, you also have the right to request and obtain a paper copy of this Notice by contacting the following officer: HIPAA Privacy Officer, 207 Old Main, Marshall University, One John Marshall Drive, Huntington, WV 25755, Phone 304.696.3983, E-mail jstephen@marshall.edu.

A Note About Personal Representatives

You may exercise your rights through a personal representative. Your personal representative will be required to produce evidence of his/her authority to act on your behalf before that person will be given access to your PHI or allowed to take any action for you. Proof of such authority may take one of the following forms: (1) A power of attorney for health care poses, notarized by a notary public; (2) A court order of appointment of the person as the conservator of guardian of the individual; or (3) An individual who is the part of a minor child

Marshall University's disclosure of PHI relating to an unemancipated minor, to a parent, guardian or other person acting *in loco parentis* for such unemancipated minor, is subject, at all times, to applicable provisions of state and federal law, including applicable case law.

Marshall University retains discretion to deny access to PHI to a personal representative in order to provide protection to those vulnerable people who depend on others to exercise their rights under these rules and who may be subject to abuse or neglect. This also applies to person representatives of minors.

Section 3. Marshall University's Duties

Marshall University is required by law to maintain the privacy of PHI and to provide participants and beneficiaries with notice of its legal duties and privacy practices.

Compliance with the HIPAA privacy regulations was required by April 14, 2003. The effective date of this version of the Notice of Privacy Rights appears on the first page of this form. Marshall University is required to comply with the terms of this notice. However, the university reserves the right to change its privacy practices and to apply the changes to any PHI received or maintained by Marshall University prior to that date. If a privacy practice is changed, a revised version of this Notice will be made available to individuals for whom Marshall University still maintains PHI.

Any revised version of this Notice will be distributed to all affected individuals, in writing or by electronic means, upon date changes are affective of any material change to the uses of disclosures, the individual's rights, the duties of Marshall University or other privacy practices state in this Notice.

Minimum Necessary Standard

When using or disclosing PHI or when requesting PHI from another covered entity, Marshall University will make reasonable efforts not to use, disclose or request more than the minimum amount of PHI necessary to accomplish the intended purpose of the use, disclosure or request, taking into consideration practical and technological limitations.

However, the minimum necessary standard will not apply in the following situations: (1) Disclosures to or requests by a health care provider for treatment; (2) Uses or disclosures made to you or on your behalf; (3) Uses or disclosures made pursuant to an authorization from you; (4) Disclosures made to the Secretary of U.S. Department of Health and Human Services; (5) Uses or disclosures that are required by law; and (6) Uses or disclosures that are required for Marshall University's compliance with legal regulations.

This Notice does not apply to information that has been de-identified. De-identified information is information that does not identify an individual and with respect to which there is no reasonable basis to believe that the information can be used to identify an individual.

Section 4. Your Right to File a Complaint with Marshall University or the HHS Secretary

If you believe that your privacy rights have been violated, you may complain to Marshall University in care of the following officer: HIPAA Privacy Officer, 207 Old Main, Marshall University, One John Marshall Drive, Huntington, WV 25755, Phone 304.696.3983, E-mail istephen@marshall.edu.

You may also file a complaint with: Secretary of the U.S. Department of Health and Human Services, Office of Civil Rights, Region III, 150 S. Independence Mall West, Suite 372, Public Ledger Building, Philadelphia, PA 19106-9111, Or: OCRComplaint@hhs.gov

Marshall University will not retaliate against you for filing a complaint.

Section 5. Whom to Contact at Marshall University for More Information

If you have any questions regarding this Notice or the subjects addressed in it, you may contact the following officer: HIPAA Privacy Officer, 207 Old Main, Marshall University, One John Marshall Drive, Huntington, WV 25755, Phone 304.696.3983, E-mail istephen@marshall.edu.

Conclusion

The uses and disclosures of PHI made by Marshall University are regulated by a federal law known as HIPAA (the Health Insurance Portability and Accountability Act of 1996). You may find these rules at 45 Code of Federal Regulations Parts 160 and 164. This Notice attempts to summarize the regulations. The regulations will supersede any discrepancy between the information in this Notice and the regulations.

This Notice of Privacy Practice may also be obtained through our website at <http://www.marshall.edu/human-resources/hipaa/>.

Printed Name of Individual:	
Individual's Signature:	
Date Signed:	

DISTRIBUTION: Signed original to organization. One copy to individual.

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