

## NOTICE OF PRIVACY PRACTICES



**Our Responsibilities.**  
**Your Information.**  
**Your Rights.**

### Our Responsibilities

This Notice of Privacy Practices (“Notice”) explains how University of Missouri Health and its affiliates (collectively “MU Health”) will use information about you and when MU Health can share that information with others. We are required by law to maintain the privacy of your protected health information (PHI). We are also required by law to give you this notice of our legal duties and privacy practices regarding your health information. We are required to notify you if there is a breach of your unsecured PHI. We are required to follow the terms of the current Notice of Privacy Practices. It informs you about your rights as a valued customer. You may opt out of provisions in this notice by notifying the registration employee at the point of care or the Health Information Services department. If you have any questions, please contact the Privacy Officer at (573) 882-3293.

#### Who will follow this notice?

- All hospitals, clinics, physician practices, and affiliates that are part of MU Health.
- Any MU Health health care provider that treats you at any of our locations.
- All MU Health employees, temporary or contract staff, students and volunteers.

### Your Information – Understanding your PHI

Each time you visit or interact with a hospital, physician, or other health care provider, a record of your visit is made. Typically, this record contains your symptoms, examination and test results, diagnoses, treatment, and a plan for future care or treatment. This information, often referred to as your health or medical record, serves as a:

- Basis for planning your care and treatment.
- Means of communication among the many health care providers who contribute to your care.
- Legal document describing the care you received.
- Means by which you or a third-party payer can verify that services billed were actually provided.
- Tool in educating health care providers.
- Source of data for medical research.
- Source of information for public health officials charged with improving the health of the nation.
- Source of data for facility planning and marketing.
- Tool with which we can assess and continually work to improve the care we render and the outcomes we achieve.

## Your Information continued

Understanding what is in your record and how your PHI is used helps you to:

- Ensure its accuracy.
- Better understand who, what, when, where, and why others may access your PHI.
- Make more informed decisions when authorizing disclosure to others.

## Your Rights

**When it comes to your health information, you have certain rights.** Although your PHI is the physical property of MU Health, the information belongs to you. You have the right to:

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<b>Get a copy of this privacy notice</b>	<ul style="list-style-type: none"><li>• You can request a paper copy of this notice at any time.</li></ul>
<b>Get an electronic or paper copy of your medical record</b>	<ul style="list-style-type: none"><li>• You can inspect and obtain a paper or electronic copy of your PHI usually within 30 days of your written request. If your PHI is not readily producible in the format you request, it will be provided either in our standard electronic format or as a paper document. We may charge you a reasonable cost-based fee for the labor associated with providing you with access.</li><li>• If we deny your request to review or obtain a copy of your PHI, you may have the right to have that denial reviewed by a licensed health care provider who was not directly involved in the denial of your request, and we will comply with the outcome of that review.</li></ul>
<b>Ask us to correct your medical record</b>	<ul style="list-style-type: none"><li>• You can request an amendment (correction) to your PHI if you believe information is incorrect or incomplete. Your request to amend your PHI may be denied if it was not created by us; if it is not part of the information maintained by us; or if we determine that the information is correct. You may submit a written appeal if you disagree. Your request for amendment will be included as a part of your PHI.</li></ul>
<b>Request confidential communications</b>	<ul style="list-style-type: none"><li>• You can request communications of your PHI by alternative means or at alternative locations. For example, you may request that we send correspondence to a post office box rather than your home address.</li><li>• You have the right to request that your PHI be given to you in a confidential manner.</li><li>• You have the right to request that we communicate with you in a certain way or at a certain location, such as by mail or at your workplace. Any such request must be made in writing to Health Information Services. We will accommodate reasonable requests.</li></ul>
<b>Ask us to limit what we use or share</b>	<ul style="list-style-type: none"><li>• You can request a restriction on certain uses and disclosures of your information; however, MU Health is not required to agree to such a request if the facts do not warrant it.</li><li>• You can revoke your authorization to use or disclose PHI except to the extent that action has already been taken.</li><li>• If you pay for a service out-of-pocket in full, you can request that information not be shared for the purpose of payment or our operations with your health insurer.</li><li>• Please note when your medical record is released by MU Health, any pictures contained in the record will also be included.</li></ul>

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## Your Rights continued

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<b>Get a list of those with whom we've shared information</b>	<ul style="list-style-type: none"><li>• You can obtain a list (an accounting of disclosures) of the times we have shared your PHI without authorization for six years prior to the date you asked, who we shared it with, and why, subject to certain exceptions set out in federal regulations. The first list you request in a 12 month period is free. If you make more requests during that time, you may be charged our cost to produce the list. We will tell you about the cost before you are charged.</li></ul>
<b>File a complaint if you feel your rights are violated</b>	<ul style="list-style-type: none"><li>• If you believe that your privacy rights may have been violated, you may contact our Privacy Office at (573) 882-3293 or DC054.00, One Hospital Dr., Columbia MO 65212.</li><li>• You can call our Ethics and Compliance Hotline at (866) 447-9821.</li><li>• You may also (-573) 751-6303 and/or the State Attorney General's Office Consumer Hot Line: (800) 392-8222.</li><li>• You may file a complaint with the U.S. Department of Health and Human Services Office of Civil Rights at: <a href="http://www.hhs.gov/ocr/privacy/hipaa/complaints/index.html">http://www.hhs.gov/ocr/privacy/hipaa/complaints/index.html</a><ul style="list-style-type: none"><li>○ The Privacy Office can provide the mailing address.</li></ul></li><li>• <b>We will not retaliate against you for filing a complaint.</b></li></ul>

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## Our Uses and Disclosures

<b>Treatment</b>	<p><b>Example:</b> Information obtained by a nurse, physician, or other member of your health care team will be recorded in your record and used to determine the course of treatment. Members of your health care team will record the actions they took, their observations, and their assessments. In that way, your health care team will know how you are responding to treatment. We will also provide your physician or a subsequent health care provider with copies of various reports that should assist him or her in treating you once you are discharged from our facilities.</p>
<b>Health care operations</b>	<p><b>Example:</b> We may use and disclose PHI for activities that MU Health engages in to operate its business, such as quality assurance, case management, receiving and responding to patient comments and complaints, physician reviews, compliance programs, audits, business planning, conducting disease management, and other population health management programs and activities, which may include development and the management of health outcomes and the identification of opportunities to improve the health of individuals or groups of individuals. In addition, we will use information to study health care and health care delivery and implement quality improvement initiatives.</p>
<b>Payment</b>	<p><b>Example:</b> A bill will be sent to you and/or a third-party payer (insurance company). The information on the bill may include information that identifies you, as well as your diagnosis, procedures, and supplies used. We may provide copies of the applicable portions of your medical record to your insurance company in order to validate your claim.</p>

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**We may use and disclose PHI for the following other purposes:**

<b>Appointment reminders</b>	<ul style="list-style-type: none"><li>• To remind you that you have an appointment scheduled with us. Please note if you would like these reminders to be provided to you via text message and or your personal email, these are not secure forms of transmission. We will honor your request, however, any change to the email address and or telephone number is the responsibility of the patient to notify MU Health. MU Health is not responsible for the transmission reaching the incorrect individual if you have not updated the information.</li></ul>
<b>Treatment alternatives</b>	<ul style="list-style-type: none"><li>• To inform you of:<ul style="list-style-type: none"><li>○ New/existing services, programs, upcoming events</li><li>○ New/existing staff – doctors, leadership</li><li>○ Health information</li><li>○ Research updates</li><li>○ Marketing research</li></ul></li></ul>
<b>As required by law</b>	<ul style="list-style-type: none"><li>• When required to do so by applicable law.</li></ul>
<b>Prevent a serious threat to health or safety</b>	<ul style="list-style-type: none"><li>• We can share health information about you to prevent a serious threat to your health and safety or the health and safety of others.</li><li>• For public health activities such as prevention or control of disease, reporting births and deaths, and reporting child abuse and neglect.</li></ul>
<b>Individuals involved in your care</b>	<ul style="list-style-type: none"><li>• Unless you object, to friends, family members or others involved in your medical care or who may be helping pay for your care. Your health care provider may ask your permission or may use his or her professional judgment to determine the extent of that involvement. In all cases, your health care provider may discuss only the information that the person involved needs to know about your care or payment for your care.</li></ul>
<b>Law enforcement</b>	<ul style="list-style-type: none"><li>• We will share information about you when permitted to do so by applicable law.</li></ul>
<b>Decedents</b>	<ul style="list-style-type: none"><li>• Health records for patients deceased 50 or more years ago are no longer considered Protected Health Information.</li></ul>
<b>Genetic information</b>	<ul style="list-style-type: none"><li>• Genetic information is considered Protected Health Information, which may be disclosed without authorization but cannot be used by health plans for underwriting purposes.</li></ul>
<b>Military and veterans</b>	<ul style="list-style-type: none"><li>• If you are a member of the armed forces, we may disclose information as required by military command authority.</li></ul>
<b>Health oversight activities</b>	<ul style="list-style-type: none"><li>• To governmental agencies and boards as authorized by law such as licensing and compliance purposes.</li></ul>
<b>Business associates</b>	<ul style="list-style-type: none"><li>• We may disclose your PHI to contractors, agents and other associates who need this information to assist us in carrying our business operations. Our contracts with them require that they protect the privacy of your PHI in the same manner as we do.</li></ul>
<b>Facility directory</b>	<ul style="list-style-type: none"><li>• Unless you notify us that you wish to opt out, MU Health will release your name and location to the general visiting public while you are a patient in a MU Health facility. In addition, your religious affiliation will be made available to the visiting clergy. The directory includes information about your location and general condition.</li></ul>

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## Uses and Disclosures continued

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<b>Research</b>	<ul style="list-style-type: none"><li>• We may use and disclose your PHI for research purposes subject to the requirements of applicable law. We may disclose information to researchers when their research has been approved by the MU Health Institutional Review Board (“IRB”). The IRB reviews the research proposals and establishes protocols to ensure the privacy of your PHI. Authorizations for research may be combined in the research context subject to certain requirements, and authorizations for future research are also permitted.</li></ul>
<b>Respond to organ and tissue donation requests</b>	<ul style="list-style-type: none"><li>• If you are an organ donor, we may release PHI to organizations that handle organ procurement or organ, eye, or tissue transplantation or to an organ donation bank, as necessary to facilitate organ or tissue donation and transplantation.</li></ul>
<b>Work with a medical examiner or funeral director</b>	<ul style="list-style-type: none"><li>• We may disclose PHI to funeral directors or coroners consistent with applicable law to carry out their duties.</li></ul>
<b>Address workers’ compensation</b>	<ul style="list-style-type: none"><li>• For workers’ compensation purposes or similar programs providing benefits for work related injury or illness.</li></ul>
<b>Fundraising</b>	<ul style="list-style-type: none"><li>• MU Health entities and its affiliates may contact you as part of a fundraising effort. The information used for this purpose will not disclose any health condition but may include your name, address, phone number, email address, etc. When contacted, you may opt out of any future fundraising requests.</li></ul>
<b>Respond to lawsuits and disputes</b>	<ul style="list-style-type: none"><li>• In response to a warrant, court order, or other lawful process your PHI will be released.</li></ul>
<b>Breach notification</b>	<ul style="list-style-type: none"><li>• An impermissible use, access or disclosure of PHI is presumed to be a breach unless it is demonstrated that there is a low probability that the PHI has been compromised based on a risk assessment. If MU Health determines a breach has occurred with your PHI, you will be notified via mail of the breach.</li></ul>
<b>Disaster relief</b>	<ul style="list-style-type: none"><li>• Unless you object, to disaster release organizations to coordinate your care or notify family and friends of your location or condition following a disaster.</li></ul>
<b>Inmates or other individuals in custody</b>	<ul style="list-style-type: none"><li>• If you are an inmate or in the custody of law enforcement, we may disclose to the correctional institution or law enforcement official as necessary to provide you with health care, to protect the health and safety of you and others, or for the safety and security of the correctional institution.</li></ul>
<b>Sale of PHI</b>	<ul style="list-style-type: none"><li>• MU Health and its affiliates will not sell your PHI.</li></ul>
<b>National security and intelligence activities</b>	<ul style="list-style-type: none"><li>• Your PHI may be disclosed to authorized federal officials for intelligence and other national security activities as authorized by law.</li></ul>
<b>Protective services for the president and others</b>	<ul style="list-style-type: none"><li>• Your PHI may be disclosed to federal officials to provide protection to the president and other authorized persons, or conduct special investigations.</li></ul>

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## Uses and Disclosures continued

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| <b>Psychotherapy notes</b> | <ul style="list-style-type: none"><li>• With certain exceptions, we are not allowed to use or disclose psychotherapy notes without your authorization, including a disclosure to a health care provider other than the originator of the notes, for treatment purposes.</li></ul> |
| <b>Marketing</b>           | <ul style="list-style-type: none"><li>• Subject to limited exceptions, we are not authorized to use or disclose your PHI for marketing purposes without your authorization.</li></ul>   |
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### **Please Note:**

**Other uses and disclosures of your PHI not described in this Notice of Privacy Practices or applicable laws will require your written authorization. If you choose to permit us to use or disclose your PHI, you can revoke that authorization by informing Health Information Services of your decision in writing. If you revoke your authorization, we will no longer use or disclose your PHI as set forth in the authorization. However, any use or disclosure of your PHI made in reliance on your authorization before it was revoked will not be affected by the revocation.**

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| <b>Electronic Health Information Exchange</b> | <ul style="list-style-type: none"><li>• MU Health participates in an electronic Health Information Exchange (HIE) provided through the Tiger Institute Health Alliance. The HIE facilitates the transmission of your PHI among providers, health plans, or other organizational members of the HIE that are involved in the treatment or payment of your care. The HIE stores your data in a secured repository for members. The health care professionals that access your PHI have established a treatment relationship with you. In order for health care providers to provide the most comprehensive care for patients, the Tiger Institute Health Alliance HIE will join other HIEs and Health Networks that may store and contain your PHI. The HIE includes all health information obtained during your care at MU Health. Patient health information such as illnesses or injuries that you may have, your medical history (including hospitalizations), test results (like x-rays or blood tests), immunizations, and medication you are taking or have taken. Also included are diagnosis (diabetes, HIV/AIDS, sexually transmitted diseases) genetic testing, mental and behavioral health treatment records, and drug and alcohol treatment notes.<ul style="list-style-type: none"><li>• <b>As our patient, your health information is automatically available in the HIE. If you do not wish to have your information shared in the HIE, you must opt-out of the HIE in writing by requesting, completing and signing a form available at any registration area.</b></li><li>• <b>The HIE may also provide critical information about you for other lawful purposes, such as educating providers about who manages the care of others like you.</b></li><li>• <b>When your specific consent or authorization is required by law to disclose your medical record to others, University of Missouri Health Care will not disclose that information through the HIE without first obtaining your written consent.</b></li></ul></li></ul> |
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## Changes to the Terms of this Notice

If we change our policies regarding our use and/or disclosure of your PHI, we will change our Notice of Privacy Practices and make the revised notice available to you on our website and at our practice locations. You may access our website at <http://www.muhealth.org>. You may also request a paper copy of the current Notice of Privacy Practices at any time.