



HOWARD UNIVERSITY HEALTH SCIENCES NOTICE OF PRIVACY PRACTICES

Effective Date: September 23, 2013

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.

WHEN THIS NOTICE APPLIES

This notice summarizes the privacy practices of Howard University Hospital and its affiliated clinics, the Howard University Faculty Practice Plan, the Howard University Dental Clinics, the Howard University Student Health Center, and the workforce, medical staff, physicians and health care providers that provide you with treatment and health care services at such locations (collectively referred to as "Howard University Health Sciences"). We may share health information about you with each other for purposes described in this notice, including for our joint administrative activities.

OUR OBLIGATIONS

We are required by law to:

- Maintain the confidentiality of protected health information;
- Give you this notice of our legal duties and privacy practices regarding health information about you; and
- Follow the terms of our notice that are currently in effect.

HOW WE MAY USE AND DISCLOSE HEALTH INFORMATION

Some kinds of health information also are subject to separate special privacy protections under the laws of the District of Columbia, so that portions of this notice may not apply. If you receive alcohol or substance abuse services or treatment from our substance abuse treatment program, you will receive a separate notice describing how we may use and disclose and protect the privacy of health information regarding your alcohol or substance abuse treatment. If you receive mental health services or treatment, you should contact the Privacy Officer at the address at the end of this Notice to obtain further information on the special protections afforded to this information. In addition, special rules apply to medical records and information relating to acquired immune deficiency syndrome ("AIDS"). The section below entitled "How We May Use and Disclose HIV/AIDS Information" describes how we may use and disclose this type of Health Information.

The following categories of activities describe the ways that we may use and disclose health information that identifies you ("Health Information"). Some of the categories include examples, but not every type of use or disclosure included in a category is listed. Except for the categories of activities described below, we will use and disclose Health Information only with written

permission from you. If you give us permission to use or disclose Health Information for a purpose not listed in this notice, you may revoke that permission at any time by sending a written request to our Privacy Officer at the address listed at the end of this notice.

- a) **For Treatment.** We may use Health Information to treat you or provide you with health care services. We may disclose Health Information to doctors, nurses, technicians, or other personnel, including people outside our facilities or clinics who may be involved in your medical care. For example, we may tell your primary physician about the care we provided you or give Health Information to a specialist to provide you with additional services as appropriate for treatment purposes.
- b) **For Payment.** We may use and disclose Health Information so that we or others may bill or receive payment from you, from a government program or an insurance company or other responsible third party for the treatment and services you receive. For example, we may give your health plan information about your treatment so that they will pay for such treatment. We also may tell your health plan about a treatment you are going to receive to obtain prior approval or to determine whether your plan will cover the treatment.
- c) **For Health Care Operations.** We may use and disclose Health Information for health care operations, which are administrative activities involved in running a health care system. These uses and disclosures are necessary to maintain high quality care when delivering services to our patients and for our business and management purposes. For example, we may use Health Information to review the adequacy and quality of the care that our patients receive, and the efficiency of our activities.
- d) **Appointment Reminders, Treatment Alternatives, and Health-Related Benefits and Services.** We may use and disclose Health Information to contact you as a reminder that you have an appointment with us. We also may use and disclose Health Information to tell you about treatment options or alternatives or health-related benefits and services that may be of interest to you.
- e) **Fundraising Activities.** We may, unless you ask us not to, use Health Information to contact you in an effort to raise money for Howard University Health Sciences, unless you ask us not to in writing. We may disclose Health Information to a related foundation or to our business associates so that they may contact you to raise money for us.
- f) **Facility Directory.** If you are a Hospital patient, we may list your name and location in our Hospital directory, unless you ask us not to. We may disclose this information to anyone who asks for you by name.
- g) **Pastoral Care.** We may disclose the information in our facility directory and information that you choose to provide us regarding your religious affiliation to members of the clergy for use and disclosure in their religious activities.
- h) **Individuals Involved in Your Care or Payment for Your Care.** Unless you ask us not to, we may disclose to a member of your family, a relative, a close friend or any other person you identify, your Protected Health Information that directly relates to that person's involvement in your health care. If you are unable to agree or object to such a disclosure, we may disclose such information as necessary if we determine that it is in your best interest based on our professional judgment..
- i) **Research.** Under certain circumstances, we may use and disclose Health Information for research purposes. For example, a research project may involve comparing the health and recovery of all patients who received one medication or treatment to those who received another, for the same condition. Before we use or disclose Health Information for research, the project will go through a special approval process. This

process evaluates a proposed research project and its use of Health Information to balance the benefits of research with the need for privacy of Health Information. We also may permit researchers to look at records to help them identify patients who may be included in their research project or for other similar purposes, so long as they do not remove or take a copy of any Health Information.

SPECIAL CIRCUMSTANCES

In addition to the above, we may use and disclose Health Information in the following special circumstances:

- j) **As Required by Law.** We will disclose Health Information when required to do so by international, federal, state or local law.
- k) **To Avert a Serious Threat to Health or Safety.** We may use and disclose Health Information when necessary to prevent or lessen a serious threat to your health and safety or the health and safety of the public or another person. Any disclosure, however, will be to someone who may be able to help prevent the threat.
- l) **Business Associates.** We may disclose Health Information to the business associates that we engage to provide services on our behalf if the information is necessary for such services. For example, we may use another company to perform billing services on our behalf. All of our business associates are obligated, under contract with us, to protect the privacy of your information and are not allowed to use or disclose any information other than as specified in our contract with them.
- m) **Organ and Tissue Donation.** We may release Health Information to organizations that collect statistics on organ donation, and to an organ procurement organization or tissue bank, as necessary to follow through on any steps you already have taken to be an organ or tissue donor.
- n) **Military and Veterans.** If you are a member of the armed forces, we may release Health Information as required by military command authorities. We also may release Health Information to the appropriate foreign military authority if you are a member of a foreign military.
- o) **Workers' Compensation.** We may disclose Health Information as authorized by and to the extent necessary to comply with laws relating to workers' compensation or similar programs. These programs provide benefits for work-related injuries or illness.
- p) **Public Health Risks.** We may disclose Health Information for public health activities. These activities generally include disclosures to prevent or control disease, injury or disability; report births and deaths; report child abuse or neglect; report reactions to medications or problems with products; notify people of recalls of products they may be using; track certain products and monitor their use and effectiveness; if authorized by law, notify a person who may have been exposed to a disease or may be at risk for contracting or spreading a disease or condition; and conduct medical surveillance of our facilities in certain limited circumstances concerning workplace illness or injury. We also may release Health Information to an appropriate government authority if we believe a patient has been the victim of abuse, neglect or domestic violence; however, we will only release this information if you agree or when we are required or authorized by law.
- q) **Health Oversight Activities.** We may disclose Health Information to a health oversight agency for activities authorized by law. These oversight activities include, for example, audits, investigations, inspections, and licensure of our facilities and providers. These

activities are necessary for the government to monitor the health care system, government programs, and compliance with civil rights laws.

- r) **Lawsuits and Disputes.** If you are involved in a lawsuit or a dispute, we may disclose Health Information in response to a court or administrative order. We also may disclose Health Information in response to a subpoena, discovery request, or other lawful process by someone else involved in the dispute, but only if efforts have been made to tell you about the request or to obtain an order protecting the information requested.
- s) **Law Enforcement.** We may release Health Information if asked by a law enforcement official as follows: (1) in response to a court order, subpoena, warrant, summons or similar process; (2) limited information to identify or locate a suspect, fugitive, material witness, or missing person; (3) about the victim of a crime if, under certain limited circumstances, we are unable to obtain the person's agreement; (4) about a death we believe may be the result of criminal conduct; (5) about criminal conduct on our premises; and (6) in emergency circumstances to report a crime, the location of the crime or victims, or the identity, description, or location of the person who committed the crime.
- t) **Coroners, Medical Examiners and Funeral Directors.** We may release Health Information to a coroner or medical examiner. In some circumstances this may be necessary, for example, to determine the cause of death. We also may release Health Information to funeral directors as necessary for their duties.
- u) **National Security and Intelligence Activities.** We may release Health Information to authorized federal officials for intelligence, counter-intelligence, and other national security activities authorized by law.
- v) **Protective Services for the President and Others.** We may disclose Health Information to authorized federal officials so they may provide protection to the President, other authorized persons or foreign heads of state or conduct special investigations.
- w) **Inmates or Individuals in Custody.** In the case of inmates of a correctional institution or that are under the custody of a law enforcement official, we may release Health Information to the appropriate correctional institution or law enforcement official. This release would be made only if necessary (1) for the institution to provide you with health care; (2) to protect your health and safety or the health and safety of others; or (3) for the safety and security of the correctional institution.
- x) **Health Information Exchanges.** Howard Health Sciences will provide your Health Information to Health Information Exchanges that include a network of participating hospitals and community health centers to make your Health Information readily available to your health care team. Only providers that are directly involved in your care and public health authorities will have access to the information in the Health Information Exchange. Access to information documented during visits for mental health and substance abuse treatment will not be sent to the Health Information Exchange. If you do not want your Health Information sent to the Health Information Exchange, you will be given the opportunity to opt out of the program at registration or admission to the hospital, or you may opt out at any later time for Health Information created at the time you opt out or later.

HOW WE MAY USE AND DISCLOSE HIV/AIDS INFORMATION

We may use your medical records and information relating to HIV/AIDS so that we can provide you with care, assure payment for our services, and in administrative activities to assure the

quality of our care and the safety of our workforce, physicians and other patients. We may disclose this information outside of Howard University Health Sciences only with your written consent, pursuant to a court order, or as required by law.

YOUR RIGHTS

You have the following rights, subject to certain limitations, regarding Health Information we maintain about you:

- a) **Right to Inspect and Copy** You have the right to inspect and copy, or designate someone else to receive a copy of, your Health Information that may be used to make decisions about your care or payment for your care. *Usually, this includes medical and billing records, but does not include psychotherapy notes. You may request an electronic copy of information about you maintained in our electronic medical record. Certain exceptions apply to Health Information compiled for legal proceedings; psychotherapy notes; and in circumstances where your physician determines that access or review might endanger you or someone else. In those cases, you may designate a health care professional to review the record for you. You have the right to obtain your Health Information electronically if it is maintained in an electronic health record.*
- b) **Right to Amend.** If you feel that Health Information we have is incorrect or incomplete, you may ask us to amend the information. You have the right to request an amendment for as long as the information is maintained by or for us. You must tell us the reason for your request. **We are not required to agree to your amendment.**
- c) **Right to an Accounting of Disclosures.** You have the right to request an accounting of certain disclosures of Health Information we made.
- d) **Right to Get Notice of a Breach.** You have the right to be notified upon a breach of any of your unsecured Protected Health Information.
- e) **Right to Request Restrictions.** You have the right to request a restriction or limitation on the Health Information we use or disclose for treatment, payment, or health care operations. You have the right to request a limit on the Health Information we disclose about you to someone who is involved in your care or the payment for your care, like a family member or friend. For example, you could ask that we not share information about your surgery with your spouse. We are not required to agree to your request unless you are asking us to restrict the use and disclosure of your Protected Health Information to a health plan for payment or health care operation purposes and such information you wish to restrict pertains solely to a health care item or service for which you have paid up “out-of-pocket” in full. If we agree, we will comply with your request unless the information is needed to provide you with emergency treatment You have the right to restrict disclosures of your health information for payment or healthcare operations if that information pertains only to a healthcare item or service that you paid for in full without support or contribution from health insurance or other coverage, unless disclosure is otherwise required by law or is for treatment purposes.
- f) **Right to Request Confidential Communications.** You have the right to request that we communicate with you about medical matters in a certain way or at a certain location. For example, you can ask that we contact you only by mail or at work. Your request must specify how or where you wish to be contacted. We will accommodate reasonable requests.

- g) ***Right to a Paper Copy of This Notice.*** You have the right to a paper copy of this notice. You may ask us to give you a copy of this notice at any time. Even if you have agreed to receive this notice electronically, you are still entitled to a paper copy of this notice. You may obtain a copy of this notice at either of our websites, www.howard.edu or www.huosp.org.

HOW TO EXERCISE YOUR RIGHTS

Only our Privacy Officer can grant your request to exercise any of your rights described in this Notice. To exercise any of your rights, you must send a request, in writing, to our Privacy Officer:

Attn: Privacy Officer
Office of the Chief Compliance Officer for Health Sciences
Howard University Hospital
2041 Georgia Avenue, N.W., Ste. 2066
Washington, D.C. 20060

You may also email us at Privacy@huosp.org.

NO OTHER PERSON, STAFF MEMBER, PHYSICIAN, NURSE, OR CLERGY MEMBER IS AUTHORIZED TO GRANT ANY REQUEST TO EXERCISE THE RIGHTS DESCRIBED IN THIS NOTICE.

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 Health Information we already have as well as any information we receive in the future. We will post a copy of the current notice at our hospital, clinics and physician offices. The notice will contain the effective date on the first page, in the top right-hand corner.

COMPLAINTS AND QUESTIONS

If you believe your privacy rights have been violated, you may file a complaint with us or the Secretary of the Department of Health and Human Services. To file a complaint with us, contact our Privacy Officer at the address listed above. All complaints must be made in writing. You will not be penalized for filing a complaint.

If you have any questions about this notice, please contact the Health Sciences Privacy Officer at **202.865.5266**.