

UAB School of Health Professions

NOTICE OF HEALTH INFORMATION PRACTICES

Effective Date: April 14, 2003

Dates Amended: July 1, 2020

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.

WHO WILL FOLLOW THIS NOTICE. This notice describes the health information practices of UAB School of Health Professions. All entities, sites and locations of UAB School of Health Professions follow the terms of this notice. In addition, these entities, sites and locations may share medical information with each other for the purposes of treatment, payment or healthcare operations purposes as described below.

OUR PLEDGE REGARDING MEDICAL INFORMATION.

We understand that medical information about you and your health is personal. We are committed to protecting your medical information. We create a record of the care and services you receive at UAB School of Health Professions. We need this record to provide you with quality care and to comply with certain legal requirements. This notice applies to all of the records of your care generated by UAB School of Health Professions, whether made by clinic/hospital personnel or your personal healthcare provider. This notice will tell you about the ways in which we may use and disclose your medical information. We also describe your rights and certain obligations we have regarding the use and disclosure of medical information. We are required by law to:

- make sure that medical information that identifies you is kept private;
- give you this notice of our legal duties and privacy practices with respect to your medical information;
- notify you in the case of a breach of your identifiable medical information; and
- follow the terms of the notice currently in effect.

HOW WE MAY USE AND DISCLOSE MEDICAL INFORMATION ABOUT YOU.

The following categories describe some of the different ways that we will use and disclose medical information. Not every use or disclosure in a category will be listed. However, all of the ways we are permitted to use and disclose information will fall within one of the categories.

- **For Treatment and Treatment Alternatives.** We may use medical information about you to provide you with medical treatment or services. We may disclose medical information about you to doctors, nurses, technicians, medical residents or students, or other UAB School of Health Professions personnel or people outside our facility who are involved in taking care of you. For example, a healthcare provider treating you for a broken leg may need to know if you have diabetes because diabetes may slow the healing process. In addition, the healthcare provider may need to tell the dietitian if you have diabetes so that appropriate meals can be arranged for you. Different departments of UAB School of Health Professions also may share medical information about you in order to coordinate the different things you need, such as prescriptions, lab work and x-rays. We also may disclose medical information about you to people outside UAB School of Health Professions who may be involved in your medical care after you leave, such as your local healthcare provider, family members, clergy or others we use to provide services that are part of your care. We may use and disclose your medical information to tell you about or recommend possible treatment options or alternatives that may be of interest to you.
- **For Routine Health Care Operations.** We may use and disclose medical information about you for UAB School of Health Professions routine operations. These uses and disclosures are necessary to operate UAB School of Health Professions and improve patient care. For example, we may use medical information to review our treatment and services and to evaluate the performance of our staff in caring for you. We may also combine medical information about many UAB School of Health Professions patients to decide what additional services UAB School of Health Professions should

offer, what services are not needed, and whether certain new treatments are effective. We may also disclose information to doctors, nurses, technicians, medical residents and students, and UAB School of Health Professions personnel for learning and quality improvement purposes. We may also combine the medical information we have with medical information from other entities to compare how we are doing and see where we can make improvements in the care and services we offer. We may remove information that identifies you from this set of medical information so others may use it to study health care and health care delivery without learning who the specific patients are.

- **Individuals Involved in Your Care.** We may release medical information about you to a friend or family member who is involved in your medical care. We may also tell your family or friends your condition and that you are in the hospital. In addition, we may disclose medical information about you to an entity assisting in a disaster relief effort so that your family can be notified about your condition, status and location.
- **Appointment Reminders and Health-Related Benefits and Services** We may use and disclose medical information to contact you as a reminder that you have an appointment for treatment or medical care at UAB School of Health Professions. We may use and disclose medical information to tell you about health-related benefits or services that may be of interest to you. For example, we may leave voice messages about upcoming appointments at the telephone number you provide to us.
- **Research.** We may use and disclose your medical information for medical research. All patient research studies must be approved by a special process required by law that protects patients involved in research, which includes their privacy board. While most research studies require patient consent, there are some instances where patient authorization is not required. For example, a research project may involve comparing the recovery of all patients who received one medication to those who received another, for the same condition. This would be done with no patient contact.
- **Fundraising Activities.** We may use certain medical information about you to contact you in an effort to raise funds to support UAB School of Health Professions and its operations. We may disclose medical information to a foundation related to UAB School of Health Professions so that the foundation may contact you in raising funds for UAB School of Health Professions. For example, we may use or disclose the following information to contact you for fundraising purposes: your name, address and phone number, the healthcare providers who furnished the services, and the location and dates you received treatment or services at UAB School of Health Professions. If you do not want UAB School of Health Professions to contact you for fundraising efforts, you have the right to opt out of fundraising communications, as described in every fundraising communication.
- **Certain Marketing Activities.** UAB School of Health Professions may use medical information about you to forward promotional gifts of nominal value, to communicate with you about services offered by UAB School of Health Professions, to communicate with you about case management and care coordination and to communicate with you about treatment alternatives. We do not sell your health information to any third party for their marketing activities unless you sign an authorization allowing us to do this.

UAB School of Health Professions Directory. We may include certain limited information about you in the UAB School of Health Professions directories while you are a patient at UAB School of Health Professions, unless you request otherwise. This information may include your name, location in UAB School of Health Professions, your general condition (e.g., fair, stable, etc.) and your religious affiliation. The directory information, except for your religious affiliation, may also be released to people who ask for you by name. This information and your religious affiliation may be given to a member of the clergy, such as a priest or rabbi, even if they don't ask for you by name. This is so your family, friends and clergy can visit you and generally know how you are doing.

- **Business Associates.** There are some services provided in UAB School of Health Professions through contracts with business associates. Examples include a copy service we use when making copies of your health record, consultants, accountants, lawyers, medical transcriptionists and third-party billing companies. When these services are contracted, we may disclose your health

information to our business associate so that they can perform the job we've asked them to do. To protect your health information, however, we require the business associate to appropriately safeguard your information.

- **As Required By Law.** We will disclose medical information about you when required to do so by federal, state or local law.
- **Public Health Activities.** We may disclose medical information about you to public health or legal authorities charged with preventing or controlling disease, injury, or disability. For example, we are required to report the existence of a communicable disease, such as tuberculosis, to the Alabama Department of Public Health to protect the health and well-being of the general public. We may disclose medical information about you to individuals exposed to a communicable disease or otherwise at risk for spreading the disease. We may disclose medical information to an employer if the employer arranged for the healthcare services provided to determine whether you suffered, or to treat, a work-related injury.
- **Food and Drug Administration (FDA).** We may disclose to the FDA and to manufacturers health information relative to adverse events with respect to food, supplements, product and product defects, or post-marketing surveillance information to enable product recalls, repairs, or replacement.
- **Victims of Abuse, Neglect or Domestic Violence.** We are required to report child, elder, and domestic abuse or neglect to the State of Alabama.
- **Health Oversight Activities.** We may disclose medical information to a health oversight agency for activities authorized by law. These oversight activities include, for example, audits, investigations, inspections, and licensure. These activities are necessary for the government to monitor the health care system, government programs, and compliance with civil rights laws.
- **Lawsuits and Disputes.** If you are involved in a lawsuit or a dispute, we may disclose medical information about you in response to a court or administrative order. We may also disclose medical information about you 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. We may disclose medical information for judicial or administrative proceedings, as required by law.
- **Law Enforcement.** We may release medical information for law enforcement purposes as required by law, in response to a valid subpoena, for identification and location of fugitives, witnesses or missing persons, for suspected victims of crime, for deaths that may have resulted from criminal conduct and for suspected crimes on the premises.
- **Coroners, Medical Examiners and Funeral Directors.** We may release medical information to a coroner or medical examiner. This may be necessary, for example, to identify a deceased person or determine the cause of death. We may also release medical information about patients of the hospital to funeral directors as necessary to carry out their duties.
- **Organ and Tissue Donation.** If you are an organ, tissue, or eye donor or recipient, we may use or release medical information to organizations that manage organ, tissue, and eye procurement, banking, transportation, and transplantation.
- **To Avert a Serious Threat to Health or Safety.** We may use and disclose medical information about you when necessary to prevent a serious threat to your health and safety or the health and safety of the public or another person. Any disclosure, however, would only be to someone able to help prevent the threat.
- **Military and Veterans.** If you are a member of the armed forces, we may release medical information about you as required by military command authorities. We may also release medical information about foreign military personnel to the appropriate foreign military authority.

- **National Security and Intelligence Activities.** We may release medical information about you to authorized federal officials for intelligence, counterintelligence, and other national security activities authorized by law.
- **Protective Services for the President and Others.** 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.
- **Workers' Compensation.** We may release medical information about you for workers' compensation or similar programs as authorized by law. These programs provide benefits for work-related injuries or illness.
- **Inmates or Individuals in Custody.** If you are an inmate of a correctional institution or under the custody of a law enforcement official, we may release medical information about you to the correctional institution or law enforcement official for your health or for the health and safety of other individuals.
- **Other uses and disclosures.** We will obtain your written authorization to use or disclose your psychotherapy notes (other than for uses permitted by law without your authorization); to use or disclose your health information for marketing activities not described above; and prior to selling your health information to any third party. Any uses and disclosures not described in this Notice will be made only with your written authorization.

YOUR RIGHTS REGARDING MEDICAL INFORMATION ABOUT YOU.

Although all records concerning your hospitalization and treatment obtained at UAB School of Health Professions are the property of UAB School of Health Professions, you have the following rights regarding medical information we maintain about you:

- **Right to Inspect and Obtain a Copy.** You have the right to inspect and obtain a copy of your medical information that may be used to make decisions about your care. Medical and billing records are included in your right to inspect and obtain a copy of your health records, but not psychotherapy notes, information gathered for a legal proceeding, or certain research records while the research is ongoing.

To inspect or obtain a copy of your medical information that may be used to make decisions about you, you must submit your request in writing to the Entity Privacy Coordinator. If you request a copy (paper or electronic) of the information, we may charge a fee for the costs of copying, mailing or other supplies associated with your request.

We may deny your request to inspect and obtain a copy in certain very limited circumstances. If you are denied access to medical information, you may request that the denial be reviewed. Another healthcare provider chosen by UAB School of Health Professions will review your request and the denial. The person conducting the review will not be the person who denied your request. We will comply with the outcome of the review.

- **Right to Amend.** If you feel that medical information we have about you is incorrect or incomplete, you have the right to ask us to amend the information. You have the right to request an amendment for as long as the information is kept by or for the entity.

Your request for amendment must be made in writing on the required form and submitted to the Entity Privacy Coordinator. In addition, you must provide a reason that supports your request.

We may deny your request for an amendment if it is not in writing or does not include a reason to support the request. If we do, we will tell you why and explain your options.

- **Right to an Accounting of Disclosures.** You have the right to request an "accounting of disclosures." This is a list of certain disclosures we made of medical information about you.

To request an accounting of disclosures, you must submit your request in writing on the required form to the Entity Privacy Coordinator. Your request must state a time period which may not be longer than six years. Your request should indicate in what form you want the list (for example, on paper, electronically). The first list you request within a 12 month period will be free. For additional lists, we may charge you for the cost of providing the list. We will notify you of the cost involved and you may choose to withdraw or modify your request at that time before any costs are incurred.

- **Right to Request Restrictions.** You have the right to request a restriction or limitation on the medical information we use or disclose about you for treatment or health care operations. You also have the right to request a limit on the medical information we disclose about you to someone who is involved in your care, like a family member or friend. For example, you could ask that we not use or disclose information about a surgery you had.

We are not required to agree to your request. If we do agree, we will comply with your request unless the information is needed to provide you emergency treatment. If we deny your request, we will tell you why and explain your options.

To request restrictions, you must make your request in writing on the required form to the Entity Privacy Coordinator. In your request, you must tell us (1) what information you want to limit; (2) whether you want to limit our use, disclosure or both; and (3) to whom you want the limits to apply, for example, disclosures to a family member.

- **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 only contact you at work or by mail.

To request confidential communications, you must make your request in writing on the required form to the Entity Privacy Coordinator and specify how or where you wish to be contacted. We will not ask you the reason for your request. We will accommodate all reasonable requests.

- **Right to Revoke Authorization.** You have the right to revoke your authorization to use or disclose your medical information except to the extent that action has already been taken in reliance on your authorization.
- **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 our website, <https://uab.edu/shp/home/notice-of-health-information-practices>. To obtain a paper copy of the notice, contact the Entity Privacy Coordinator.

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 medical information we already have about you as well as any information we receive in the future. We will post a copy of the current notice in UAB School of Health Professions facilities. The notice will contain on the first page the effective date. In addition, each time you visit UAB School of Health Professions to receive services, we will make available a copy of the current notice in effect.

FOR MORE INFORMATION OR TO REPORT A PROBLEM OR COMPLAINT

If you have questions and would like additional information, you may contact the Entity Privacy Coordinator. If you believe your privacy rights have been violated, you may file a complaint with UAB School of Health Professions or with the Secretary of the Department of Health and Human Services. To file a complaint with UAB School of Health Professions, contact the Entity Privacy Coordinator. All complaints must be submitted in writing.

You will not be penalized for filing a complaint.

NOTICE EFFECTIVE DATE: The effective date of the notice is April 14, 2003, amended on July 1, 2020.

Entity Privacy Coordinator
SHPB 682
1720 2nd Ave South
Birmingham, AL 35295-1212
205-934-4266
205-975-7290
jennt@uab.edu

UAB NONDISCRIMINATION AND LANGUAGE ACCESSIBILITY NOTICE

The University of Alabama at Birmingham complies with applicable Federal civil rights laws and does not discriminate on the basis of race, color, national origin, age, disability, or sex. The University of Alabama at Birmingham does not exclude people or treat them differently because of race, color, national origin, age, disability, or sex. The University of Alabama at Birmingham:

- Provides free aids and services to people with disabilities to communicate effectively with us, such as:
 - Qualified sign language interpreters
 - Written information in other formats (large print, audio, accessible electronic formats, other formats)
- Provides free language services to people whose primary language is not English, such as:
 - Qualified interpreters
 - Information written in other languages

If you need these services in connection with the School of Health Professions Clinic, contact Jennifer Stewart at 205-908-7022. If you believe that the University of Alabama at Birmingham has failed to provide these services or discriminated in another way on the basis of race, color, national origin, age, disability, or sex, you can file a grievance with: Anita Clemon, Staff Institutional Equity Officer, AB 336, 1720 2ND Avenue South, Birmingham, Alabama 35294-0102, (phone): (205) 975-8258; (fax) (205) 934-5053; aclemon@uab.edu. You can file a grievance in person or by mail, fax, or email.

You can also file a civil rights complaint with the U.S. Department of Health and Human Services, Office for Civil Rights, electronically through the Office for Civil Rights Complaint Portal, available at <https://ocrportal.hhs.gov/ocr/portal/lobby.jsf>, or by mail or phone at:

U.S. Department of Health and Human Services 200 Independence Avenue, SW
Room 509F, HHH Building Washington, D.C. 20201
1-800-368-1019, 800-537-7697 (TDD)

Complaint forms are available at <http://www.hhs.gov/ocr/office/file/index.html>.

The School of Health Professions will make appropriate arrangements to ensure that individuals with disabilities and individuals with limited English proficiency are provided auxiliary aids and services or language assistance services, respectively, if needed to participate in this grievance process. Such arrangements may include, but are not limited to, providing qualified interpreters, providing taped cassettes of material for individuals with low vision, or assuring a barrier-free location for the proceedings. The Civil Rights Coordinator will be responsible for such arrangements.

LANGUAGE ASSISTANCE SERVICES

Spanish

ATENCIÓN: si habla español, tiene a su disposición servicios gratuitos de asistencia lingüística. Llame al 1-205-996-7343 (TTY: 1-800-548-2546).

Chinese

注意：如果您使用繁體中文，您可以免費獲得語言援助服務。請致電1-205-996-7343。(TTY: 1-800-548-2546)。

Korean

주의: 한국어를 사용하시는 경우, 언어 지원 서비스를 무료로 이용하실 수 있습니다. 1-205- 996-7343. (TTY: 1-800-548-2546) 번으로 전화해 주십시오.

Vietnamese

CHÚ Ý: Nếu bạn nói Tiếng Việt, có các dịch vụ hỗ trợ ngôn ngữ miễn phí dành cho bạn. Gọi số 1-205-996-7343 (TTY: 1-800-548-2546).

Arabic

هاتف الصم والبكم: ملحوظة: إذا كنت تتحدث اذكر اللغة، فإن خدمات المساعدة اللغوية تتوافر لك بالمجان. اتصل برقم 1-502-669-3437 (رقم 1-5482546008)

German

ACHTUNG: Wenn Sie Deutsch sprechen, stehen Ihnen kostenlos sprachliche Hilfsdienstleistungen zur Verfügung. Rufnummer: 1-205-996-7343 (TTY: 1-800-548-2546).

French

ATTENTION: Si vous parlez français, des services d'aide linguistique vous sont proposés gratuitement. Appelez le 1-205-996-7343 (TTY: 1-800-548-2546).

Gujarati

સુચના: જો તમે ગજરાતી બોલતા હો, તો નન:શુલ્ક ભાષા સહાય સેવાઓ તમારા માટે ઉપલબ્ધ છે. ફોન કરો 1-205-996-7343 (TTY: 1-800-548-2546).

Tagalog

PAUNAWA: Kung nagsasalita ka ng Tagalog, maaari kang gumamit ng mga serbisyo ng tulong sa wika nang walang bayad. Tumawag sa 1-205-996-7343 (TTY: 1-800-548-2546).

Hindi

ध्यान दें: यदद आप हहहहह बोलते हैं तो आपके दलए मुफ्त में भाषा सहायता सेवाएं उपलब्ध हैं। 1-205- 996-7343 (TTY: 1-800-548-2546) पर कॉल करें ।

Laotian

ໂປດຊາບ: ຖ້າວ່າ ທ່ານເວົ້າພາສາ ລາວ, ການບໍລິການຊ່ວຍເຫຼືອ ອດ້ານພາສາ, ໂດຍບໍ່ ຕ້ ງຄ່າ, ແມ່ນ ນມີ ພ້ອມໃຫ້ທ່ານ. ໂທ 1-205-996-7343 (TTY: 1-800-548-2546).

Russian

ВНИМАНИЕ: Если вы говорите на русском языке, то вам доступны бесплатные услуги перевода. Звоните 1-205-996-7343 (TTY: 1-800-548-2546).

Portuguese

ATENÇÃO: Se fala português, encontram-se disponíveis serviços linguísticos, grátis. Ligue para 1-205-996-7343 (TTY: 1-800-548-2546).

Turkish

DİKKAT: Eğer Türkçe konuşuyor iseniz, dil yardımı hizmetlerinden ücretsiz olarak yararlanabilirsiniz. 1-205-996-7343 (TTY: 1-800-548-2546) irtibat numaralarını arayın.

Japanese

注意事項：日本語を話される場合、無料の言語支援をご利用いただけます。1-205-996- 7343 (TTY: 1-800-548-2546)まで、お電話にてご連絡ください