

Health Information Privacy Policy

It is the policy of the University to ensure compliance with the Health Insurance Portability and Accountability Act of 1996 ("HIPAA"), a federal law. The administrative simplification provisions of HIPAA were designed to standardize and increase the efficiency of common electronic transactions in health care and protect the security and privacy of individually identifiable health information. These provisions are commonly categorized into four key areas: (1) Privacy Standards; (2) Electronic Transactions Standards; (3) Security Standards; and (4) Unique Identifiers.

As to the privacy component of HIPAA, SMU will take reasonable steps to safeguard the privacy and confidentiality of all protected health information ("PHI").

Southern Methodist University has taken reasonable steps to safeguard the privacy and confidentiality of your Protected Health Information (PHI). The staff will only use your health information for the intended patient/client care purpose.

1. Uses and Disclosures of Protected Health Information for TPO.

The Health Center will need to access your protected health information for purposes of treatment, payment, and operations (TPO) in accordance with state and federal law.

- **Using and disclosing information for treatment purposes.**
To maintain quality healthcare, it will be necessary to share protected health information with all members of your treatment team. This may include employees in the Health Center as well as other providers.
- **Using and disclosing information for payment purposes.**
Necessary information will be shared with appropriate payer sources and their representatives for payment purposes including, but not limited to eligibility, benefit determination, and utilization review. It will also be necessary for our internal billing personnel to have access to protected health information to carry out their job functions.
- **Using and disclosing information for operations purposes.**
Necessary information will be shared for the continuing operations of the Health Center. Some examples include, but are not limited to peer review, accreditation, and compliance with all federal and state laws.

2. Specific Consent required for other uses and disclosures.

Other uses and disclosures of your protected health information will only be made with your written consent. This consent will only allow the use or disclosure of the specific information detailed on the consent form.

3. Other uses and disclosures without your consent.

The following are situations where the Health Center may use or disclose your protected health information without your consent:

- Uses and disclosures of protected health information (PHI) as required by laws, court orders, a legal process, or government agencies.
- Uses and disclosures of PHI for matters of public health for the purpose of controlling disease as dictated by law.
- Uses and disclosures to government oversight agencies for the purpose of health and privacy audits or investigations.
- Uses and disclosures may be made to public health authorities in situations of suspected abuse or neglect.
- Uses and disclosures to Institutional Review Boards for the purpose of medical research.

4. Patient Privacy Rights effective April 14, 2003.

- In general you will have the right to review and copy your protected health information as well as amend your record. Some exceptions include, but are not limited to: psychotherapy notes, information compiled for use in a civil, criminal, or administrative proceeding.
- You have the right to request to receive confidential communications from us by alternative means or to an alternative location. We will make every effort to honor reasonable requests.
- You have the right to request an accounting of the disclosures made of your protected health information by the Health Center (after April 14, 2003). This only applies to disclosures made for purposes other than treatment, payment, or operations.

5. Privacy Officer and Complaints.

You may contact the Executive Director of Health Services if you have concerns with the privacy and confidentiality of your information in accordance with state and federal law. Any complaints or issues you have should be in writing and directed to the Executive Director of Health Services.

My signature indicates that I have received a copy of this "Health Information Privacy Policy" and that if I have questions regarding this notice that I may discuss them with the Executive Director of Health Services.

Patient Signature
Ph 3/10/03; 8/1/07; 2/08/08

Date

