

# The University of Toledo

## **SUMMARY OF JOINT NOTICE OF PRIVACY PRACTICES 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.**

**This page provides a brief summary of your privacy rights.** Please read pages 2 — 10 for a full description of your rights. If you need more information, you may call The University of Toledo Privacy Officer at 419 383-3920.

This notice summarizes the privacy practices of The University of Toledo, The University of Toledo Physicians, The University of Toledo Student Medical Center, W.J. Davis Dental Associates of MCO, Inc.,

Toledo Radiation Oncology, Inc., Northwest Ohio Emergency Services, Inc. and all existing and affiliated clinics. These organizations are allowed to share medical information with each other for the purpose of treatment, payment, and operational activities. We will use this information in order to provide our patients with complete and comprehensive health care services.

### **Our Commitment to You**

We are committed to protecting your medical information. We are required by law to keep medical information about you private, to give you notice about our privacy practices and to follow the practices outlined in the notice.

### **How We May Use and Disclose Your Medical Information**

We may use your medical information for treatment (such as sending medical information about you to your referring physician), payment (such as sending a bill to your insurance company), and for health care operations (such as teaching students or evaluating the performance of our staff).

Under certain circumstances we are allowed to use or disclose your medical information without your written permission. We may give out information about you for public health purposes, reports of abuse, neglect, or domestic violence, health oversight audits or inspections, research studies, funeral arrangements and organ donations, government programs, workers compensation and emergency situations. We also disclose patient information when required by law, such as in response to a request from law enforcement or in response to judicial orders.

We also may contact you for appointment reminders, to tell you about possible treatment options and health services, or for fundraising efforts. If you are a hospital inpatient, we will put your name in our hospital directory unless you tell us otherwise. We may disclose medical information about you to a friend or family member who is involved in your care.

### **Your Rights Concerning Your Medical Information**

You have the right to access or copy your medical information. There may be a fee for this service. You may ask us to amend the medical information you believe is incorrect or incomplete. You may have a list of non-routine disclosures we have made about you. You may request special confidential communications. You may request restrictions on information disclosed about you. You have the right to complain to us and to the federal government if you believe your privacy rights have been violated. You have a right to a paper copy of the entire Joint Notice of Privacy Practices.

We reserve the right to make changes to this Notice.

<b>PLEASE READ THE REMAINDER OF THIS DOCUMENT FOR THE FULL TEXT OF THE JOINT NOTICE OF PRIVACY PRACTICES.</b>
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# JOINT NOTICE OF PRIVACY PRACTICES

*Effective Date: April 14, 2003*

*Revised Date: February 22, 2008*

**THIS NOTICE DESCRIBES HOW MEDICAL INFORMATION ABOUT YOU MAY BE USED AND DISCLOSED AND HOW YOU CAN GET ACCESS TO THIS INFORMATION. PLEASE READ IT CAREFULLY.**

This Notice describes the privacy practices of the health care organizations listed below (the "Covered Entities", "We" or "US"). To better serve you, the Covered Entities jointly provide this Notice regarding their privacy practices at the locations listed below and your privacy rights established by the Health Insurance Portability and Accountability Act of 1996 ("HIPAA"). The separate health care organizations that participate in this joint Notice each have agreed to follow the terms of this Notice.

This Notice pertains to the following separate health care organizations:

- **The University of Toledo, which includes:**
  - **The University of Toledo Medical Center ("UTMC")** and
  - **The University of Toledo Student Medical Center ("UTSMC")**
- **The University of Toledo Physicians ("UTP")**
- **W.J. Davis Dental Associates of MCO, Inc.**
- **Toledo Radiation Oncology, Inc.**
- **Northwest Ohio Emergency Services, Inc.**
- **All existing and affiliated clinics**

The organizations listed above include their respective faculty, medical staff, employees, staff, residents, fellows, medical students, trainees, volunteers and other health care personnel authorized to enter information into your medical record, as applicable. This Notice applies to health care services you may receive from one or more of the Covered Entities.

These organizations may share health information with each other for treatment, payment or health care operations purposes as described in this Notice.

## **IMPORTANT DISCLAIMER**

THE ORGANIZATIONS PARTICIPATING IN THIS JOINT NOTICE ARE PARTICIPATING ONLY FOR THE PURPOSE OF PROVIDING THIS JOINT NOTICE AND SHARING HEALTH INFORMATION AS PERMITTED BY APPLICABLE LAW AND ARE NOT IN ANY WAY PROVIDING HEALTH CARE SERVICES MUTUALLY OR ON EACH OTHER'S BEHALF. EACH ORGANIZATION PARTICIPATING IN THIS JOINT NOTICE IS AN INDIVIDUAL HEALTH CARE PROVIDER AND EACH IS INDIVIDUALLY RESPONSIBLE FOR ITS OWN ACTIVITIES, INCLUDING COMPLIANCE WITH PRIVACY LAWS AND ALL HEALTH CARE SERVICES IT PROVIDES.

## **YOUR MEDICAL INFORMATION**

Medical information about you and your health is personal. We create a record of the care and services you receive to provide you with complete and comprehensive care and to comply with certain legal requirements. We are committed to protecting medical information about you. Your personal health information that is protected by law includes any information, oral, written or recorded, that is created or received by certain health care entities, including health care providers such as physicians and hospitals, as well as health insurance companies or health plans. The law

specifically protects health information that contains data, such as your name, address, social security number, and other information, that could be used to identify you as the individual patient who is associated with that health information.

The following is the privacy practices of the Covered Entities for the care you receive at the locations listed above. The Covered Entities are required by law to maintain the privacy of your protected health information and to provide you with notice of their legal duties and privacy policies with respect to your protected health information. The Covered Entities are required by law to abide by the terms of this Notice.

## **HOW WE MAY USE AND DISCLOSE MEDICAL INFORMATION ABOUT YOU**

The following categories describe different ways that We are permitted or required to use and disclose medical information. For each category of uses or disclosures We will explain what We mean and give some examples. 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 into one of these categories. Some information, such as certain drug and alcohol treatment information, HIV information and mental health information is entitled to special restrictions related to its use and disclosure. We will abide by all applicable state and federal laws related to the protection of such information.

***Treatment.*** We may use medical information about you to provide you with medical treatment or services. We may disclose medical information about you to doctors, residents, nurses, technicians, medical and other students, or other personnel who are involved in your care. We may also share medical information with other providers, agencies or facilities in order to provide or coordinate the different medical services you need, such as prescriptions, lab work and x-rays. We also may disclose medical information to providers who may be involved in your continuing medical care, such as referring physicians and home health care nurses.

For example, a doctor treating you for a broken leg may need to know if you have diabetes because diabetes may slow the healing process. In addition, the doctor may need to tell the hospital's food service if you have diabetes so that We can arrange for appropriate meals.

***Payment.*** We may use and disclose medical information about you so that We are paid for the cost of your care. We may share your information with another provider so that they may be paid for services as well. We may bill and share information with other providers, insurance companies, you or another paying third party.

For example, We may need to give information to your health plan about care you received so your health plan will pay us or reimburse you for the care. We may also tell your health plan about a proposed treatment in order to obtain prior approval or to determine whether your plan will cover the treatment.

***Health Care Operations.*** We may use and disclose medical information about you for our own business operations. These uses and disclosures are necessary to provide our services and make certain that all of our patients receive quality care. Uses and disclosures are also necessary for certain health sciences education and teaching programs.

For example, We may contact you at home in order to determine your level of satisfaction with our services. We may use medical information to review the quality of our treatment and services and to evaluate the performance of our staff in caring for you. We may also disclose information to doctors, residents, nurses, technicians, medical and other students, and other health system personnel for performance improvement and educational purposes. We also may use medical

information for business planning, management and administration of our operations. We may also collect information on certain diseases in the form of a registry and may contact you to determine the effectiveness of your treatment and your quality of life.

***Business Associates.*** We may disclose medical information about you to outside persons or businesses who perform functions or activities on our behalf, or who provide certain professional services to us. Under contracts with such persons or businesses, your medical information is required to be kept confidential.

For example, We may disclose information to medical record transcription services, collection agencies and professionals such as lawyers, accountants and consultants.

***Appointment Reminders.*** We may use and disclose medical information to contact you as a reminder of your appointment for treatment or medical care.

If you do not want to receive appointment reminders or cancellation notices, or wish to be contacted at a certain telephone number, please contact the Patient Access Department at 419 383-6272.

***Health-Related Benefits and Services.*** We may use and disclose medical information to tell you about treatment alternatives or other health-related benefits that may be of interest to you.

***Fundraising Activities.*** We may use your health information to contact you in an effort to raise money for The University of Toledo toward fulfilling its mission of patient care, medical education and research. We may provide demographic information (such as your name, address, telephone number, and dates you received services or treatment) to The University of Toledo Institutional Advancement personnel or to The University of Toledo Foundation.

If you do not want to be contacted for fundraising efforts, please notify the Office of the Vice President for Institutional Advancement at 419 530-8425.

***Hospital Directory.*** If you are hospitalized, We may include certain limited information about you in the hospital directory while you are a patient at the hospital. This information may include your name, location in the hospital, your general condition (e.g., fair, serious, 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. Your religious affiliation may be given to members of the clergy even if they don't ask for you by name. You may restrict or prohibit the use or disclosure of this directory information by notifying the registration clerk at the time of admission or the Patient Registration Department at 419 383-6272.

***Individuals Involved in Your Care or Payment for Your Care.*** We may disclose medical information about you to a family member or other designated person who is involved in your medical care. We may also give information to someone who helps pay for your care. For example, We may need to tell the person who comes to pick you up after a surgery, admission or appointment what he or she may need to do to help you once you get home, or to act on your behalf to pick up prescriptions or medical supplies.

We also may need to use or share information about you in order to inform your family or person responsible for your care where you are and your condition. For example, if you are admitted in an emergency and your family does not know where you are, We may contact them to tell them.

***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 for public health activities and purposes. These purposes generally include the following:

- preventing or controlling disease, injury or disability;
- reporting vital events such as births and deaths;
- reporting child abuse or neglect;
- reporting adverse events or surveillance related to food, medications or defects or problems with products;
- notifying persons of recalls, repairs or replacements of products they may be using;
- notifying a person who may have been exposed to a disease or may be at risk of contracting or spreading a disease or condition;

***Victim of Abuse, Neglect or Domestic Violence.*** We may disclose certain medical information to government agencies authorized by law to receive reports of abuse, neglect or domestic violence if We believe that you have been a victim.

***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 by regulatory agencies.

***Judicial and Administrative Proceedings.*** We may disclose medical information about you in the course of a legal administrative or judicial proceeding. For example: We may respond to a court order, subpoena, discovery request, warrant, summons or other lawful process.

***Law Enforcement.*** We may disclose medical information if asked to do so by law enforcement and as authorized or required by law. For example, We may disclose information about you with regard to reporting of certain wounds, injuries, responding to court orders and assisting in criminal investigations as required by law.

***Coroners, Medical Examiners and Funeral Directors.*** We may disclose medical information to a coroner, medical examiner or funeral home. This may be necessary, for example, to identify a deceased person or determine cause of death. We may also disclose medical information about patients to funeral directors as necessary to carry out their duties.

***Organ and Tissue Donation.*** We may use or disclose medical information to organ procurement organizations or other entities engaged in the procurement, banking or transplantation of cadaveric organs, eyes, or tissue for the purpose of facilitating donation and transplantation. Examples of these organizations include Life Connection and United Network of Organ Sharing.

***Research.*** As an academic medical center, We may use and disclose medical information about you for research purposes. We may contact you about research projects that you may qualify for. We will only use and disclose your information for a research project if We obtain your permission or if the need to obtain your permission has been waived by The University of Toledo Institutional Review Board, which is a designated review committee that meets Federal requirements.

***To Avert a Serious Threat to Health or Safety.*** We may use or disclose medical information about you when necessary to prevent or lessen a serious and imminent threat to your health and safety or the health and safety of the public or another person. Disclosure would only be to persons who could help prevent or reduce the threat.

***Specialized Government Functions.*** We may release medical information about you to authorized federal officials for national security, intelligence, military, or veterans activities as required by law.

***Workers' Compensation.*** We may use or disclose medical information about you for Workers Compensation or similar programs as authorized or required by law. These programs provide benefits for work-related injuries or illness.

## **OTHER USES OF YOUR MEDICAL INFORMATION**

Any use or disclosure of medical information *other than as described above* will be made only with your written authorization.

If you provide authorization for us to use or disclose your medical information, you may revoke that authorization, in writing, at any time. If you revoke your authorization, We will not use or disclose medical information about you for the reasons covered by your prior authorization, except to the extent that We already have used or disclosed your information prior to the time of your revocation.

## **YOUR RIGHTS REGARDING MEDICAL INFORMATION ABOUT YOU**

You have the following rights regarding medical information We maintain about you:

***Right to Access and Copy.*** You have the right to access and obtain a copy of the medical information that We maintain about you. This right does not apply to certain information, such as psychotherapy notes, information compiled for use in or created in anticipation of a civil, criminal or administrative action or proceeding, or certain laboratory test results subject to the Clinical Laboratories Improvement Act of 1988.

To access your medical information while you are an inpatient at The University of Toledo Medical Center, request assistance from your physician or nurse. To access your medical information after you are discharged from The University of Toledo Medical Center, a completed Patient Authorization Form must be submitted to The University of Toledo Health Information Management Department, . A Patient Authorization Form is available by calling 419 383-4982 or through The University of Toledo Medical Center Web site, [www.utoledo.edu](http://www.utoledo.edu). We may charge a fee for the costs of copying,, mailing, or other costs associated with processing your request.

In limited situations as described by HIPAA, We may deny your request. If We do, We will tell you in writing the reason for the denial and explain whether you can have that denial reviewed.

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

To request an amendment of your medical information, a completed Request for Correction/Amendment Form must be submitted to The University of Toledo Health Information Management Department. A Request for Correction/Amendment Form may be obtained by calling 419 383-4982 or through The University of Toledo Web site at <http://utmc.utoledo.edu/patientguests/services/pdfs/amendment.pdf>. Your request must include a reason for the 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. We also may deny your request if you ask us to amend information that:

- Was not created by us;
- Is not part of the medical information kept by or for us;
- Is not part of the information which you are permitted to inspect and copy; or
- Is believed by us to be accurate and complete in the record.

If We deny your request for an amendment, you may submit a written statement of disagreement, and we may prepare a written rebuttal to your statement of disagreement. Both the statement of disagreement and rebuttal will be added to the medical information so that your request is documented.

***Right to an Accounting of Disclosures.*** You have the right to receive a list of the disclosures we made of your medical information. This list will not include disclosures made for treatment, payment, health care operations, disclosures you specifically authorized, certain disclosures to law enforcement officials or disclosures made prior to April 14, 2003.

To request an accounting of disclosures, a completed Request for Accounting Form must be submitted to The University of Toledo Health Information Management Department. You may obtain the Request for Accounting Form by calling 419 383-4982 or through The University of Toledo Web site at [http://utmc.utoledo.edu/patientguests/services/pdfs/Request\\_for\\_Accounting1.pdf](http://utmc.utoledo.edu/patientguests/services/pdfs/Request_for_Accounting1.pdf). Your request must state a time period, which shall not be longer than the six (6) previous years, and may not include dates prior to April 14, 2003.

There will be no charge for the first list you request within a twelve (12) month period. We may charge you for the costs of providing any additional lists. We will notify you of the costs involved. 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, payment 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 or the payment for your care, such as a family member or friend.

*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.

To request a restriction, you must submit a completed Request to Restrict Protected Health Information Form from The University of Toledo Health Information Management Department, Supervisor of Release of Information. A copy of the form may be obtained by calling 419 383-4982 or through The University of Toledo web site at [http://utmc.utoledo.edu/patientguests/services/pdfs/Request\\_to\\_Amend\\_01\\_.pdf](http://utmc.utoledo.edu/patientguests/services/pdfs/Request_to_Amend_01_.pdf). 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 limitations to apply.

***Right to Receive Confidential Communications.*** You have the right to request that we communicate with you about your medical matters by alternative means or at alternative locations. For example, you can ask that We only contact you at work or only by mail. You may request to receive confidential communications at the time of registration from the registration clerk or later, through The University of Toledo Patient Access Department at 419 383-6272. We will not ask

you the reason for your request. We will accommodate all reasonable requests. Your request must specify how or where you wish to be contacted. For example, if you wish to be contacted by telephone, be sure to provide an appropriate telephone number.

***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.

Copies of this Notice shall be available throughout the locations identified at the beginning of this Notice, or you may obtain a copy at The University of Toledo Medical Center at [http://utmc.utoledo.edu/patientguests/services/pdfs/notice\\_privacy\\_pract.pdf](http://utmc.utoledo.edu/patientguests/services/pdfs/notice_privacy_pract.pdf).

### **CHANGES TO THIS NOTICE**

We may revise this Notice to reflect any changes in our privacy practices. 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.

Current copies of this Notice will be available in the Patient Access Department. The current Notice is posted through The University of Toledo website, [http://utmc.utoledo.edu/patientguests/services/pdfs/notice\\_privacy\\_pract.pdf](http://utmc.utoledo.edu/patientguests/services/pdfs/notice_privacy_pract.pdf).

The effective date of the Notice is posted on the first page as well as the revised date.

### **COMPLAINTS**

If you think that We may have violated your privacy rights, you may file a written complaint with The University of Toledo Customer Care Center at 419 383-3606, or you may send a written complaint to the Secretary of the Department of Health and Human Services.

We will take no action against you if you file a complaint about our privacy practices.

### **PERSON TO CONTACT FOR INFORMATION ABOUT THIS NOTICE**

If you have any questions about this Notice or about our privacy practices, please contact The University of Toledo Privacy Officer at 419 383-3920.



ACKNOWLEDGMENT OF  
RECEIPT OF NOTICE  
OF PRIVACY PRACTICES

Addressograph

The foregoing Notice of Privacy Practices provides information about how We may use and disclose protected health information about you.

In addition to the copy We have provide you, a copy of the current notice is available at The University of Toledo Medical Center's Patient Access Department or on The University of Toledo Medical Center's website at <http://utmc.utoledo.edu/patientguests/services/privacy.html>

I acknowledge that I have received the Notice of Privacy Practices.

\_\_\_\_\_  
Signature of Patient or Patient s Representative

\_\_\_\_\_  
Date

\_\_\_\_\_  
Print Name

\_\_\_\_\_  
Relationship to Patient

\_\_\_\_\_  
Interpreter (if applicable)

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**For UTMC Use Only**  
**Written Acknowledgment Not Obtained**

Please document your efforts to obtain acknowledgment and reason it was not obtained.

Notice of Privacy Practices Given - Patient Unable to Sign

Notice of Privacy Practices Given - Patient Declined to Sign

Notice of Privacy Practices and Acknowledgment Mailed to Patient

Other Reason Patient Did Not Sign \_\_\_\_\_

\_\_\_\_\_  
Signature of Covered Entity Representative Date

\_\_\_\_\_  
Print Name

\_\_\_\_\_  
Department



LG006

03/08

**Specifications**

Form Description \_\_\_\_\_ Notice of Privacy Practices \_\_\_\_\_ Current Form Number \_\_\_\_\_ LG006 \_\_\_\_\_

**Print**

**Stock**

- 20# White
- 60# Pastel \_\_\_\_\_
- 2 pt carbonless
- 3 pt carbonless
- 4 pt carbonless
- 5 pt carbonless
- other carbonless \_\_\_\_\_
- Other Stock \_\_\_\_\_

Special Instructions (see below)

**Size**

- 8 ½ x 11
- 8 ½ x 14
- 11 x 17
- Special Instructions (see below)

**Sides**

- Front
- Front & Back

**Finishing**

**Padding**

- Top
- Left
- \_\_\_\_\_ sheets / pad
- \_\_\_\_\_ sheets / pack

**Unit Size**

- 25 to a pack
- 50 to a pack
- 100 to a pack
- Special Instructions (see below)

**Folding**

- Letter Fold
- Z Fold
- Special Instructions (see below)

**Drilling**

- Long edge std 3 holes
- Long edge 2 holes
- Long edge 5 holes
- Long edge 7 holes
- Long edge 9 holes
- Short edge 2 holes
- Staple Upper Left
- Special Instructions (see below)

**Packaging**  Yes  No  
\_\_\_\_\_ units / wrap

**Special Instructions:** \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
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