



## 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.**

Effective June 2024

This Notice of Privacy Practices (the "Notice") applies to the University of Delaware's Physical Therapy, Nurse Managed Primary Care, and Speech-Language Hearing Clinics (collectively, "UD Health"); the Emergency Care Unit within the University Police Department; and Student Health Services.<sup>1</sup> If you have any questions about this Notice, please contact: The University of Delaware Privacy Officer, 112 HULLIHEN HALL, Newark, Delaware, 19716; or call (302) 831-7263; or email [PrivacyOfficer@udel.edu](mailto:PrivacyOfficer@udel.edu).

**OUR OBLIGATIONS TO YOU** The federal Health Insurance Portability and Accountability Act ("HIPAA") requires us to safeguard the privacy of information we have about you. This Notice tells you how we protect your information, how we may use and disclose it, and your rights regarding it.<sup>2</sup> We are required to give you a copy of this Notice and to comply with its terms. We reserve the right to make changes to this Notice and to make them effective for information we may already have about you. If we make a material change, we will post the revised Notice on our websites and at our facilities.

**HOW WE MAY USE AND DISCLOSE YOUR INFORMATION** We may use and disclose your information for the following reasons without obtaining your permission.

**For Treatment, Payment and Health Care Operations Purposes** - We use and disclose your information to treat you, obtain payment for our services, and for our health care operations purposes. For example:

- We use your information to provide health care services for you and may disclose your information to other health care providers to coordinate your care.
- We submit claims to insurers to obtain payment for our services.
- We perform quality assessment and internal audits to improve our services.

**To Provide Appointment Reminders, Treatment Alternatives, and Health Related Benefits and Services Information** - We may use and disclose your information to contact you to remind you that you have an appointment with us and to tell you about treatment alternatives or health-related benefits and services that may be of interest to you.

**To Third Parties Who Perform Services on Our Behalf** - We use third parties to provide services for us that require them to use your information (called "Business Associates"). For example, UD Health discloses your information to the Delaware Health Information Network ("DHIN"). The DHIN maintains the information on our behalf and makes it available to your other health care providers outside of the UD Health to coordinate your care.<sup>3</sup> We have agreements with our Business Associates, including the DHIN, that obligate them to protect your information in the same manner we do.

**To Areas Within the University That Support Us** - We use the following areas of the University to provide certain services for us, and they may require access to your information to provide this support: Information Technologies, Internal Audit and Compliance, and Procurement Services

Departments; the Office of General Counsel; and the University Archives and Records Management. We require these areas to protect your information in the same manner as our Business Associates.

**To Others Involved in Your Care** - In some cases, we may disclose your information to a member of your family, a relative, a close friend, or other person you identify who is directly involved in your health care or payment of bills related to your health care. If you are seriously injured and unable to make a health care decision for yourself, we may disclose your information to a family member if we determine it is in your best interest.

**For Fundraising** - We may contact you to raise funds for our benefit. These communications will tell you how you can opt out from receiving them in the future, and we will not condition your treatment or payment for services on whether you choose to opt out.

**When Required by Law** - We may disclose your information when the law requires it. For example, we may disclose your information to a person who has authority under the law to act on your behalf; to report suspected victims of abuse, neglect, or domestic violence; for judicial and administrative proceedings; and to law enforcement officials to assist them in their law enforcement duties to the extent permitted by law subject to the further restrictions specified in this Notice below.

**For Public Health Activities** - We may disclose your information to a public health authority authorized by law to collect or receive information to prevent or control disease, injury, or disability or to report vital statistics; to a government authority authorized by law to receive reports or child neglect or abuse; and to the Food and Drug Administration for its reporting and tracking requirements.

**For Health Oversight Activities** - We may disclose your information to a health oversight agency for oversight activities authorized by law including audits; civil, administrative, or criminal proceedings or actions; or other activities necessary for oversight of the healthcare system and government benefit programs.

**For Research** - We may use or disclose your information for limited research purposes, but only if steps required by law are taken to protect

your privacy and as otherwise in compliance with our research policies and practices.

**To Avert a Serious Threat to Health or Safety** - To the extent permitted by law and ethical conduct, we may disclose your information to prevent or lessen a serious and imminent threat to the health or safety of a person or the public.

**For Specialized Government Functions** - We may use or disclose your information as necessary for certain government functions including intelligence, national security, or security clearance activities.

**For Workers Compensation** - We may disclose your information to workers compensation programs which provide benefits for work-related injuries.

**USES AND DISCLOSURES REQUIRING YOUR EXPRESS AUTHORIZATION**

Other than as described above, we must obtain your express written authorization to use or disclose your information, including with some exceptions, to use or disclose psychotherapy notes, if any, we have about you; for marketing purposes; and for any sale of your information. Once we disclose your information based on your authorization, the disclosed information may no longer be protected and may be re-disclosed by the recipient without your knowledge or authorization. You may revoke your authorization in writing at any time, but we cannot retrieve disclosures we have already made based on your prior authorization.

**ADDITIONAL PRIVACY FOR REPRODUCTIVE HEALTH CARE**

Federal law prohibits us from using or disclosing your information when it is being sought to investigate or impose liability on you, health care providers, or others who seek, obtain, provide or facilitate lawful reproductive health care, or to identify persons for such activities. This prohibition applies where we, or others acting on our behalf, have reasonably determined that:

- (1) The reproductive health care is lawful under the law of the state in which it was provided under the circumstances in which it was provided, for example, if a resident of one state traveled to another state to receive reproductive health care, such as an abortion, that is lawful in the state where such health care is provided; or

- (2) The reproductive health care is protected, required, or authorized by Federal law, including the U.S. Constitution, regardless of the state in which such health care is provided, for example, if the use of the reproductive health care, such as contraception, is protected by the Constitution; or
- (3) The reproductive health care was not provided by us, but we presume it was lawful. However, if we receive a request for your information, and we have actual knowledge that the reproductive health care was not lawful under the circumstances under which it was provided to you, this presumption does not apply, for example, if you tell us you received reproductive health care from an unlicensed person and we know that the specific reproductive health care must be provided by a licensed health care provider.

When we receive a request for your information potentially related to reproductive health care, we must obtain a signed attestation from the requester that the use or disclosure is not for a prohibited purpose when the request relates to health oversight activities, judicial and administrative proceedings, law enforcement purposes, and disclosures to coroners and medical examiners. For example, if we receive a lawful subpoena for medical records that include information related to reproductive health care, we must obtain a signed attestation from the requester that states the request is not for a prohibited purpose.

**ADDITIONAL PRIVACY FOR SUBSTANCE USE DISORDER (SUD) TREATMENT** Although we are not a substance use disorder treatment program (a "SUD Program"), we may receive information from a SUD Program about your treatment. We may not disclose this information so that it can be used in a civil, criminal, administrative, or legislative proceeding against you unless (i) we have your written consent, or (ii) a court order accompanied by a subpoena or other legal requirement compelling disclosure issued after we and you were given notice and an opportunity to be heard. In addition, if we use this information to raise funds for our benefit, we must first provide you with a clear and conspicuous opportunity to elect not to receive any fundraising communications.

**YOUR RIGHTS REGARDING YOUR INFORMATION** You have the following rights regarding your information. If you would like to exercise any of these rights, please submit your requests in writing to the Privacy Officer at the address on the first page of this Notice.

**Right to Request Restrictions** - You can request restrictions on how we use and disclose your information for treatment, payment, and health care operations purposes. We are not required to agree to your request unless, and except as otherwise required by law, your request pertains solely to a health care item or service for which you have paid for out-of-pocket in full.

**Right to Receive Confidential Communications or Communications by Alternative Means or at an Alternative Location** - You can request us to communicate with you in a certain way or at an alternate address. We are required to accommodate reasonable requests. You should tell us if the disclosure of all or part of your information by nonconfidential communications could endanger you.

**Right to Inspect and Copy** - You can inspect and receive a copy of certain information we maintain about you. We may charge you a reasonable fee for the cost of producing and mailing the copies. In certain situations, we may deny your request. You may have the right to ask for a review of the denial. If we maintain the information electronically, you can request that we provide an electronic copy to you or to someone you designate. If the information is not in the form or format you request, and is not readily producible in such form and format, we will provide you with the information in our standard electronic format. We may charge you a reasonable, cost-based fee for the labor associated with transmitting the information.

**Right to Amend** - You can request that we amend certain information we maintain about you if you believe the information is incorrect or incomplete, but you need to explain why the information is inaccurate or incomplete. We may deny your request in certain limited cases.

**Right to Receive an Accounting of Disclosures** - You have the right to request a list of certain disclosures we have made of your information (called an "accounting"). The accounting lists those instances where we or our

Business Associates have disclosed some portion of your information and to whom that disclosure was made other than disclosures for treatment, payment, and health care operations purposes; disclosures made to you or pursuant to your authorization; and certain other disclosures. You may request an accounting of the disclosures made up to six years before your request. You may receive one accounting per year at no charge. If you request another accounting during the same year, we may charge you a reasonable fee; however, we will notify you of the cost prior to processing the request.

**Right to Request a Paper Copy of this Notice**

- You may request another copy of this Notice at any time.

**Right to Receive a Notice of Certain Breaches**

- We will notify you in the event that we or one of our Business Associates experiences a breach of your information, as required by law.

**YOU ALSO HAVE THE RIGHT TO COMPLAIN**

If you believe your privacy rights have been

violated, or if you have concerns regarding our policies and procedures regarding how we use or disclose your information, you may file a complaint with the Privacy Officer. You may also submit your complaint to the Secretary of the United States Department of Health and Human Services at [www.hhs.gov](http://www.hhs.gov). We will not retaliate or discriminate against you or otherwise withhold services, payment, or privileges from you because you file a complaint.

<sup>1</sup>Although Student Health Services is not a covered entity subject to HIPAA, it has adopted the procedures described in this Notice as best practices. Student information is governed by the Family and Educational Rights and Privacy Act (FERPA).

<sup>2</sup> Other federal and state laws may provide privacy protections in addition to HIPAA for certain diagnoses (e.g., substance use disorder, mental health).

<sup>3</sup>You can obtain more information about the DHIN at <https://dhin.org>.