



## Privacy Practices Notice

This notice describes how your client information may be used and disclosed and how you can get access to this information. Please review it carefully.

### Legal Responsibility

UI Wellness is a partnership between Human Resources and UI Recreational Services. Faculty and Staff Services /EAP (FSS/EAP) provides confidential counseling for faculty and staff within a partnership of UI Health Care Behavioral Health and FSS. This service will be referred to as the Employee Assistance Program (EAP) hereafter. As UI Wellness and EAP, both units within Organizational Effectiveness, we are legally required to protect the privacy of your health information. We call this protected health information (PHI). It includes information that can be used to identify you and reports about the care and services that you have received from either provider. This notice applies to all records, electronic and paper, related to your services generated by UI Wellness and the EAP providers, including our health care professionals, students and other departmental staff.

We must provide you with this notice about our privacy practices to explain how, when and why we use and disclose your PHI. With some exceptions, we cannot use or disclose any more of your PHI than is necessary to accomplish the purpose of the use or disclosure.

UI Wellness and FSS are legally required to follow the privacy practices that are described in this notice. If you have any questions or want more information about this notice, please contact our Privacy Officer, Deborah Thoman, C-429-1 General Hospital, UIHC. 319-384-5897.

We reserve the right to change the terms of this notice and our privacy policies. Any changes will apply to your PHI we already have as well as new information. Before we make an important change to our policies, we will promptly change this notice and post a new notice on our web site. You can also request a copy of our current notice any time from the reception desk at UI Human Resources, 121 University Services Building, Iowa City, IA, 52242-1911. The phone number is 319-335-2085.

### Your Rights Regarding PHI

**Right to request restrictions.** For Wellness clients, you have the right to ask that we limit how we use and disclose your PHI. We will consider your request, but are not legally required to accept it. If we accept your request, we will put any limits in writing and abide by them except in emergency situations. Remember that you may not limit the uses and disclosures that we are legally required or allowed to make. To request a restriction, contact the Privacy Officer listed above. For FSS clients, we will not disclose your PHI without your written permission except in situations involving dependent person abuse or neglect, imminent danger to self or others or due to a court subpoena. You may not request a restriction of the use of PHI in these situations we are legally bound to report.

**Right to request confidential communications.** You have the right to ask that we send PHI to you at an alternate address. For example, you may wish to have your PHI, such as appointment reminders, sent to

a PO Box or an address different than your home address. We must agree to your request so long as we can easily provide it in the format requested. To make that request let your UI Wellness or FSS provider know of the alternate address. The intake sheet for FSS has a place to indicate where and how you would prefer to receive messages.

**Right to inspect and copy.** You have the right to inspect and copy health information that may be used to make decisions about your participation in our programs. This will include information related to billing, assessment, or screening results.

**Right to an accounting of disclosures.** For Wellness, you have a right to get a list of instances in which we have disclosed your PHI. Your request must state a time period that may not be longer than six years and may not include dates before April 14,2003. The list will not include uses or disclosures made for treatment, payment, or program operations. In addition, it will not include uses or disclosures that you have specifically authorized. You must submit your request in writing to the Privacy Officer listed below.

For FSS, you have a right to get a list of instances in which we have disclosed your PHI for any time period. This includes disclosures related to referral or treatment services, disclosures for which you have signed a release and/or emergency disclosures for which you did not consent (see instances of mandatory reporting listed above). We cannot allow you to inspect records submitted to us by another health care provider. You must obtain those records from the provider that created them. You may submit your request to your counselor or to the Director of FSS, you may be asked to sign a release of information to yourself.

**Right to amend.** You have the right to request an amendment of PHI maintained about you in a paper client record or in billing records if you think that information is inaccurate or incomplete. To request an amendment to your PHI, you should contact the following individuals in the order identified. Your request must be in writing:

- Your service provider in the respective area (UI Wellness or FSS)
- The Director of the respective area (UI Wellness or FSS)
- Organizational Effectiveness, University of Iowa, 121 University Services Building, Iowa City, IA, 52242. Phone number is 319-353-2314.

UI Wellness providers, FSS providers and/or Organizational Effectiveness may deny your request for an amendment if:

- It is not in writing.
- It is related to information that was not created or produced by staff within UI Wellness or FSS.
- We conclude that the information is accurate and complete; or
- It is not part of information that you would be permitted to inspect or copy as identified earlier.

**Right to paper copy of this Privacy Notice.** Even if you have received a copy of this notice via e-mail, you have the right to request a paper copy also. You may pick up a copy at the reception desk in Human Resources at 121 University Services Building.

## **Revocation of Permission**

If you provide us permission to use or disclose health information about you, you may revoke that permission, in writing, at any time. To revoke your permission to disclose information, contact the following individuals in the order provided:

- Your service provider in the respective area (Wellness or FSS)
- The Director in the respective area (Wellness or FSS)
- Organizational Effectiveness , University of Iowa, 121 University Services Building, Suite 50, Iowa City, IA, 52242-1911. Phone number is 319-353-2314.

If you revoke your permission, we will no longer use or disclose health information about you for the reasons covered by your written revocation. You understand that we are unable to take back any disclosures we have already made with your permission, and that we are required to retain our records of the services that we provided to you.

## **Complaints**

If you believe your privacy rights have been violated, you may file a complaint. You may file your complaint with your service provider or the Director of the respective service (Wellness or FSS) If you are not satisfied with the resolution offered, you may file a complaint with Organizational Effectiveness, The University of Iowa, 121 University Services Building, Iowa City, IA, 52242. There will be no retaliation or penalty for filing a complaint.

## **Questions**

If you have questions about this Privacy Notice, please contact:

Deborah Thoman  
UI Privacy Officer  
University of Iowa  
C-429-1 General Hospital UIHC  
319-384-5897

## **Uses of Protected Health Information**

UI Wellness and FSS collect health information about you and store it in a confidential file and on a secure computer. This is your client file. The client file is the property of UI Wellness and FSS, but selected information in the file belongs to you. We use and disclose health information for very few reasons and usually only with your written permission. The following describes the different categories of our uses and disclosures and gives you some examples of each category. Not every use or disclosure will be listed.

Treatment. We may disclose health information about you to doctors, nurses and technicians who may be involved with your care, for FSS clients with your written permission. For example, if you are being followed by UI Wellness staff to monitor your blood pressure, we may disclose your PHI information to

the Employee Health Clinic, as one of our partners in UI Wellness in order to coordinate and track your progress. We may also send information to a physician who referred you to UI Wellness or FSS.

**Payment.** We may use and disclose your PHI in order to bill and collect payment for the services provided to you. For example, we may provide PHI to a third party payer in order to obtain approval for a service. This does not apply to services given to FSS clients, as these services are free.

**Appointment reminders and health related benefits or services.** We may use PHI (e.g. your name) to provide appointment reminders or give you information about other UI Wellness or FSS services.

**Law Enforcement.** UI Wellness may disclose PHI when a law requires that we report information to government agencies, including federal officials or special investigative officers; and law enforcement personnel about victims of abuse, neglect or domestic violence. FSS will only disclose information related to dependent care abuse or neglect to the Department of Human Services, with evidence of clear and eminent danger to self or others we may contact a family member, a person who is in eminent danger or law enforcement or with a court subpoena information to the court.

**Research Studies.** With the approval of a Privacy Board or Institutional Review Board that has determined that safeguards are in place to protect your identity, UI Wellness or FSS may use and disclose your health information to help conduct research. Such research may involve determining the effectiveness of an intervention or service.

### **Uses and disclosures for which you have the opportunity to object**

We may provide your PHI to an individual that you indicate is involved in your care or the payment of your care, unless you object in whole or in part. The opportunity to consent may be obtained retroactively in emergency situations.

Except as described above, all other uses and disclosures of your PHI will require your authorization.

***This notice is in effect on April 14, 2003***