This Notice describes how medical and mental health information about you may be used and disclosed and how you can get access to this information. HIPAA Privacy rules require that we furnish you with this Notice. Please review it carefully.

I. Purpose: University Health Services (UHS) and its professional staff, employees, and volunteers follow the privacy practices described in this Notice. UHS maintains your Protected Health Information (PHI) in a confidential manner as required by law. PHI consists of medical and mental health information. UHS must use and disclose your PHI to the extent necessary to provide you with quality health care. To do this, UHS must share your PHI as necessary for treatment, payment, and health care operations.

II. What Are Treatment, Payment, and Health Care Operations? Treatment may include sharing information among health care providers and/or mental health clinicians involved in your care. For example, your physician may share information about your condition with the pharmacist to discuss appropriate medication, or with a radiologist or other consultants in order to make a diagnosis. UHS may use your PHI as required by your insurer to obtain payment for your treatment. We also may use and disclose your PHI to improve the quality of care, e.g., for review and training purposes.

III. University Health Services and Counseling and Mental Health Service Partnership. UHS and the UT Counseling and Mental Health Service (CMHC) work closely together and collaborate to provide the best services for our students. The same electronic health record is used by both UHS and CMHC; therefore, your record is available to all healthcare providers within UHS and all clinicians within CMHC who have a need to access it. The providers/clinicians see and the dates of appointments are viewable by schedulers in both UHS and CMHC. This sharing of information is done for your safety and to facilitate the continuity of your care.

IV. What Are Other Ways UHS May Use Your PHI? Unless you ask for restrictions on a specific use or disclosure, your PHI may be used for the following purposes:

- Appointment reminders.
- To inform you of treatment alternatives or benefits or services related to your health. (You will have an opportunity to refuse to receive this information.)
- To carry out health care treatment, payment, and operations functions through business associates, e.g., to install a new computer system.
- For public health purposes such as reporting reactions to medications; infectious disease control; reporting child or elder abuse or neglect; notifying authorities of suspected abuse, neglect, or domestic violence (if you agree or as required by law).
- To inform a family member, other relative, personal friend or other individual involved in your care if we obtain your verbal agreement to do so.

V. Your Authorization is Required for Other Disclosures. Except as described above, we will not use or disclose your PHI unless you authorize (permit) UHS in writing to disclose your information. You may revoke your permission, which will be effective only after the date of your written revocation.

VI. You Have Rights Regarding Your PHI. You have the following rights regarding your PHI, provided that you make a written request to invoke the right on the form provided by UHS.

- Right to request restrictions. You may request limitations on our use or disclosure of your PHI for health care treatment, payment, or operations (e.g., you may ask us not to disclose that you have had a particular surgery), but we are not required to agree to your request. If we agree, we will comply with your request unless the information is needed to provide you with emergency services.

VII. Requirements Regarding This Notice. UHS is required by law to provide you with this Notice. We will be governed by this Notice for as long as it is in effect. UHS may change this Notice, and these changes will be effective for PHI we have about you as well as any information we receive in the future. Each time you register at UHS for health care services, you may receive a copy of the Notice in effect at the time.

VIII. Complaints. If you believe your privacy rights have been violated, you may file a complaint with UHS or with the Secretary of the United States Department of Health and Human Services. You will not be penalized or retaliated against in any way for making a complaint to UHS or the Department of Health and Human Services.

Contact: Call the UHS Health Information Management Administrator at 512-475-8432 if:

- You have any questions about this Notice.
- You wish to request restrictions on uses and disclosures for health care treatment, payment, or operations.
- You wish to obtain a form to exercise your individual rights described in paragraph V.