

**EASTERN KENTUCKY UNIVERSITY  
HEALTH INSURANCE PORTABILITY AND ACCOUNTABILITY ACT (HIPAA)**

**NOTICE OF PRIVACY PRACTICES**

Effective April 14, 2003  
Revised October 29, 2015

**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.**

Eastern Kentucky University (“EKU”) is required by The Health Insurance Portability and Accountability Act of 1996 (“HIPAA”) to protect your personal health information by keeping it private and following certain rules that dictate whether, and when, EKU can use or disclose your health information. Additionally, the law requires that EKU inform you, through this Notice of Privacy Practices (“Notice”), of your rights regarding how the health care provider may use and disclose your protected health information, and EKU’s legal duties and privacy practices with respect to protected health information.

EKU is required to follow the terms of the Notice currently in effect. However, EKU reserves the right to change the terms of this Notice, and apply those changes to all protected health information currently maintained by EKU. The most current version of this Notice will be posted in your provider’s office, on EKU’s website, and will be available upon request through your health care provider’s office or the Office of University Counsel and Compliance.

**For further information about this Notice, your rights and EKU’s legal duties regarding your health information, please contact EKU’s Chief Privacy Officer:**

Mark B. Maier  
Assistant Counsel for Compliance and Policy Development  
Office of University Counsel and Compliance  
Whitlock Building, Rm. 346, CPO 61  
Eastern Kentucky University  
521 Lancaster Avenue  
Richmond, KY 40475-3102  
(859) 622-6693

**Protected Health Information**--“Protected health information” is any written and oral health information about you, including demographic data that can be used to identify you. This is health information that is created or received by EKU, which pertains to your past, present or future physical or mental health or condition. It includes, but is not limited to, your name, age, address, a history of your illness or condition, injury or symptoms, tests given, x-rays taken and laboratory work conducted, and treatment provided to you.

**Uses and Disclosures of Protected Health Information**--EKU may use your protected health information for purposes of providing treatment, obtaining payment for treatment, and conducting health care operations. Your protected health information may be used or disclosed only for these purposes unless EKU has obtained your authorization, or the use or disclosure is otherwise permitted by the HIPAA privacy regulations or state law. Disclosures of your protected health information for the purposes described in this Notice may be made in writing, orally, or by facsimile. Listed below are descriptions of specific ways in which EKU may use and disclose your protected health information.

**Treatment.** EKU may use and disclose your protected health information to provide, coordinate or manage your health care and any related services. For example, EKU may disclose your protected health information to physicians, or other health care providers, who may be treating you or consulting with respect to your care. EKU may also disclose your protected health information to others who may be involved in your medical care such as other physicians, health care workers, family members, or clergy.

**Payment.** Your protected health information will be used, as needed, to obtain payment for the health care services provided to you. For example, EKU may need to disclose information to your health insurance company to determine your eligibility for certain benefits or whether a particular service is covered under your plan. EKU may also disclose protected health information to another provider involved in your care for the other provider’s payment activities.

**Operations.** EKU may use or disclose your protected health information for its own health care operations to facilitate the function of its health care components, and to provide quality care to all patients. Health care operations include: quality assessment and improvement activities, employee review activities, training programs (including those in which students, trainees, or practitioners in health care learn under supervision, accreditation, certification, licensing or credentialing activities), review and auditing (including compliance reviews, medical reviews, legal services and maintaining compliance programs), and business and administrative activities. EKU may also disclose protected health information to another provider or health plan for their health care operations.

- As part of standard treatment and continuity of care, Bluegrass Community Health Center (BCHC) releases records to the Kentucky Health Information Exchange. If you would like to request that your records are not shared with the Kentucky Health Information Exchange, you must notify the Deputy Privacy Officer for BCHC, listed on Page 7 of this Notice, in writing.

**Appointment Reminders.** EKU may use or disclose your protected health information to contact you, a family member or friend involved in your health care, or as authorized by you, as a reminder that you have an appointment for treatment or medical care at EKU’s facilities. EKU may also leave a message on your answering machine/voicemail system. If you would like to refuse these appointment reminders, you must notify the appropriate Deputy Privacy Officer in writing.

**Treatment Alternatives.** EKU may use or disclose your protected health information to inform you or recommend possible treatment options or alternatives that may interest you.

**Health Related Benefits and Services.** EKU may use or disclose your protected health information to tell you about health related benefits or services that may be of interest to you.

**Fundraising Activities.** EKU may use or disclose your protected health information to contact you in an effort to raise money for its health care components and their operations. EKU would only release contact information, such as your name, address, phone number and the dates you received treatment or services at a facility. If you do not want EKU to contact you for fundraising efforts, you must notify the appropriate Deputy Privacy Officer.

**Disaster Relief.** EKU may disclose your protected health information in a disaster relief situation. If you do not want EKU to do so, you must notify the appropriate Deputy Privacy Officer in writing.

**Individuals Involved in Your Care or Payment of Your Care.** EKU may use or disclose your protected health information to a friend or family member, who is involved in your medical care or the payment of your medical care. EKU may also notify your family/friends of your location at the time of your care, or provide information to an entity assisting in a disaster relief effort in order to communicate your condition and location to your family. If you want any of this information restricted, then you must communicate that in writing to the appropriate Deputy Privacy Officer.

**Research.** Under certain circumstances, EKU may use and disclose your protected health information for research purposes. For example, a research project may involve comparing the health and recovery of all patients who received one procedure to those who received another procedure for the same condition. All research projects, however, are subject to a special approval process. Before EKU uses or discloses your protected health information for research, the project will have been approved through this process; however, EKU may disclose your protected health information to people preparing to conduct a project, for example, to identify patients with specific health needs. EKU will always ask for your authorization if a researcher will have access to your name, address or other information that reveals who you are, or will be involved in your care at an EKU facility.

**Organ and Tissue Donation.** EKU may disclose information about you with organ procurement organizations.

**Medical Examiner/Funeral Director.** EKU may disclose information with a coroner, medical examiner, or funeral director when an individual dies.

**As Required by Law.** EKU will disclose your protected health information when required to do so by federal, state, or local law. This may include reporting of communicable diseases, wounds, abuse, disease/trauma registries, health oversight matters and other public policy requirements. EKU may be required to report this information without your permission.

**To Avert a Serious Threat to Health or Safety.** EKU may use and disclose protected health information to avert a serious threat to health or safety. EKU may use and disclose protected health information for the following public activities and purposes: to prevent, control or report disease, injury or disability as permitted by law; to report vital events such as birth or death as permitted or required by law; to conduct public health surveillance, investigation and interventions as permitted or required by law; to collect or report adverse events and product defects; to notify a person who has been exposed to a communicable disease or who may be at risk of contracting or spreading a disease as authorized by law.

**Health Oversight Activities.** EKU may disclose protected health information to a legally authorized health oversight agency for audits, investigations, inspections, and licensure. Health oversight agencies generally oversee the health care system, government health programs (such as Medicare and Medicaid), and the enforcement of civil rights laws.

**In Connection with Judicial and Administrative Proceedings.** EKU may disclose your protected health information in response to an order of a court or administrative tribunal. In certain circumstances, EKU may disclose your protected health information in response to a subpoena, to the extent authorized by state law, if we receive satisfactory assurances that you have been notified of the request or that an effort was made to secure a protective order.

**For Law Enforcement Purposes.** EKU may disclose protected health information if asked to do so by a law enforcement official under the following circumstances; if you have incurred certain injuries or wounds that are legally required to be reported; in response to a court order, subpoena, warrant, summons, investigative demand, or similar process; to identify or locate a suspect, fugitive, material witness, or missing person; under certain limited circumstances when you are the victim of a crime; if EKU suspects criminal conduct on its premises; in emergency circumstances to report a crime, its location, or information about the person who may have committed the crime.

**Uses and Disclosures Which You Authorize.** Other than as stated above, EKU will not disclose your health information without your written authorization, including the following:

- Marketing purposes;
- Sale of your information; and
- Most sharing of psychotherapy notes

After having given your authorization, you may revoke it in writing at any time except to the extent that EKU has taken action in reliance upon your authorization.

**Workers' Compensation.** KY law requires claimants to execute a Form 106, which is a waiver and consent of any physician-patient, psychiatrist-patient, or chiropractor-patient privilege with respect to any condition or complaint reasonable related to the condition for which the employee claims compensation.

**Individual Rights**--You have the following rights regarding your protected health information:

**Right to Request Restrictions.** You have the right to request that EKU not use or disclose certain parts of your protected health information for the purposes of treatment, payment or health care operations. You may also request that EKU not disclose your protected health information to family members or friends. For example, you may request that EKU not tell certain people of your health condition. **EKU is not required to agree to your request.** If EKU agrees to your restrictions, EKU will comply with your wishes unless the information is needed to provide emergency treatment to you. To request restrictions, you must make a written request to the appropriate Deputy Privacy Officer identified on Page 7 of this Notice. In your written request, you must state (1) the specific information you want to limit; (2) whether you want to limit use of the information and/or disclosure of the information; and (3) to whom you want the restriction to apply (for example, disclosures to your spouse). Upon receipt of your request, you will be notified whether or not EKU will agree to your restrictions. Either you or EKU may terminate the agreement to a restriction under certain circumstances.

**Right to Request Restrictions (Payment).** If you pay for a service or a health care item out-of-pocket, in full, you can ask us not to share that information for the purpose of payment or our operations with your health insurer. EKU will grant the request unless a law requires us to share that information.

**Right to Request Confidential Communications.** You have the right to request that EKU communicate with you using alternative means, or at alternative locations, if you clearly state to EKU that the disclosure of all or part of that information could endanger you. For example, you may ask that EKU call you at a certain phone number and indicate whether or not to leave a message for you. To request confidential communications, you must make a written request to the appropriate Deputy Privacy Officer identified on Page 7 of this Notice. In your written request, you must state specifically how or where you wish to be contacted and that communication by regular means could endanger you. EKU will honor all reasonable requests for confidential communications.

**Right to Inspect and Copy Your Protected Health Information.** You have the right to inspect and copy your protected health information, including most of your medical and billing records. You do not have the right to review any psychotherapy notes, information created for use in legal actions, CLIA prohibited lab results or other information covered by certain laws. If you would like to inspect and/or copy your protected health information, you must submit your request in writing to the appropriate Deputy Privacy Officer identified on Page 7 of this Notice. If you request a copy of the information, EKU may charge you a reasonable fee for copying, postage, or other expenses related to your request. You also have the right to request an electronic copy of your medical record. EKU will provide these records within 30 days of your request. **EKU may deny your request to inspect and/or copy your health information.** If your request is denied, depending on the circumstances of that denial, you may have the right to have a decision of denial reviewed. Please contact the appropriate Deputy Privacy Officer identified on Page 7 of this Notice if you have questions about access to your protected health information.

**Right to Request Amendments to Your Protected Health Information.** If you think the protected health information EKU has in your record is incorrect or incomplete, you may request an amendment of the information for as long as EKU maintains this information. You may make a request for an amendment in writing to the appropriate Deputy Privacy Officer identified on Page 7 of this Notice. EKU must act on your request no later than sixty (60) days after receipt. EKU will provide written notification of the acceptance or denial of your request. **EKU may deny your request for an amendment if you ask to amend information** that: (1) was not created by EKU, unless you provide a reasonable basis that the person who, or entity which, created the information is no longer available to make the amendment; (2) is not part of the health information kept by EKU; (3) is not part of the information which you would be permitted to inspect and copy; or (4) is accurate and complete. If EKU denies your request for amendment, you have the right to file a statement of disagreement with EKU and EKU may prepare a rebuttal to your statement. If such rebuttal is prepared, EKU will provide you with a copy.

**Right to Receive an Accounting.** You have the right to receive an accounting of certain disclosures of your protected health information made by EKU in the six years prior to the date the accounting is requested. This right applies to disclosures for purposes other than treatment, payment or health care operations as described in this Notice. EKU is not required to account for disclosures that you requested, disclosures that you agreed to by signing an authorization form, disclosures for a directory, disclosures to family or friends involved in your care, or the payment of your care, or certain other disclosures EKU is permitted to make without your authorization. The request for an accounting must be made in writing to the appropriate Deputy Privacy Officer identified on Page 7 of this Notice and must specify the time period sought for the accounting. EKU must act on your request for an accounting no later than sixty (60) days after receipt of such request. EKU is not required to provide an accounting for disclosures that occur prior to April 14, 2003. EKU will provide the first accounting you request during any twelve (12) month period free of charge. Subsequent accounting requests by you within the same twelve (12) month period will be subject to a reasonable cost-based fee. After learning of the exact amount of the fee, you have the right to withdraw or modify your request in order to avoid or reduce the fee.

**Right to Obtain a Paper Copy of This Notice.** You have the right to receive a paper copy of this Notice from EKU upon your request even if you have already received a copy or have agreed to accept this Notice electronically.

**Choose Someone to Act for You.** If you have given someone medical power of attorney or if someone is your legal guardian, that person can exercise your rights and make choices about your health information. EKU will ensure the person has authority and can act for you before we take any action.

**Complaints.** You have the right to complain to EKU and to the Secretary of the United States Department of Health and Human Services if you believe your privacy rights have been violated. You may file a complaint in writing to EKU by contacting the Chief Privacy Officer. EKU's Chief Privacy Officer is Mark Maier, Assistant Counsel for Compliance and Policy Development, Office of University Counsel and Compliance, Eastern Kentucky University, Whitlock Building, Room 346, CPO 61, 521 Lancaster Ave., Richmond, KY 40475-3102, (859) 622-6693.

You can file a complaint with the U.S. Department for Health and Human Services Office for Civil Rights by sending a letter to 200 Independence Avenue, S.W., Washington, D.C. 20201, or by calling (877) 696-6775, or by visiting [www.hhs.gov/ocr/privacy/hipaa/complaints/](http://www.hhs.gov/ocr/privacy/hipaa/complaints/).

You will not be retaliated against or otherwise penalized for filing a complaint.

**Our Responsibilities**

EKU is required by law to maintain the privacy and security of your protected health information. We will inform you promptly if a breach occurs that may have compromised the privacy or security of your information.

For more information see:

[www.hhs.gov/ocr/privacy/hipaa/understanding/consumers/noticepp.html](http://www.hhs.gov/ocr/privacy/hipaa/understanding/consumers/noticepp.html)

**Deputy Privacy Officers**

**Bluegrass Community Health Center**

Lauren Bishop, MPH, RN  
Deputy Privacy Officer  
1306 Versailles Rd., #120  
Lexington, KY 40504  
(859) 259-0717

**EKU Psychology Clinic**

Tanner Muehler, B.S.  
Deputy Privacy Officer  
521 Lancaster Ave.  
127 Cammack Building  
Richmond, KY 40475  
(859) 622-1105

**EKU Speech-Language-Hearing Clinic**

Robyn Wahl, M.S., CCC-SLP  
Deputy Privacy Officer  
521 Lancaster Ave.  
278 Wallace Building  
Richmond, KY 40475  
(859) 622-4444

**EKU Human Resources**

Patty Sallee  
Deputy Privacy Officer  
521 Lancaster Ave.  
Jones 106, CPO 24A  
Richmond, KY 40475  
(859) 622-1326