

YOUR RIGHTS. Following is a statement of your legal rights with respect to your health information and a brief description of how you may exercise these rights.

Access. You have the limited right, subject to certain grounds for denial, to look at all of your health information that we keep **except** for: psychotherapy notes; information compiled in reasonable anticipation of, or use in, a civil, criminal, or administrative action or proceeding; and certain laboratory information restricted by federal law. You also have the limited right, subject to certain grounds for denial, to obtain copies of the above described health information. NWU may charge you a reasonable fee for copying, mailing, labor and supplies associated with your request. Any request for access to or copies of your health information must be **in writing** to NWU's Privacy Officer. If your request for access to or copies of your health information is denied, you may have a right to have that denial reviewed. In that case, we will provide to you in writing with our reasons for denial of access.

Restrictions. You may ask us to restrict the use or disclosure of any part of your health information to carry out treatment, payment or healthcare operations. You may also request that any part of your health information not be disclosed to family, relatives or friends who may be involved in your care or to notify them of your location, general condition or death. In addition, you may request that we restrict the use and disclosure of your health information for disaster relief efforts. Your request must be **in writing**, addressed to our Privacy Officer and state the specific restriction requested and to whom you want the restriction to apply. If you are not present or able to express an objection or request a restriction to such use or disclosure, then your physician may, using the physician's professional judgment, determine whether the use or disclosure is in your best interest.

We are not required to agree to a restriction that you may request. If your physician believes it is in your best interest to permit use and disclosure of your health information, your health information will not be restricted. If your physician does agree to the requested restriction, we may not use or disclose your health information in violation of that restriction unless there is an emergency. We may terminate our agreement to restrict uses and disclosures of your health information by providing you with written notice, provided that our termination will only be effective with respect to health information created or received after we have given you notice of termination of the restriction.

Confidential Communication. You have the right to request that NWU send your health information to you by alternative means or to an alternative location. We will accommodate reasonable requests. We may condition this accommodation by having you sign an authorization, asking you for information as to how payment will be handled or specification of an alternative address or other method of contact.

We will not request an explanation from you as to the basis for the request. Your request must be in writing, to our Privacy Officer, stating the accommodations you are requesting.

Amendments. You may request an amendment of our health information that we maintain. Such request must be **in writing** to NWU's Privacy Officer. In certain cases, we may deny your request for an amendment. If we deny your request for amendment, you have the right to file a statement of disagreement that will become part of your health information. If you file a statement of disagreement, we reserve the right to respond to your statement. You will receive a copy of any response we make, which will become part of your health information.

Accounting of Disclosures. You have the right to receive an accounting of certain disclosures we have made, if any, of your health information. This right applies to disclosure made on and after April 14, 2003 for purposes other than: treatment, payment or healthcare operations as described in this Notice; disclosures made to you; disclosures to family members or friends involved in your care or for notification purposes; or disclosures pursuant to an authorization. The right to receive this information is subject to certain exceptions, restrictions and limitations. Your request must be **in writing**, to NWU's Privacy Officer.

Electronic Notice. If you receive a copy of this Notice on our website or by e-mail, you have the right to obtain a paper copy from us upon request.

COMPLAINTS. You may complain to us (**in writing** to our Privacy Officer) or to the Secretary of Health and Human Services if you believe we have violated your privacy rights. We respect your privacy and support any efforts to protect the privacy of your health information. We will not retaliate against you for filing a complaint.

PRIVACY OFFICER CONTACT INFORMATION. If you have any questions about this Notice, if you want to exercise any of your rights under this Notice of Privacy Practices or have a complaint, please contact the NWU Privacy Officer **in writing** (fax or mail) as shown below:

Nebraska Wesleyan University
Attn: Privacy Officer
5000 St. Paul Ave.
Lincoln, NE 68504
Phone 402.465.2377
Fax: 402.464.7858



NEBRASKA
WESLEYAN
UNIVERSITY

NOTICE OF PRIVACY PRACTICES

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

The law requires us to keep your medical records confidential and to provide you with this Notice of Privacy Practices describing how Nebraska Wesleyan University (NWU) may use and disclose your health information (including your medical history, symptoms, examination and test results, diagnoses and treatment plans); to carry out treatment, payment and health care operations; and for other purposes that are allowed or required by law. It also describes your rights to review and control the use and disclosure of your health information.

NWU is required to follow the privacy practices described in this Notice. If we change our privacy practices, the revisions will be printed in a revised Notice and will be effective for all health information that NWU maintains at that time. At your request, NWU will provide you with a copy of the most recent Notice. A current copy of our Notice of Privacy Practices is available in our offices in visible locations at all times.

USES AND DISCLOSURES. The law allows us to use and disclose your health information for treatment, payment and health care operations. The following are examples:

Treatment. NWU will use and disclose your health information to our personnel in order to provide, coordinate, and manage your medical care and any related services. This includes the use or disclosure of your health information to aid in the coordination or management of your medical care with a third party. For example, your health information may be provided to a physician to whom you have been referred to ensure that the physician has the necessary information to diagnose or treat you.

Payment. Your health information will be used or disclosed so that NWU can obtain payment for health care services we provided to you. This may include disclosure to your health insurance plan or carrier as they undertake certain activities

before approving or paying for medical services. Such activities include making determinations of eligibility or coverage for insurance benefits, reviewing services provided to you for medical necessity, and undertaking utilization review activities.

Healthcare Operations. NWU may use or disclose your health information to operate our medical group. These activities include, but are not limited to: quality assessment and improvement activities, reviewing the quality of care provided by your health care providers, training of personnel and students, licensing, and conducting or arranging for other activities.

Other Incidental Uses and Disclosures. NWU may use a sign-in sheet at the registration desk where you will be asked to sign your name.

We may use or disclose your health information, as necessary, to contact you to schedule or remind you of an appointment, including leaving messages on your answering machine or leaving a message with an adult. Please let the NWU Privacy Officer know, **in writing**, if you do not want us to contact you regarding appointments, or if you wish us to use another telephone number or address for this purpose.

We may fax your health information to carry out treatment, payment or health care operations.

NWU will share your health information with other organizations that perform various activities on our behalf such as billing or transcription services. Whenever an arrangement between NWU and another organization involves the use or disclosure of your health information, we will have a written contract with them that contains terms designed to protect the privacy of your health information.

NWU may use or disclose your health information in order to provide you with information about treatment alternatives or other health-related benefits and services that may be of interest to you. For example, your name and address may be used to send you a newsletter about our practice and the services we offer.

NWU may disclose your health information to another health care provider of yours for their health care operations relating to their quality assessment and improvement activities, reviewing the competence or qualifications of their health care professionals, or detecting or preventing health care fraud and abuse.

USES AND DISCLOSURES ALLOWED OR REQUIRED BY LAW. NWU may use or disclose your health information in the following situations as allowed or required by law:

Required by Law. NWU may use or disclose your health information if we are legally required to do so. We will limit the use or disclosure to that required by such law.

Public Health. NWU may disclose your health information to a public health authority for purposes of controlling

disease, injury or disability. We may also disclose your health information, if directed by the public health authority, to a foreign government agency that is collaborating with the public health authority.

Communicable Diseases. NWU may disclose your health information, if authorized by law, to a person who may have been exposed to a communicable disease or may otherwise be at risk of contracting or spreading the disease or condition.

Health Oversight. NWU may disclose health information to a health oversight agency for activities authorized by law, such as audits, investigations, and inspections. Oversight agencies seeking this information include, but are not limited to, government agencies that oversees the health care system, government benefit programs, other government regulatory programs and entities subject to civil rights laws.

Abuse or Neglect. NWU may disclose your health information to a public health authority that is authorized by law to receive reports of child abuse or neglect. In addition, we may disclose your health information to the governmental entity or agency authorized to receive such information if we believe that you have been a victim of abuse, neglect or domestic violence. Any disclosures will be made consistent with the requirements of applicable federal and state laws.

Food and Drug Administration. NWU may disclose your health information as required by the Food and Drug Administration ("FDA") for purposes relating to the quality, safety or effectiveness of FDA regulated products or activities.

Legal Proceedings. NWU may disclose health information in the course of any judicial or administrative proceeding in response to an order of a court or administrative tribunal (to the extent such disclosure is expressly authorized), and in certain conditions in response to a subpoena, discovery request or other lawful process.

Law Enforcement. NWU may disclose health information, so long as applicable legal requirements are met, to law enforcement officials for law enforcement purposes.

Research. NWU may disclose your health information to researcher when their research has been approved by a privacy board or an institutional review board.

Criminal Activity. Consistent with applicable federal and state laws, NWU may disclose your health information, if we believe that the use or disclosure is necessary to prevent or lessen a serious and imminent threat to the health or safety of a person or the public.

Military Activity and National Security. When the appropriate conditions apply, NWU may use or disclose health information of individuals who are Armed Forces personnel: for activities deemed necessary by appropriate military command authorities; for the purpose of a determination by the Department of Veterans Affairs of your eligibility for benefits, or

to a foreign military authority if you are a member of that foreign military service. We may also disclose your health information to authorized federal officials for conducting national security and intelligence activities, including providing protective services to the President of the United States or others.

Correctional Institutions. If you are an inmate or in legal custody, NWU may disclose to the correctional institution or law enforcement official having legal custody of you certain health information necessary for health and safety purposes.

Workers' Compensation. Your health information may be disclosed by NWU as authorized to comply with workers' compensation laws and other similar legally established programs.

Compliance. Under the law, NWU must make disclosures of health information to the Secretary of the Department of Health and Human Services to enable it to investigate or determine our compliance with the requirements of the privacy laws.

WRITTEN AUTHORIZATION. Any uses and disclosures of your health information for purposes other than treatment, payment and health care operations, or as otherwise allowed or required by law as described above will be made only with your written authorization. Any such authorization you provide to us is effective for the period specified in the authorization (which cannot exceed one year) unless you revoke the authorization **in writing** to the NWU Privacy Officer. Written authorization may be revoked by you, at any time. Your revocation will not apply to those uses and disclosures we made on your behalf pursuant to your authorization prior to the time we received your written revocation. We will accept authorizations by facsimile and will treat them as originals.

OTHERS INVOLVED IN YOUR HEALTHCARE. We may disclose to a relative (or any other person **you identify**) your health information that directly relates to that person's involvement in your health care or who has responsibility for payment of your health care. We may also use or disclose your health information to notify or assist in notifying a relative or any person responsible for your care of your location, general condition or death. In addition, we may use or disclose your health information to a public or private entity, authorized by law or by its charter to assist in disaster relief efforts, for the purpose of coordinating the above uses and disclosures to your family or other individuals involved in your health care.