

Patient Rights Under HIPAA

Using and Disclosing Health Information

This information is intended to help you understand your rights under federal privacy regulations, the Health Insurance Portability and Accountability Act, or HIPAA. This page focuses on helping you understand how The UT Health Science Center at San Antonio (Health Science Center) will use your health information for treatment, payment, and health care operations as described in the Notice of Privacy Practices.

Confidential Information

Your confidential patient information includes verbal, written, photographs and other images, and/or electronic information about your health, medical, psychological, or dental care and treatment. Your information may include information generated by Integrative Family Medicine and information received from other health care providers.

How we may use and disclose information about you: With your consent, Integrative Family medicine may use and disclose your health information for the following purposes.

Treatment

Integrative Family medicine may use medical or health information about you in the provision and coordination of your healthcare. We may disclose, or release, all or any portion of your medical information to your attending physician, consulting physician(s), nurses, technicians, medical students, and alternative health care providers who have a legitimate need for such information in our care and treatment. Different department may share health information about you in order to coordinate specific services, such as prescriptions, lab work and x-rays. Integrative Family Medicine also may disclose your health information for purposes related to treatment are:

Treatment Alternatives: To tell you about or recommend possible treatment options or alternatives that may be of interest to you .

Appointment Reminders: To contact you as a reminder that you have an appointment for treatment or medical care at Integrative Family medicine.

Payment

Integrative Family Medicine may use and disclose health information about you to your insurer to obtain payment, billings, claims management, medical data processing and reimbursement. The information may be released to an insurance company, third party payer or other entity (or their authorized representatives) involved in the payment of your medical bill and may include copies or excerpts of your medical record which are necessary for payment of your account. For example, a bill sent to a third party payer may include information that identifies you, your diagnosis, and the procedures and supplies used. We may also provide payment information to other care providers who have been involved in your care, e.g., and ambulance company

Routine healthcare Operations

Integrative Family Medicine may use and disclose medical or your health information during routine healthcare operations, including or credentialing activities of practice, , medical research and education purposes. Integrative Family medicine may engage outside companies to carry out certain aspects of routing health care operations. These entities are called the “business associates” of Integrative Family Medicine. Integrative Family Medicine may need to disclose our health information to the business associates to allow them to perform their duties. The business associates will, in turn, use and disclose your health information as they conduct business on Integrative Family Medicine’s behalf. Examples of business associates, include but are not limited to, a copy services use by the practice to copy medical records, consultant accounts, lawyers, medical transcriptionist and third-party billing companies. Integrative Family medicine requires the business associate to protect the confidentiality of your health information. I

Directory

Except when you express an objection, we may include certain limited information about you in various directories within the Health Science Center/UT Medicine while you are being treated here. This information may include your name, your location in the facility, such as the clinic where you are being treated and your general condition. This type of information may be released to people who ask for you by name. If provided, your religious affiliation may be given to a member of the clergy, such as a priest or rabbi, even if the clergy member does not ask for you by name. If you are being treated in a clinic that provides care for extra-sensitive illnesses or diagnoses, we may withhold directory type information from individuals who inquire about you.

Family or friends involved in your care

We may release medical information about you to a family member, other relative, or close personal friend who is involved in your medical care if the information released is directly relevant to such person’s involvement with your care. We may release information to someone who helps pay for your care. We also may tell your family or friends that you are being treated in the Health Science Center/UT Medicine and give them your general condition. In addition, we may disclose medical information about you to an entity assisting in a disaster relief effort so that you family can be notified about your location and general condition.

Appointment reminders

We may use and disclose health information to contact you as a reminder that you have an appointment for treatment or care at the Health Science Center/UT Medicine. This may be done by telephone or mail, depending on the department or clinic.

Treatment Alternatives

We may use and disclose medical or health information to give you information about treatment options or alternatives that may be of interest to you.

Fundraising activities

We may use limited medical or health information about you to contact you in an effort to raise money for the Health Science Center/UT Medicine and its operations. We may disclose limited information to university departments or business associates related to the university, so that we may contact you to help raise money. The information used or disclosed for this purpose would be limited to your name, address, telephone number, and the dates you received services at the Health Science Center/UT Medicine.

Special Situations in which we may release medical or health information:

Public Health – These activities generally include: Preventing or controlling disease, injury or disability; reporting births and deaths; reporting child abuse or neglect; reporting reactions to medications or problems with products; notifying people of recalls of products they may be using; notifying a person who may have been exposed to a disease, or may be at risk for contracting or spreading a disease or condition; notifying the appropriate government authority if we believe a patient has been the victim of abuse, neglect or domestic violence. We will only make this disclosure if you agree or when required by law.

Health Oversight – Activities authorized by law such as audits, investigations, inspections, and licensure. These activities are necessary for the government to monitor the health care system, government programs, and compliance with civil rights laws.

Law enforcement – To a law enforcement official in response to a court order or similar process; to identify or locate a suspect, fugitive, material witness, or missing person, but only if limited information is disclosed; about the victim of a crime if, under certain limited circumstances, we are unable to obtain the person's agreement; about a death we believe may be the result of criminal conduct; about criminal conduct we believed occurred on the premises of the institution; and in emergency circumstances to report a crime, the location of the crime or victims, or the identity, description, or location of the person who committed the crime.

Coroners, medical examiners, funeral directors – To a coroner or medical examiner to identify a deceased person or to identify the cause of death. We may release information about patients to funeral directors as necessary to carry out their duties.

Organ and tissue donation – To organizations that handle organ procurement or organ, eye, and tissue transplantation or to an organ donation bank to facilitate organ or tissue donation and transplantation.

Certain research projects – Under certain circumstances, for research purposes. All research projects, however, are subject to a special approval process. This special approval process requires an evaluation of the proposed research project and its use of medical information, and balances these research needs with our patients' need for privacy of their medical information. Before we use or disclose medical information for research, the project generally will have been approved through this special approval process. However, this special approval process is not required when we allow medical information about you to be reviewed by people who are preparing a research project and who want to look at information about patients with specific medical needs, if the medical information does not leave the organization.

Prevent serious threat to health or safety – When necessary to prevent a serious threat to your health and safety or the health and safety of the public or another person. Any disclosure, however, would only be to someone who is able to help prevent the threat.

Armed forces and foreign military personnel – If you are a member of the armed forces, as required by military command authorities. We may also release medical information about foreign military personnel to the appropriate foreign military authority.

National security – To authorized federal officials for intelligence, counterintelligence, and other national security activities authorized by law.

Protective Services – To authorized federal officials so they may provide protection to the President, other authorized persons, or foreign heads of state, or to conduct special investigations.

Worker's Compensation – For workers' compensation or similar programs. These programs provide benefits for work-related injuries or illnesses.

Alcohol and Drug Abuse – Alcohol and drug abuse information has special privacy protections. We will not disclose any information identifying an individual as being a patient or provide any medical information relating to the patient's substance abuse treatment unless: The patient consents in writing; a court order requires disclosure of the information; medical personnel need the information to meet a medical emergency; qualified personnel use the information for the purpose of conducting scientific research, management audits, financial audits, or program evaluation; or, it is necessary to report a crime or a threat to commit a crime, or to report abuse or neglect as required by law.

Business Associates – To one of our business associates in order to carry out treatment, payment, or health care operations. For example, we may disclose medical information about you to a company who bills insurance companies on our behalf to enable that company to help us obtain payment for the health care services that we provide.

Authorizations

Your authorization is required for other disclosures. Except as described above, we will not use or disclose your health information, unless you allow the Health Science Center/UT Medicine in writing to do so. For example, if you want us to send your information to an outside doctor not involved with your treatment at the Health Science Center/UT Medicine, you would need to sign an authorization allowing us to do that. Or, if your doctor wants to use your health information in a presentation outside the Health Science Center/UT Medicine, he/she would ask you to sign an authorization to allow him/her to do this. To authorize us to use or disclose your health information, you must sign a designated authorization form.

If you would like an authorization form, please ask the staff for a form, or you may download a form from our website at:

www.uthscsa.edu/hipaa/forms/patientauthorizationforreleaseofhealthrecords.pdf.

Revoking authorizations

You have the right to withdraw, or revoke, your authorization. If you revoke your authorization, it is effective only after the date of your written revocation, or withdrawal. You must use a designated form to revoke an authorization.

If you would like to revoke an authorization, please ask the staff for a form, or you may download a form from our website at:

<http://www.uthscsa.edu/hipaa/Forms/revocationofauthorization.doc>.