



**A.T. Still University of Health Sciences  
Notice of Privacy Practices**

Effective Date: April 14, 2003

You do not have to act on this notice; it is for informational purposes only.

**THIS NOTICE DESCRIBES HOW HEALTH INFORMATION ABOUT YOU MAY BE USED AND DISCLOSED, AND HOW YOU CAN GET ACCESS TO YOUR PROTECTED HEALTH INFORMATION. PLEASE REVIEW THIS NOTICE CAREFULLY.**

**A. OUR COMMITMENT TO YOUR PRIVACY**

Our University is dedicated to maintaining the privacy of your Protected Health Information (PHI). In conducting our business, we will create records regarding you and the services we provide to you. We are required by law to maintain the confidentiality of health information that identifies you. We also are required by law to provide you with this notice of our legal duties and the privacy practices that we maintain concerning your PHI. By federal and state law, we must follow the terms of the notice of privacy practices that we have in effect at the time.

We realize that these laws are complicated, but we must provide you with the following important information:

- How we may use and disclose your PHI.
- Your privacy rights in your PHI.
- Our obligations concerning the use and disclosure of your PHI.

The terms of this notice apply to all records containing your PHI that are created or retained by the University. We reserve the right to revise or amend this Notice of Privacy Practices. Any revision or amendment to this notice will be effective for all of your records that the University has created or maintained in the past, and for any of your records that we may create or maintain in the future. The University will post a copy of our current Notice in our offices in a visible location at all times, and you may request a copy of our most current Notice at any time.

**B. IF YOU HAVE QUESTIONS ABOUT THIS NOTICE, PLEASE CONTACT:**

**Chief Privacy Officer  
A.T. Still University of Health Sciences  
800 West Jefferson Street  
Kirksville, MO 63501  
(660) 626-2014**

C. We employ business associates who help us to administer our services. Our business associates are also required to keep your medical information confidential. Our business associates may use and disclose your protected health information for treatment, payment and health care operations without your consent or authorization. In our efforts to keep you informed, several ways have been provided to you as examples in which medical information may be used and disclosed about you or a member of your family.

D. We may use and disclose your Protected Health Information (PHI) in the following ways:



- 1. Treatment.** The University may use your PHI to treat you. For Example, we may ask you to have laboratory tests (such as blood or urine tests), and we may use the results to help us reach a diagnosis. We might use your PHI in order to write a prescription for you, or we might disclose your PHI to a pharmacy when we order a prescription for you. Many of the people who work for our practice – including, but not limited to, our doctors and nurses – may use or disclose your PHI in order to treat you or to assist others in your treatment. Additionally, we may disclose your PHI to others who may assist in your care, such as your spouse, children or parents. Your medical information may be used to authorize referrals and for pre certification to obtain medical treatment services.
- 2. Payment.** The University may use and disclose your PHI in order to bill and collect payment for the services and items you may receive from it. For example, the University may contact your health insurer to certify that you are eligible for benefits (and for what range of benefits), and we may provide your insurer with details regarding your treatment to determine if your insurer will cover, or pay for, your treatment. The University also may use and disclose your PHI to obtain payment from third parties that may be responsible for such costs, such as family members. Also, the University may use your PHI to bill you directly for services and items. This may include activities such as making a determination of eligibility or coverage for benefits, reviewing services provided to you for medical necessity, claims management, coordination of benefits, and undertaking utilization review activities.
- 3. Health Care Operations.** The University may use and disclose your PHI to operate our business, for health plan administration, and/or for curriculum use. As examples of the ways in which we may use and disclose your information for our operations, the University may use your PHI to evaluate the quality of care you received from us, or to conduct cost-management and business planning activities for our clinical practice. Our business associates may combine medical information about many health plan members to decide what additional services the health plan should offer, whether certain new treatments are effective, and what services are not needed. Our business associates may provide the A.T. Still University of Health Sciences with de-identified information about care, treatment and services for plan members for use in student education.
- 4. Appointment Reminders.** The University may use and disclose your PHI to contact you and remind you of an appointment.
- 5. Treatment Options.** The University may use and disclose your PHI to inform you of potential treatment options or alternatives.
- 6. Health-Related Benefits and Services.** The University may use and disclose your PHI to inform you of health-related benefits or services that may be of interest to you.
- 7. Release of Information to Family/Friends.** The University may release your PHI to a friend, family member, a close friend or any other person you authorize, that directly relates to that person's involvement in your healthcare. For example, a parent or guardian may ask that a baby-sitter take their child to the pediatrician's office for treatment of a cold. In this example, the baby-sitter may have access to this child's medical information.
- 8. Disclosures Required by Law.** The University will use and disclose your PHI when we are required to do so by federal, state or local law.

#### **D. USE AND DISCLOSURE OF YOUR PHI IN CERTAIN SPECIAL CIRCUMSTANCES**



You have the opportunity to agree or object to the use or disclosure of all or part of your protected health information. If you are not present or able to agree or object to the use or disclosure of the medical information, then the University may, using professional judgment, determine whether the disclosure is in your best interest. In this case, only the medical information that is directly relevant to your health care will be disclosed. The following categories describe unique scenarios in which we may use or disclose your PHI without your consent, authorization, or opportunity to object:

1. **Public Health Risks.** The University may disclose your PHI to public health authorities, including but not limited to Food and Drug Administration (FDA) and the Federal Department of Health and Human Services (HHS), that are authorized by law to collect information for the purpose of:
  - Maintaining vital records, such as births and deaths
  - Preventing or controlling disease, injury or disability
  - Notifying a person regarding potential exposure to a communicable disease
  - Notifying a person regarding a potential risk for spreading or contracting a disease or condition
  - Reporting reactions to drugs or problems with products or devices
  - Notifying individuals if a product or device they may be using has been recalled
  - Notifying appropriate government agency (ies) and authority(ies) regarding the potential abuse or neglect of a patient (including domestic violence); however, we will only disclose this information if the patient agrees or we are required or authorized by law to disclose this information
  - Notifying your employer under limited circumstances related primarily to workplace injury or illness or medical surveillance.
2. **Health Oversight Activities.** The University may disclose your PHI to a health oversight agency for activities authorized by law. Oversight activities can include, for example, investigations, inspections, audits, surveys, licensure and disciplinary actions; civil, administrative, and criminal procedures or actions; or other activities necessary for the government to monitor government programs, compliance with civil rights laws and the health care system in general.
3. **Lawsuits and Similar Proceedings.** The University may use and disclose your PHI in response to a court or administrative order, if you are involved in a lawsuit or similar proceeding. We also may disclose your PHI in response to a discovery request, subpoena, or other lawful process by another party involved in the dispute, but only if we have made an effort to inform you of the request or to obtain an order protecting the information the party has requested.
4. **Law Enforcement.** We may release PHI if asked to do so by law enforcement officials:
  - Regarding a crime victim in certain situations, if we are unable to obtain the person's agreement
  - Concerning a death we believe has resulted from criminal conduct
  - Regarding criminal conduct at our offices
  - In response to a warrant, summons, court order, subpoena or similar legal process
  - To identify/locate a suspect, material witness, fugitive or missing person
  - In an emergency, to report a crime (including the location or victim(s) of the crime, or the description, identity or location of the perpetrator).
5. **Deceased Patients.** The University may release PHI to a medical examiner or coroner to identify a deceased individual or to identify the cause of death. If necessary, the University also may release information in order for funeral directors to perform their jobs.



6. **Organ and Tissue Donation.** The University may release your PHI to organizations that handle organ, eye or tissue procurement or transplantation, including organ donation banks, as necessary to facilitate organ or tissue donation and transplantation if you are an organ donor.
7. **Research.** The University may use and disclose your PHI for research purposes in certain limited circumstances. The University will obtain your written authorization to use your PHI for research purposes except when an Internal Review Board or Privacy Board has determined that the waiver of your authorization satisfies the following: (i) the use or disclosure involves no more than a minimal risk to your privacy based on the following: (A) an adequate plan to protect the identifiers from improper use and disclosure; (B) an adequate plan to destroy the identifiers at the earliest opportunity consistent with the research (unless there is a health or research justification for retaining the identifiers or such retention is otherwise required by law); and (C) adequate written assurances that the PHI will not be re-used or disclosed to any other person or entity (except as required by law) for authorized oversight of the research study, or for other research for which the use or disclosure would otherwise be permitted; (ii) the research could not practicably be conducted without the waiver; and (iii) the research could not practicably be conducted without access to and use of the PHI.
8. **Serious Threats to Health or Safety.** The University may use and disclose your PHI when necessary to reduce or prevent a serious threat to your health and safety or the health and safety of another individual or the public. Under these circumstances, we will only make disclosures to a person or organization able to help prevent the threat.
9. **Military.** The University may disclose your PHI if you are a member of U.S. or foreign military forces (including veterans) and if required by the appropriate authorities.
10. **National Security.** The University may disclose your PHI to federal officials for intelligence and national security activities authorized by law. We also may disclose your PHI to federal officials in order to protect the President, other officials or foreign heads of state, or to conduct investigations.
11. **Inmates.** The University may disclose your PHI to correctional institutions or law enforcement officials if you are an inmate or under the custody of law enforcement officials. Disclosure for these purposes would be necessary: (a) for the institution to provide health care services to you, (b) for the safety and security of the institution, and/or (c) to protect your health and safety or health and safety of other individuals.
12. **Disaster Relief.** Unless you object, your medical information may be used or disclosed to an authorized public or private entity to assist in disaster relief efforts and coordinate use and disclosures to family or other individuals involved in your health care.
12. **Worker's Compensation.** The University may release your PHI for worker's compensation and similar programs.

## E. YOUR RIGHTS REGARDING YOUR PHI

You have the following rights regarding the PHI that we maintain about you and your dependents:

1. **Right to Confidential Communications.** You have the right to request that the University communicate with you about your health and related issues in a particular manner or at a certain location. For instance, you may ask that we contact you at home, rather than work. Efforts will be made to accommodate reasonable requests. In order to request a type of confidential communication, you must make a written request to: Chief Privacy Officer, A.T. Still University



of Health Sciences, 800 West Jefferson Street, Kirksville MO 63501, (660) 626-2014. Please specify the requested method of contact, or the location where you wish to be contacted. You do not need to give a reason for your request.

2. **Right to Restrictions.** You have the right to request a restriction on the use or disclosure of your PHI for treatment, payment, or health care operations. Additionally, you have the right to request that the University restrict its disclosure of your PHI to only certain individuals involved in your care or the payment for your care, such as family members and friends. **The University is not required to agree to your request;** however, if the University does agree, it is bound by the agreement except when otherwise required by law, in emergencies, or when the information is necessary to treat you. In order to request a restriction in the University's use or disclosure of your PHI, you must make your request in writing to Chief Privacy Officer, 800 West Jefferson Street, Kirksville MO 63501. The telephone number is (660) 626-2014. Your request must describe in a clear and concise fashion:
  - (a) the information you wish restricted.
  - (b) whether you are requesting to limit the University's use, disclosure or both;  
and
  - (c) to whom you want the limits to apply.

If the University denies the request a written denial will be given indicating the reason.

3. **Right to Access.** You have the right to inspect and obtain a copy of the PHI that may be used to make decisions about you, including patient medical records and billing records, but not including psychotherapy notes. In order to inspect and/or obtain a copy of your PHI, you must submit your request in writing to: Chief Privacy Officer, A.T. Still University of Health Sciences, 800 West Jefferson Street, Kirksville, MO 63501. The telephone number is (660) 626-2014. The University may charge a fee for the costs of copying, mailing, labor, and supplies associated with your request. The University may deny your request to inspect and/or copy in certain limited circumstances; however, you may request a review of our denial. Another licensed health care professional chosen by us will conduct reviews.

A.T. Still University of Health Sciences Health Plan does not maintain a central file of your protected health information. Health Network America, the Plan's Administrator, maintains a designated record set for the A.T. Still University of Health Sciences Health Plan, as do our other business associates who provide services for the health plan.

4. **Right to Amend.** You may ask the University to amend your PHI if you believe it is incorrect or incomplete, and you may request an amendment for as long as the information is kept by or for the University. To request an amendment, your request must be made in writing and submitted to: Chief Privacy Officer, A.T. Still University of Health Sciences, 800 West Jefferson Street, Kirksville, MO 63501. The telephone number is (660) 626-2014. You must provide us with a reason that supports your request for amendment. The University will deny your request if you fail to submit your request (and the reason supporting your request) in writing. Also, we may deny your request if you ask us to amend information that is in our opinion: (a) accurate and complete; (b) not part of the PHI kept by or for the University; (c) not part of the PHI which you would be permitted to inspect and copy; or (d) not created by the University, unless the individual or entity that created the information is not available to amend the information.
5. **Accounting of Disclosures.** All of our patients/plan members have the right to request an "accounting of disclosures." An "accounting of disclosures" is a list of certain non-routine disclosures the University has made of your PHI for non-treatment or operations purposes. Disclosures related to treatment, payment or health care operations will not be included in the



accounting. Examples of this are: the doctor sharing information with the nurse; or the billing department using your information to file your insurance claim. In order to obtain an accounting of disclosures, you must submit your request in writing to: Chief Privacy Officer, A.T. Still University of Health Sciences, 800 West Jefferson Street; Kirksville, MO 63501. The telephone number is (660) 626-2014. All requests for an “accounting of disclosures” must state a time period, which may not be longer than six (6) years from the date of disclosure and may not include dates before April 14, 2003. The first list you request within a 1-month period is free of charge, but the University may charge you for additional lists within the same 12-month period. The University will notify you of the costs involved with additional requests, and you may withdraw your request before you incur any costs.

- 6. Right to a Paper Copy of This Notice.** This notice is available on our web site at [www.stillnet.kcom.edu](http://www.stillnet.kcom.edu) and [www.healthnetworkamerica.com/ATStill.com](http://www.healthnetworkamerica.com/ATStill.com). However, you are entitled to receive a paper copy of the University’s notice of privacy practices. You may ask for a copy of this notice at any time. To obtain a paper copy of this notice, please submit your request in writing to: Chief Privacy Officer, A.T. Still University of Health Sciences, 800 West Jefferson Street, Kirksville, MO 63501. The telephone number is (660) 626-2014.
- 7. Right to File a Complaint.** If you believe your privacy rights have been violated, you may file a complaint with the University or with the Secretary of the Department of Health and Human Services. To file a complaint with the University, contact: Chief Privacy Officer, A.T. Still University of Health Sciences, 800 West Jefferson Street, Kirksville, MO 63501. The telephone number is (660) 626-2014. All complaints must be submitted in writing. **You will not be penalized for filing a complaint.**
- 8. Right to Provide an Authorization for Other Uses and Disclosures.** The University will obtain your written authorization for uses and disclosures that are not identified by this notice or permitted by applicable law. Any authorization you provide to us regarding the use and disclosure of your PHI may be revoked at any time **in writing**. After you revoke your authorization, we will no longer use or disclose your PHI for the reasons described in the authorization. Please note: we are required to retain records of your care.

WE RESERVE THE RIGHT TO CHANGE OUR PRACTICES AND TO MAKE THE NEW PROVISIONS EFFECTIVE FOR ALL PROTECTED HEALTH INFORMATION WE MAINTAIN. SHOULD WE CHANGE OUR INFORMATION PRACTICES, WE WILL MAIL A REVISED NOTICE TO THE ADDRESS YOU HAVE SUPPLIED US.

Again, if you have any questions regarding this notice or our health information privacy policies, please contact:

Chief Privacy Officer  
A.T. Still University of Health Sciences  
800 West Jefferson Street  
Kirksville, MO 63501  
Or call toll free (660) 626-2014 or 1 (800) 626-5266