Contact Information:

You can complain with either the HIPAA Compliance Officer:

Debra McLaughlin, MPA, CHC
HIPAA Compliance Officer
University of Oregon Health Center
1232 University of Oregon, Eugene, Oregon 97403
T - (541) 346-4452 or F – (541) 346-8215

Or the UO Registrar:

Susan M. Eveland
Assistant Vice President for Enrollment Management
Office of the Registrar
5257 University of Oregon, Eugene, OR 97403
T – (541) 346-3195 or F – (541)-346-6682

You can also, file a complaint with:

U.S. Department of Health and Human Services Office for Civil Rights
200 Independence Avenue, S.W., Washington, D.C. 20201
1-877-696-6775 or visiting www.hhs.gov/ocr/privacy/hipaa/complaints/

or

U.S. Department of Education
Family Policy Compliance Office,
400 Maryland Ave. S.W., Washington, D.C. 20202-8520
Or visit - http://familypolicy.ed.gov/complaint-form

You may also use our anonymous hotline to make a report at www.uoregon.ethicspoint.com

We will not retaliate against you for filing a complaint.

Please Review Carefully—
This notice describes how medical information about you may be used and disclosed

• Your Information
• Your Rights
• Our Responsibilities
Your Rights

The University of Oregon is committed to upholding all legal and professional obligations to protect the confidentiality of your health records. Confidentiality is central to the effective provision of health care services. This notice describes how your health record may be used and/or disclosed and how you can get access to this information.

You have the right to:

- **Get a copy of your paper or electronic health record**
  We will provide a copy or a summary of your health record, usually within 30 days of your request. We may charge a reasonable, cost-based fee.

- **Request us to correct your health information that you think is incorrect or incomplete**
  We may say “no” to your request, but we’ll tell you why in writing within 60 days; and if we decide not to correct your health information, you may be entitled to a hearing.

- **Request confidential communication**
  You can ask us to contact you in a specific way, for example home or office phone or to send mail to a different address.

- **Ask us to limit the information we share**
  You can ask us not to use or share certain health information for treatment – we are not required to agree to your request, and we may say “no” if it would affect your care or a law requires us to share that information.

Acknowledgement and Consent

I hereby consent to the University of Oregon, including any of its school officials, releasing my educational records as stated below:

Purpose and specific records to be released in order to:

(1) respond to public health and safety emergencies; or
(2) prevent or control disease, injury or disability.

Records may be released to:

(1) Public health authorities that are legally authorized to receive reports for the purpose of preventing or controlling public health emergencies, disease, injury or disability. (“Public health authorities” include agencies or authorities of the United States Government, a State, a Territory, a political subdivision of a State or Territory, as well as a person acting under a grant of authority from, or under a contract with a public health authority.) And
(2) Persons who are at risk of contracting or spreading a disease or condition if other law authorizes the University to notify such individuals as necessary to carry out public health interventions or investigations.

During your check-in process you will be provided a copy of this Notice of Privacy Practices and asked to provide your acknowledgement and consent.
Our Responsibilities

- We are required by law to maintain the privacy and security of your education records and protected health information.

- We will let you know promptly if a breach of security occurs that compromises the privacy or security of your information.

- We must follow the duties and privacy practices described in this notice and give you a copy of it.

For more information see: www.hhs.gov/ocr/privacy/hipaa/understanding/consumers/noticepp.html.

Your Rights

- Get a list of those with whom we’ve shared your information
  You can ask for a list (accounting) of the times we’ve shared your health record for six years prior to the date you ask; We will include all the disclosures except for those about treatment or disclosures made with your consent.

- Request a copy of this privacy notice at any time

Persons who can act on your behalf
You; your parents until you (the student) reach the age of 18 or are in attendance at an institution of post-secondary education; or your legal guardian if you are not mentally or physically capable of making decisions about your health information and have officially designated someone to act as your legal guardian for that purpose. We will make sure that this person has the requisite legal authority and can act for you before we take any action.

- File a complaint if you believe your privacy rights have been violated
  You can file a complaint if you feel that we have violated your rights by contacting our Privacy Officer using the information provided on the back page; or you may file a complaint with the U.S. Department of Health and Human Services, Office for Civil Rights or the U.S. Department of Education – contact information is also on the back page.
Your Choices

In these cases, we will use and share your health information only with your consent which you may revoke at any time in writing:

- Share information with your family, close friends or others involved in your care who are not providing you treatment
- Contact you for marketing or fundraising purposes – we will never sell your information
- Conduct health research
- Respond to organ and tissue donation requests
- Work with a medical examiner or funeral director
- Address workers’ compensation claims
- Bill for your services
  If you pay for a service out-of-pocket in full, you can ask us not to bill your insurance for that service.
- Information relating to certain public health activities

Uses and Disclosures That Do Not Require Consent

Some examples are:

- Treat you
  We can share your health record with other professionals who are treating you. For x-rays, we participate in an electronic medical imaging exchange network with other health care providers not affiliated with us. This secure, electronic network lets us and other network providers share your electronic medical imaging records maintained on the network and add to and review the information contained in those records, such as the care you receive and other important health information. Not all your medical imaging information is kept in the records maintained on the network. Not every provider who treats you looks at or is allowed to update your medical imaging records maintained on the network.
- Run our health care organizations
  We may use your information when there is a legitimate need to know in the course of carrying out one’s duties, while maintaining the minimum necessary standards, for example Quality Assurance Reviews.
- Respond to health and safety emergencies
- Comply with the law
  We will share information about you if state or federal law requires it and the disclosure is allowed by state and federal law; for special government functions such as military, national security, and presidential protective services.
- Respond to lawsuits, legal actions, subpoenas or orders from other tribunals or state agencies, in compliance with UO Policy or state and federal law.