



NOTICE OF PRIVACY PRACTICES

This notice describes how your medical information may be used and disclosed (provided to others) and how you can get access to this information. Please review this notice carefully.

Pacific University is committed to preserving the privacy of your health information. We are required by law to keep your health information private and provide you with this Notice of Privacy Practices. We are also required to provide you with this Notice describing our legal duties and our practices concerning your health information. We reserve the right to change this Notice and to make the revised or changed Notice effective for health information we already have about you, as well as any information we receive in the future. We will have a copy of the current Notice with an effective date in clinical locations and any changes made to the Notice will be posted in the Patient Registration area, posted on our [website](#) and given to you at your next appointment. Pacific University is required to notify you if your protected health information is breached.

Pacific University includes the College of Health Professions, the College of Optometry, the College of Education and the College of Arts & Sciences; several healthcare clinics; and student health services. For the rest of this Notice, "Pacific University" will refer to all services, service areas, and workers of the Health care component of Pacific University.

A. PURPOSE OF THIS NOTICE.

This Notice tells you how Pacific University uses and discloses the health information that you have given us or that we have learned from you when you were a patient in our system. It also tells you about our responsibility to you and how we can and cannot use your health information.

Note: When we use the words "your health information:" we mean any information that you have given us about you and your health, as well as information that we have gathered while we have taken care of you (Pacific University). Pacific University will follow this Notice of Privacy Practices and any future changes to the Notice that we are required or authorized by law to make.

The health information practices listed in this Notice will be followed at all Pacific University locations. This includes the practices of:

- All Pacific University employees, volunteers, students, residents and service providers, including clinicians, who have access to health information.
- Any health care professional authorized to enter information into your Pacific University health record.
- Any non-Pacific University clinicians who might otherwise have access to your health information created or kept by Pacific University, as a result of, for example, their call coverage for Pacific University clinicians.

The people listed above will share your health information with each other for purposes of treatment, payment, and healthcare operations, as further described in this Notice.

B. USES AND DISCLOSURES OF HEALTH INFORMATION FOR TREATMENT, PAYMENT AND HEALTH CARE OPERATIONS AT PACIFIC UNIVERSITY.

1. Treatment, Payment and Health Care Operations.

Pacific University uses medical records to record health information, to plan care and treatment and to carry out routine health care functions. For example, your insurance company may need us to give them procedure and diagnosis information to bill for patient treatment we provide. Other health care providers or health plans reviewing your records must follow the same privacy laws and rules that Pacific University is required to follow.

Patient records also greatly help our researchers find the best possible treatment for diseases and medical conditions. All Pacific University researchers must follow the same rules and laws that other health care providers have to follow to keep patient information private. Details that may identify patients will not be disclosed for research purposes to anyone outside of Pacific University without written permission from the patient or the patient's parent or legal guardian.

The following sections describe different ways that we use and disclose health information for treatment, payment and health care operations. For each of those categories, we explain what we mean and give one or more examples. Not every use or disclosure will be noted and there may be incidental disclosures that are a byproduct of the listed uses and disclosures. The ways we use and disclose health information will fall within one of the categories.

For Treatment. We may use your health information to provide you with medical treatment or services. We may disclose your health information to supervising physicians, licensed clinical faculty, post-graduate residents, midwives or nurse practitioners, and other personnel involved in your health care. We may also disclose your health information to students and clinical residents who, as a part of their Pacific University educational programs (and while supervised by physicians or supervising, licensed, clinical faculty are involved in your care. Treatment includes (a) activities performed by nurses, office staff, hospital staff, technicians and other types of health care professionals providing care to you or coordinating or managing your care with third parties, (b) consultations with and between Pacific University providers and other health care providers, and (c) activities of non-Pacific University providers or other providers covering an Pacific University practice by telephone or serving as the on-call provider. For example, a physician treating you for an infection may need to know if you have other health problems that could complicate your treatment. That provider may use your medical history to decide what treatment is best for you. They may also tell another provider about your condition so that he or she can decide the best treatment for you.

For Payment. We may use and disclose your health information so that we may bill and collect payment from you, an insurance company, or someone else for health care services you receive from Pacific University. We may also tell your health plan about a treatment you are going to receive to obtain prior approval, or to determine whether your plan will pay for the treatment. For example, we may need to give your health plan information about a hearing examination, a vision examination or physical therapy you received at Pacific University so your health plan will pay us or reimburse you for the examination or treatment.

For Health Care Operations. We may use and disclose your health information in order to run the necessary administrative, educational, quality assurance and business functions at Pacific University. For example, we may use your health information to evaluate the performance of our staff in caring for you. We may also use health information about patients to help us decide what additional services we should offer, how we can improve efficiency, or whether certain treatments are effective. Or we may give health information to doctors, nurses, technicians, or health profession students for review, analysis and other teaching and learning purposes.

2. Special Circumstances. Treatment, payment and health care operations at Pacific University include uses and disclosures in the circumstances listed below.

- **Appointment Reminders.** We may use and disclose your health information to contact you as a reminder that you have an appointment for treatment or services.
- **Treatment Alternatives and Health Related Products and Services.** We may use and disclose your health information in order to allow someone to contact you about possible treatment options or alternatives, or health related products or services that may be of interest to you. For example, a Pacific University provider may contact you with information about a health service that may benefit you after a physical examination.
- **Fundraising Activities.** We may use and disclose a limited amount of your health information internally, or to the Pacific University Foundation to allow them to contact you to raise money for Pacific University. The health information released for these fundraising purposes may include your name, address, phone number and dates on which you received service at Pacific University. Any fundraising communications you receive from Pacific University or its Foundations will include information on how you can elect not to receive any further fundraising communications from Pacific University.
- **Sharing Information with Business Associates.** Some services at Pacific University are provided through contracts with business associates or business partners. Examples include billing and transcription services. When these services are contracted, we may disclose the minimum necessary amount of your health information to the business partner that they need to perform the job we have hired them to do. To protect your health information, we legally require our business associates and business partners to follow the same privacy laws that Pacific University must follow.

C. OTHER PERMITTED USES AND DISCLOSURES OF HEALTH CARE INFORMATION.

We may use or disclose your health information without your permission in the following circumstances, subject to all applicable legal requirements and limitations:

1. **Required By Law:** As required by federal, state, or local law.
2. **Public Health Risks:** For public health reasons in order to prevent or control disease, injury or disability; or to report births, deaths, suspected abuse or neglect, non-accidental physical injuries, reactions to medications or problems with products.
3. **Health Oversight Activities:** To a health oversight agency for audits, investigations, inspections, licensing purposes, or as necessary for certain government agencies to monitor the health care system, government programs, and compliance with civil rights laws.
4. **Lawsuits and Disputes:** In response to a subpoena or a court or administrative order, if you are involved in a lawsuit or a dispute, or in response to a court order, subpoena, warrant, summons or similar process, if asked to do so by law enforcement.

5. **Law Enforcement:** To law enforcement agencies in order to provide information about someone who is or is suspected to be a victim of a crime; to provide information about a crime at our office; or to report a crime that happened somewhere else.
6. **Coroners, Medical Examiners and Funeral Directors:** To a coroner or medical examiner, (as necessary, for example, to identify a deceased person or determine the cause of death) or to a funeral director, as necessary to allow him/her to carry out his/her activities.
7. **Research:** For research purposes under certain limited circumstances. Research projects are subject to a special approval process. Therefore, we will not use or disclose your health information for research purposes until the particular research project, for which your health information may be used or disclosed, has been approved through this special approval process.
8. **Serious Threat to Health or Safety; Disaster Relief:** To appropriate individual(s)/organization(s) when necessary (i) to prevent a serious threat to your health and safety or that of the public or another person, or (ii) to notify your family members or persons responsible for you in a disaster relief effort.
9. **Military and Veterans:** As required by military command or other government authority for information about a member of the domestic or foreign armed forces.
10. **National Security; Intelligence Activities; Protective Service:** To federal officials for intelligence, counterintelligence, and other national security activities authorized by law, including activities related to the protection of the President, other authorized persons or foreign heads of state, or related to the conduct of special investigations.
11. **Workers' Compensation:** To your employer via a workers' compensation or similar work-related injury program.
12. **Inmates:** To a correctional institution (if you are an inmate) or a law enforcement official (if you are in that person's custody) as necessary (a) for the institution to provide you with health care; (b) to protect your or others' health and safety; or (c) for the safety and security of the correctional institution.

D. WHEN WRITTEN AUTHORIZATION IS REQUIRED.

We will not use or disclose your PHI for any purpose other than the purposes described in this Notice without your written authorization. For example, Pacific University will not supply PHI to another company for its marketing purposes, we will not sell your PHI, and we will not disclose any psychotherapy notes. If you give us authorization, you can withdraw this written Authorization at any time. To remove your authorization, deliver a written revocation to Pacific University Privacy Officer:

Pacific University Privacy Officer
Pacific University
2043 College Way, #A-118
Forest Grove, OR 97116
privacyofficer@pacificu.edu

If you revoke your Authorization, we will no longer use or disclose your health information as allowed by your written Authorization, except to the extent that we have already relied on your Authorization.

E. YOUR RIGHTS REGARDING YOUR HEALTH INFORMATION.

You have certain rights regarding your health information which we list below. In each of these cases, if you want to exercise your rights, you must do so in writing by completing a form that you can obtain from the Pacific University Privacy Officer Phone:503-352-2160; Email: privacyofficer@pacificu.edu,

or on the Web at . In some cases, we may charge you for the costs of providing materials to you. You can get information about how to exercise your rights and about any costs that we may charge for materials by contacting the Pacific University Privacy Officer at (503) 352-2160 or privacyofficer@pacificu.edu.

1. **Right to Inspect and Copy.** You may ask to inspect or to obtain a copy of your PHI that is included in certain records Pacific University maintains and request the form and format, including an electronic form and format, you wish to use to access your PHI. Pacific University will honor your request to provide access in the form and format requested so long as it is readily producible in such form and format; or if not, in a readable electronic form and format as agreed to by Pacific University and you. Under limited circumstances, Pacific University may deny you access to a portion of your records. If you request copies, Pacific University may charge you for copying and mailing costs.
2. **Right to Amend.** You have the right to amend your health information maintained by or for Pacific University, or used by Pacific University to make decisions about you. We will require that you provide a reason for the request, and we may deny your request for an amendment if the request is not properly submitted, or if it asks us to amend information that (a) we did not create, (unless the source of the information is no longer available to make the amendment); (b) is not part of the health information that we keep; (c) is of a type that you would not be permitted to inspect and copy; or (d) is already accurate and complete.
3. **Right to an Accounting of Disclosures.** You have the right to request a list and description of certain disclosures by Pacific University of your health information.
4. **Right to Request Restrictions.** You have the right to request a restriction or limitation on the health information we use or disclose about you (a) for treatment, payment, or health care operations, (b) or to a health plan for payment or health care operations purposes when you have paid for the item or service for which the health care provider involved has been paid out of pocket in full. For example, you could ask that we not use or disclose information about an examination you had, a laboratory test ordered or a medical device prescribed for your care. Except for the request noted in 4(b) above, we are not required to agree to your request. Any time Pacific University agrees to such a restriction, it must be in writing and signed by the Pacific University Privacy Officer or his or her designee.
5. **Right to Request Confidential Communications.** You have the right to request that we communicate with you about health matters in a certain way or at a certain place. For example, you can ask that we only contact you at work or by mail.
6. **Right to a Paper Copy of This Notice.** You have the right to a paper copy of this notice, whether or not you may have previously agreed to receive the Notice electronically.
7. **Right to Restrict Disclosure to your Health Plan.** You have a right to request Pacific University restrict disclosure of protected health information about the you to your health plan if the disclosure is for the purposes of carrying out payment or health care operations and not otherwise required by law; and the protected health information pertains solely to a health care item or service for which the you, or person other than the health plan on your behalf, has paid the Pacific University in full.

F. QUESTIONS OR COMPLAINTS

If you have any questions about this Notice or your privacy rights, please contact the Pacific University Privacy Officer at 503-352-2160 or privacyofficer@pacificu.edu. If you believe your privacy rights have been violated, you may file a complaint with Pacific University Privacy Officer, as follows:

Pacific University Privacy Officer
Pacific University
2043 College Way, #A-118
Forest Grove, OR 97116

or with the Secretary of the Department of Health and Human Services. You will not be penalized for filing a complaint.

COMPLAINT REQUIREMENTS

Anyone can file a health information privacy or security complaint. Your complaint must:

- Be filed in writing by mail, fax, e-mail, or via the [OCR Complaint Portal](#); or open and fill out the [Health Information Privacy Complaint Form Package - PDF](#), or submit a written complaint in your own format
- Email the completed complaint package to OCRCComplaint@hhs.gov or print the completed complaint package or the written complaint in your own format and mail the printed document(s) to:

Centralized Case Management Operations
U.S. Department of Health and Human Services
200 Independence Avenue, S.W.
Room 509F HHH Bldg.
Washington, D.C. 20201

- Name the covered entity or business associate involved, and describe the acts or omissions, you believed violated the requirements of the Privacy, Security, or Breach Notification Rules
- Be filed within 180 days of when you knew that the act or omission complained of occurred. OCR may extend the 180-day period if you can show "good cause"

<https://www.hhs.gov/hipaa/filing-a-complaint/complaint-process/index.html>

Reviewed:

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