

The University of Mississippi

NOTICE OF PRIVACY PRACTICES

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

Effective Date of Notice: April 14, 2006

INTRODUCTION: In accordance with the Health Insurance Portability and Accountability Act of 1996 (HIPAA), The University of Mississippi is required to take reasonable steps to ensure the privacy of your personally identifiable health information (PHI) that comes into our possession. The term “protected health information” includes all individually identifiable health information transmitted or maintained by the university, regardless of form (oral, written, electronic). Specifically excluded from HIPAA privacy requirements, is information related to accident-only coverage, disability insurance, workers compensation, liability insurance, life insurance, educational records, and employment records held by the university in its role as an employer. Some examples of PHI are your health history, medical records, name, address, date of birth, marital status, sex, social security number, information regarding your dependents, and other similar information that relates to past, present, or future medical care.

In order to ensure the privacy of your protected health information, The University of Mississippi has developed privacy policies and procedures based on appropriate physical safeguards necessary to maintain confidentiality of your protected health information. All requests for disclosures will be reviewed on an individual basis in accordance with these policies and procedures.

Uses and disclosures

The university will only use or disclose the minimum amount of protected health information necessary under the circumstances. Use or disclosure will be limited to those individuals that have a legitimate business need for that information.

Uses and disclosure for which your consent, authorization or opportunity to object is not required:

1. when required by law
2. when disclosed to the individual who is the subject of the PHI.
3. for purposes related to health care treatment, payment for health care and health care operations.
4. for public policy reasons (e.g. law enforcement, court orders).

Required Uses and Disclosures: Use and disclosure of your protected health information may be required by the Department of Health and Human Services to determine compliance with HIPAA regulations.

Uses and disclosures for treatment: Your protected health information may be disclosed to health care providers including doctors, nurses, laboratory technicians, and other health care personnel involved in your treatment.

Uses and disclosures for payment: Your protected health information may be disclosed to individuals involved in payment for your treatment in order to determine eligibility for payment and eligibility for plan benefits, utilization review, or other claims management matters.

Use and disclosures for health care operations: Your protected health information may be used and disclosed for health related insurance plans operation purposes such as underwriting, premium rating, and quality review assessments.

The University of Mississippi may share protected health information with its business associates for purposes such as utilization reviews, plan reimbursement, appropriateness of care reviews, and consultations with outside health care providers. The University of Mississippi requires its business associates to sign a contract agreeing to comply with the university's privacy policies.

Uses and disclosures that require your written authorization:

1. Generally, psychotherapy notes about your conversations with your mental health professional during a counseling session may not be released without your prior written authorization. However, the university may use such notes in order to defend itself against litigation filed by you.
2. All other instances not specifically exempted from authorization requirements under HIPAA.

Your Rights

1. Right to inspect and copy: You have the right to review your protected health information maintained by the university and to obtain a copy of such information. A reasonable fee may be charged for copies.
2. Right to Request Amendments: You have the right to request amendments to your protected health information or to register a complaint with the university's Privacy Officer. Your request or complaint must be in writing listing the reason(s) supporting your request.
3. Right to Request an Accounting of Disclosures: You have a right to request an accounting of disclosures of your protected health information made by the university. The request must be in writing and may not be for a period longer than six years. The university is not required to account for disclosures made (1) to carry out treatment, payment or health care operations; (2) to individuals about their own protected health information; (3) prior to the HIPAA compliance date; and (4) based on your written authorization.
4. Right to Request Restrictions: You have a right to request restrictions on the protected health information that may be used or disclosed for treatment, payment or health care operations. The request must be in writing. The university is not required to agree to your request.
5. Right to Request Communications by Alternative Means or Locations: You have the right to request that communications regarding your protected health information from the university be made at a certain time or location. This request must be in writing. The university will accommodate reasonable requests.
6. You may exercise your rights through a personal representative. Your personal representative will be required to produce evidence of his/her authority to act on your behalf

(a power attorney, court order, or parent or guardian of an unemancipated minor). The university reserves the right to deny access to your personal health information.

7. Individuals wishing to exercise any of the aforementioned rights should contact the University's Privacy Officer at the address below.

Where to File Complaints

1. If you believe that your privacy rights protected by HIPAA have been violated or you have questions concerning this policy, you may contact:

ATTN: Privacy Officer
The University of Mississippi
Department of Human Resources
Paul B. Johnson Commons, East
P.O. Box 1848
University, MS 38677
Ph. 662.915.7431
Fax: 662.915.5836
Email: hr@olemiss.edu

2. Complaints may also be filed with:

Region IV
Office of Civil Rights
Department of Health & Human Services
61 Forsyth Street, S.W. – Suite 3B70
Atlanta, GA 30323
Ph.: (404) 562-7886 or (404) 331-2867(TDD)
Fax: (404) 562-7881

Changes to Privacy Practices

The University of Mississippi reserves the right to change the privacy practices that are described in this Notice of Privacy Practices. If The University of Mississippi changes its privacy policies and procedures, an updated Notice of Privacy Practices will be provided to you. An up-to-date privacy notice will be posted on the human resources web site at www.olemiss.edu/depts/HR. Hard copies of this notice may be requested by contacting the university's Privacy Officer at the above address.