

**CREIGHTON UNIVERSITY
POLICY REGARDING DISTRIBUTING NOTICE OF PRIVACY PRACTICES**

I. PURPOSE

This policy is designed to inform Creighton University employees, faculty, residents and agents (collectively referred to herein as "health care providers") within Creighton University of the process for providing patients with written notice of Creighton University's privacy practices.

II. POLICY

All Creighton University patients receiving healthcare services in the clinics identified in Section III have the right to receive a written copy of Creighton's Notice of Privacy Practices.

III. SCOPE

This policy applies to Creighton Clinic Pharmacy, Creighton Dental Clinics, Creighton Pediatric Therapy, and Creighton Specialty Pediatrics.

IV. PROCEDURES

A. Beginning September 23, 2013.

1. All patients receiving services on or after September 23, 2013, must be provided a copy of the form entitled, "Creighton University Notice of Privacy Practices" (Attachment A to this policy).
2. All patients receiving a copy of the Notice of Privacy Practices must sign the form entitled, "Acknowledgement of Receipt of Creighton Notice of Privacy Practices" (Attachment B to this policy). This form may be electronically signed in those clinics with such capability. For minors and other patients who are incapable of making their own health care decisions, the Patient's Legal Representative must receive the Notice and sign the Acknowledgement. See definition of Patient Representative in Section IV.E.
3. Creighton University staff persons are responsible for ensuring that every patient is offered a copy of the Notice of Privacy Practices at least once.
 - a. The Notice of Privacy Practices shall be provided as soon as reasonably practicable, typically upon patient's arrival for an appointment.
 - b. When presenting the Notice of Privacy Practices to the patient/legal representative, the Creighton staff person shall request that the patient/patient representative sign the Acknowledgement (Attachment B). If the patient's legal representative is unavailable to sign the Acknowledgement form, the Notice shall be mailed to the legal representative's address.
 - c. The patient's completed Acknowledgement (Attachment B) shall be included in the patient's health record.
 - d. The Acknowledgement form must be received prior to beginning delivery of services, except during health emergencies. If the Acknowledgement form is not in the patient's record, the health care provider shall ensure that the Notice of Privacy Practices is presented to the patient and an executed Acknowledgement is received for inclusion in the record.

B. Upon revision of a revised Notice of Privacy Practices.

In the event the Notice of Privacy Practices is revised and reissued, Creighton University shall follow the procedure in Section IV.A.3.a-d to ensure that each patient is provided the revised Notice and that Acknowledgement of such receipt is obtained and placed in the patient's health record.

C. Inability to Obtain Patient / Patient Representative Acknowledgement.

1. This Section IV.C applies where clinic is unable to obtain signed Acknowledgement of receipt of the Notice of Privacy Practices due to:

- a. Patient incapacity with no personal representative.
- b. Patient or personal representative refusal to sign the Acknowledgement.
- c. Other causes.

2. If the clinic is unable to obtain a signed Acknowledgement, the responsible Creighton provider or staff shall document in the patient's health record the following information:

- a. Attempts made to obtain a signed Acknowledgement. If the legal representative is not present, documentation shall reflect that the Notice and Acknowledgement forms were mailed to the legal representative.
- b. Known/suspected reasons for failure to obtain the signed Acknowledgement.
- c. Date, time of events.
- d. Signature or initials of the person making such entry.

3. Where a patient's health record contains documentation created pursuant to Section IV.D.2 of this policy, the clinic shall repeat their efforts at the next patient encounter.

D. Patient Right to Request a Copy of the Notice.

Patients have the right to receive a copy of the current Notice of Privacy Practices, even where such patient has already received a copy of the current Notice. A copy of the Notice shall be provided upon patient request. Where it is an Acknowledgement has not previously been obtained, the Department shall request a receipt of Acknowledgement (Attachment B) for inclusion in the patient's health record.

E. Patient Representative Defined.

For purposes of this policy, patient representative is defined as an individual with authority under applicable law to act on behalf of an individual who is an adult or an emancipated minor in making decisions related to health care.

V. ADMINISTRATION AND INTERPRETATIONS

Questions regarding this policy may be addressed to the University Privacy Officer, the Vice President Health Sciences, the General Counsel, and/or their staff.

VI. AMENDMENTS OR TERMINATION OF THIS POLICY

This policy may be amended or terminated by Creighton University at any time.

VII. VIOLATIONS AND INQUIRIES

Any questions about or known violations of this policy should be reported to the University Privacy Officer at 402-280-3469 or via e-mail to privacy@creighton.edu.

Violations of this policy can result disciplinary action in accordance with University procedures.

VIII. REFERENCES

42 USC 1301 et seq., 45 CFR 164.502, 164.520.

CREIGHTON UNIVERSITY
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.

WHO WILL FOLLOW THIS NOTICE

This notice describes the privacy practices of Creighton University entities including:

- Creighton Dental Clinics
- Creighton Pediatric Therapy
- Creighton Specialty Pediatrics
- Creighton Clinic Pharmacy
- All employees, residents, and health care professional students of Creighton University involved in the delivery, quality and payment of your health care or authorized to enter information into your health record
- Any health care professional students observing health care services and operations
- Any volunteer we allow to assist in your health care.

All the above-identified entities, locations, and individuals will follow the terms of this notice. In addition, these entities, sites and individuals may share health information with each other for treatment, payment or health care operations as described in this notice.

OUR PLEDGE REGARDING HEALTH INFORMATION

We understand that your health information is personal and we are committed to protecting that health information. We create a record of the care and services you receive to ensure quality care and to comply with contractual and legal requirements. This notice applies to all of the records of your care generated by Creighton University and the persons and entities listed above. It describes your rights and our obligations regarding the use and disclosure of your health information.

We are required by law to:

- **protect the privacy of your health information;**
- **give you this notice of our legal duties and privacy practices with respect to your health information; and**
- **follow the terms of the notice that is currently in effect.**

HOW WE MAY USE AND DISCLOSE YOUR HEALTH INFORMATION

The following categories describe different ways we use and disclose health information. We have included some examples of each use and disclosure. Not every use or disclosure within a category will be listed.

- **For Treatment.** We may use or disclose health information about you to doctors, nurses, technicians, residents, health care professional students, and/or other personnel

who are involved in your care. For example, your treating provider may use your health history in diagnosing your illness. We may disclose health information about you to health care providers outside Creighton University who are involved in your ongoing health care.

- **For Payment.** We may use and disclose health information about you so that the treatment and services you receive may be billed to and payment may be collected from you, an insurance company or a third party. For example, we may give your health plan information about treatment you received so the health plan will pay us or reimburse you for the treatment. We may tell your health plan about a scheduled treatment to obtain prior approval or to determine whether your health plan will pay for the treatment. We may share your health information with other entities, such as specialists, who may need this information to bill for services they provided you.

- **For Health Care Operations.** We may use and disclose health information about you for Creighton's health care operations. These uses and disclosures are necessary to operate Creighton and promote quality care. For example, we may use health information to review our treatment and services and to evaluate the performance of our staff. We may disclose information to our professional staff, health care professional students and other personnel for review and learning purposes. We may disclose health information about you to entities outside Creighton University for their health care operations as long as both Creighton and the other entity have treated you. We may also combine the health information we have with information from other health care providers to compare how we are doing and see where we can make improvements in care and services. We may remove information that identifies you from this set of health information so that others may use it to study health care and health care delivery without learning patient specifics.

- **To Business Associates.** We may disclose health information to other persons or organizations, known as business associates, who provide services on our behalf. For example, we may use another company to perform billing services on our behalf. All of our business associates are obligated to protect the privacy of your information and are not allowed to use or disclose any information other than as specified in our contract.

- **Appointment Reminders.** We may use and disclose health information to contact you by phone, voice mail, e mail, or mail to remind you about a scheduled appointment.

- **Treatment Alternatives.** We may use and disclose health information to tell you about or recommend treatment options or health-related benefits and services of possible interest to you.

- **Fundraising Activities.** We may disclose contact information about you to our fundraising offices and contractors so they may contact you when raising money for Creighton University's health care operations, services and research. We will only release your name, address, phone number and the dates you received treatment or services. If you do not want to be contacted for fundraising efforts, you must notify the Creighton University Privacy Officer in writing at the address provided below.

- **Individuals Involved in Your Care or Payment for Your Care.** We may release health information about you to family or any other person you identify as involved in your health care or who is involved in the payment for your care. We will release this information if you agree to the disclosure or are given the opportunity to object to such a disclosure and do not. We may also release your health information where, in our professional judgment, it would be common practice and in your best interests to allow a

person to act on your behalf. For example, a friend may pick up your prescriptions or medical supplies.

- **Research.** Under certain circumstances, we may use and disclose health information for research. For example, a research project may involve comparing the health of all patients who received one treatment to those who received another for the same condition. Most research projects are conducted only with patient authorization and following approval through our research approval process. There are a few instances where patient authorization is not obtained. Such research projects, however, are subject to a specific approval process. This process evaluates a proposed research project and its use of health information, balancing the research needs with patients' need for privacy of their health information and concluding that patient authorization requirements may be waived. We may disclose health information to people preparing to conduct research, for example, to help them look for patients with specific health needs. We will do so only if the health information does not leave Creighton University and is not used for any purpose other than preparation for research.

- **Limited Data Set.** We may use and disclose your health information (not including your name, address or other direct identifiers) for research, public health or health care operations. We will only do so if the recipient signs an agreement to protect the information and not use it to identify you.

- **To Avert a Serious Threat to Health or Safety.** We may use and disclose your health information when necessary to prevent or lessen a serious and imminent threat to a person's or the public's health or safety. Disclosure would only be to someone able to help prevent or lessen the threat.

- **Data Breach Notification Purposes.** We may use or disclose your health information to provide legally required notices of unauthorized access to or disclosure of your health information.

- **Organ and Tissue Donation.** We may release health information to organizations that facilitate organ, eye or tissue procurement, banking or transplantation.

- **Disaster Relief.** We may disclose your health information to disaster relief organizations that seek your information to coordinate your care, or notify family and friends of your location or condition in a disaster. We will provide you with an opportunity to agree or object to such a disclosure whenever we practically can do so.

- **Workers' Compensation.** We may release your health information as authorized by and to the extent necessary to comply with state workers' compensation laws or other similar programs.

- **Public Health Activities.** We may disclose your health information for public health activities, including:
 - reporting health information to public health authorities for the purpose of preventing or controlling disease, injury or disability;
 - reporting child abuse and neglect to public health authorities or other government authorities authorized by law to receive such reports;
 - reporting information about products and services under the jurisdiction of the U.S. Food and Drug Administration;
 - alerting a person who may have been exposed to a communicable disease or may otherwise be at risk of contracting or spreading a disease or condition; and
 - reporting information to your employer as required under laws addressing work-related illnesses and injuries or workplace medical surveillance.

- **Abuse, Neglect or Domestic Violence.** If we reasonably believe a person has been the victim of abuse, neglect or domestic violence, we may disclose health information to the appropriate government authority. We will disclose your health information if you agree or when required or authorized by law.
- **Health Oversight Activities.** We may disclose health information to a health oversight agency for activities authorized by law. Oversight activities are those necessary for the government to monitor the health care system, government programs and compliance with civil rights laws including audits, investigations and inspections.
- **Lawsuits and Disputes.** If you are involved in a lawsuit or a dispute, we may disclose your health information in response to a court or administrative order. We may also disclose your health information in response to a subpoena, discovery request, or other lawful process by someone else involved in the dispute. We do so only if efforts have been made to tell you about the request or to obtain an order protecting the requested information.
- **Law Enforcement.** We may release your health information if asked to do so by a law enforcement official for the following reasons:
 - In response to a court order, subpoena, warrant, summons or similar process;
 - To identify or locate a suspect, fugitive, material witness, or missing person;
 - In response to inquiries as to the victim of a crime if, under certain limited circumstances, we are unable to obtain the person's agreement;
 - In response to inquiries as to a death we believe may be the result of criminal conduct;
 - In response to inquiries as to criminal conduct on Creighton premises; 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.
- **Decedents.** We may release health information to a coroner or medical examiner, as necessary, for example, to identify a deceased person or determine the cause of death. We may also release health information about patients to funeral directors as necessary to carry out their duties.
- **Military Activities.** If you are a member of the Armed Forces, we may use or disclose your health information to the appropriate military authorities. If you are foreign military personnel, we may disclose your health information to the appropriate foreign military authority.
- **National Security and Intelligence Activities.** We may release your health information to authorized federal officials for intelligence and other national security activities authorized by law.
- **Medical Suitability Determinations.** We may release your health information to the Department of State for medical suitability determinations.
- **Protective Services for the President and Others.** We may disclose your health information 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.
- **Inmates.** If you are an inmate of a correctional institution or under the custody of a law enforcement official, we may release your health information to the correctional institution or law enforcement official. This release would be if necessary: (1) for the institution to provide you with health care; (2) to protect your health and safety or the

health and safety of others; or (3) to protect the safety and security of the correctional institution.

- **Highly Confidential Information.** Federal and state law requires special privacy protections for certain highly confidential information, such as drug and alcohol treatment information. We will follow any additional laws protecting such information.
- **As Required By Law.** We will disclose health information about you when required to do so by any law not already referenced in this Notice.

YOUR WRITTEN AUTHORIZATION IS REQUIRED FOR OTHER USES AND DISCLOSURES

The following uses and disclosures of your health information will be made only with your written authorization: (1) uses and disclosures of your health information for marketing purposes, including subsidized treatment communications; and (2) disclosures that constitute a sale of your health information. Other uses and disclosures of health information not covered by this Notice or the laws that apply to us will be made only with your authorization. If you give us authorization to use or disclose your health information, you may revoke that authorization by writing to our Privacy Officer. If you revoke your authorization, we will no longer use or disclose health information for the reasons covered by your written authorization. You understand that: (1) we will make disclosures where required by law; (2) we are unable to take back any disclosures we have already made with your authorization; and (3) we are required to retain records of the care provided.

YOU HAVE THE FOLLOWING RIGHTS REGARDING THE HEALTH INFORMATION WE MAINTAIN ABOUT YOU:

- **Right to Inspect and Copy.** You have the right to inspect and copy your health information that may be used to make decisions about your care. Usually, this includes health care and billing records. This does not include psychotherapy notes, records made in anticipation of legal proceedings, and certain laboratory records. You must submit your request to inspect and copy health information that may be used to make decisions about you in writing to University Privacy Officer, Creighton University, 2500 California Plaza, Omaha, NE 68178. If you request a copy of the information, we may charge a fee for the costs of copying, mailing or other supplies associated with your request. If you request a written summary, we may charge you a fee for this service. We may deny your request to inspect and copy health information in certain circumstances. If you are denied access to health information and the law permits, you may request that the denial be reviewed. A licensed health care professional chosen by Creighton will review your request and the denial. The person conducting the review will not be the person who denied your request. We will comply with the outcome of the review. **Request forms are available at** all Creighton clinics and from the University Privacy Officer.
- **Right to an Electronic Copy of Electronic Medical Records.** If your health information is maintained in an electronic format (known as an electronic medical record or an electronic health record), you have the right to request that an electronic copy of your record be given to you or transmitted to another individual or entity. We will make

every effort to provide access to your health information in the form or format you request, if it is readily producible in such form or format. If the health information is not readily producible in the form or format you request your record will be provided in either our standard electronic format or if you do not want this form or format, a readable hard copy form. We may charge you a reasonable, cost-based fee for the labor associated with transmitting the electronic medical record.

- **Right to Get Notice of a Breach.** You have the right to be notified upon a breach of any of your health information.

- **Right to Amend.** If you feel that health information we have about you is incorrect or incomplete, you may ask us to amend the information. You have the right to request an amendment for as long as the information is kept by or for Creighton University. To request an amendment, your request must be in writing and submitted to the University Privacy Officer at the address below. You must provide a reason that supports your request for amendment. We may deny your request for an amendment if it is not in writing or if it does not include a reason to support the request. We reserve the right to deny your request to amend information that is: (1)Not created by us, unless the person or entity that created the information is no longer available to make the amendment; (2)Not part of the health information kept by or for a Creighton University entity; (3)Not part of the information which you would be permitted to inspect and copy under the law; or (4)Accurate and complete.

- **Right to an Accounting of Disclosures.** You have the right to request an accounting of disclosures, which is a list of disclosures of your health information made without your authorization and unrelated to treatment, payment or operations. To request an accounting of disclosures, you must submit a request in writing to the University Privacy Officer at the address below. Your request may be for disclosures made during any time period prior to the date of your request up to six years. It may not include dates before February 14, 2003. If you request an accounting more than once during a twelve (12) month period, we will charge you.

- **Right to Request Restrictions.** You have the right to request a restriction or limitation on the health information we use or disclose about you for treatment, payment or health care operations. You also have the right to request a limit on the health information we disclose to family or friends who are involved in your care or paying for your care. If we do agree to your request, we will comply with your request unless the information is needed to provide emergency treatment. To request restrictions, you must make your request in writing to the Privacy Officer. Your request must state the information you want to limit; how you want to restrict our use or disclosure; and to whom you want the limits to apply. We are not required to agree to your request unless you are asking us to restrict the use and disclosure of your health information to a health plan for payment or health care operation purposes and such information you wish to restrict pertains solely to a health care item or service for which you have paid us “out-of-pocket” in full. If we agree, we will comply with your request unless the information is needed to provide you with emergency treatment.

- **Out-of-Pocket-Payments.** If you paid out-of-pocket (or in other words, you have requested that we not bill your health plan) in full for a specific item or service, you have the right to ask that your health information with respect to that item or service not be

disclosed to a health plan for purposes of payment or health care operations, and we will honor that request.

- **Right to Request Confidential Communications.** You have the right to request that we communicate with you about your health matters in a certain way or at a certain location. To request confidential communications, you must make your request in writing to the University Privacy Officer at the address below. Your request must specify how or where you wish to be contacted. We will accommodate all reasonable requests.

- **Right to a Paper Copy of This Notice.** You have the right to a paper copy of this notice, even if you have agreed to receive this notice electronically. You may obtain a copy of this notice at our website at: <http://www.creighton.edu/generalcounsel/cupolicies/index.php>. To obtain a paper copy of this notice, contact the University Privacy Officer at the address or phone number below.

EFFECTIVE DATE AND CHANGES TO THIS NOTICE

This Notice is effective beginning September 23, 2013. We reserve the right to change this notice. We may also be required by law to change our privacy practices and this notice. We reserve the right to make the revised notice effective for health information we already have about you as well as new information we receive. If there is a material change in this notice, we will post the new notice in each Creighton University service site and on our website at:

<http://www.creighton.edu/generalcounsel/cupolicies/index.php>.

COMPLAINTS

If you believe your privacy rights have been violated, you may file a complaint with the Creighton University Privacy Officer or with the Secretary of the U.S. Department of Health and Human Services. *You will not be penalized or otherwise retaliated against for filing a complaint.*

CONTACT CREIGHTON'S PRIVACY OFFICER

For answers to questions or additional information about this Notice and our Privacy Practices, please contact:

Creighton University
Attn: University Privacy Officer
2500 California Plaza, Omaha, NE 68178

Telephone: (402) 280-3469
E mail: privacy@creighton.edu

Attachment B

CREIGHTON UNIVERSITY

Acknowledgment of Receipt of Notice of Privacy Practices

The undersigned acknowledges receipt of Creighton University's Notice of Privacy Practices.

Patient Name (Please Print): _____

Patient

Parent or Legal Representative
(if Patient is under 19)

Date