

**Research:** We may disclose your protected health information to researchers when their research has been approved by the University's Institutional Review Board that has reviewed the research proposal and established protocols to ensure the privacy of an individual's protected health information.

**Military Activity and National Security:**

When the appropriate conditions apply, we may use or disclose protected health information with Armed Forces personnel. We may disclose protected health information to authorized federal officials for conducting national security and intelligence activities including the provision of protective services to the President or others legally authorized.

**Worker's Compensation:** We may disclose your protected health information as authorized to comply with workers compensation laws and other similar legally established programs.

**Individual's Rights:** Following is a statement of your rights with respect to your protected health information and a brief description of how you may exercise these rights. You may obtain forms for submitting a request in writing for any of the following processes from Health Services.

- You have the right to inspect and copy your protected health information. This means you may inspect and obtain a copy of protected health information about you as long as we maintain the information. Certain information may not be inspected or copied, including the following: information compiled in reasonable anticipation of, or use in, a civil, criminal, or administrative action or proceeding; protected health information that is subject to law that prohibits access to protected health information; a psychotherapist's personal notes. You should contact the Health Services Associate Director if you have questions about access to your medical record.

- You have the right to request restrictions of your protected health information. This means you may inspect and obtain a copy of your protected health information for the purposes of treatment, payment or healthcare operations. Individuals may also request that any part

of your protected health information not be disclosed for notification purposes as described in this Notice of Privacy. Health Services is not required to agree to restrictions that you may request. You may request a restriction by submitting the request to the Associate Director of Health Services.

- You have the right to request to receive confidential communications from us by alternative means or at an alternative location. We will accommodate reasonable requests. We will ask you for specification of an alternative address or other method of contact. We will not request an explanation from you as to the basis for this request. This request should be made in writing to the Associate Director of Health Services.

- You may have the right to have Health Services amend the protected health information. This means you may request an amendment of protected health information about you for as long as we maintain this information. Amendments to records will be made only in the instance where it is determined the information was created by Health Services and is not accurate or complete. If we deny your request for an amendment, then you have the right to file a statement of disagreement with us. Requests for amendment of protected health information must be submitted in writing to the Associate Director of Health Services.

- You have the right to receive an accounting of certain disclosures we have made, if any, of your protected health information. This right applies to disclosures for purposes other than treatment, payment of healthcare operations as described in this Notice of Privacy Practices. It excludes disclosures we have made to you or for notification purposes. You have the right to receive specific information regarding these disclosures that occurred after April 14, 2003. You may request a shorter time frame. The right to receive this information is subject to certain exceptions, restrictions and limitations.

- You have the right to obtain a paper copy of this notice from us.

**Health Services**

Phone: (217) 206-6676

Web: [www.uis.edu/healthservices](http://www.uis.edu/healthservices)

Email: [uishealthservice@uis.edu](mailto:uishealthservice@uis.edu)

## NOTICE OF PRIVACY PRACTICES HEALTH SERVICES

**Patient Rights**

**As a patient you have the right to:**

- Receive considerate and respectful care.
- Receive private and confidential care.
- Know who is responsible for coordinating your care.
- Ask for and receive complete and understandable information about your condition and care.
- Participate in decisions regarding your care.
- Refuse treatment.
- Access your medical record.
- Receive an explanation of your bill.
- Exercise your cultural and spiritual beliefs.
- Voice concerns to administration or medical staff without fear of reprisals or discrimination.

**As a patient you have the responsibility to:**

- Provide complete and accurate medical and insurance information.
- Ask questions when you are in doubt.
- Communicate changes in your health and/or condition to your care givers.
- Pay your medical bills promptly.
- Follow your health care provider's instructions or discuss with them any obstacles you may have in complying with your prescribed treatment plan.
- Accept responsibility for refusing treatment or not following your treatment plan.
- Show consideration for others around you, including other patients and staff.
- Follow all policies affecting patient conduct and care.

UNIVERSITY OF  
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SPRINGFIELD

This notice describes how medical information about patients seen in Health Services (HS) may be used and disclosed, and how this information can be accessed. This information should be read carefully.

If there are any questions about this Notice, they should be directed toward the Health Services Associate Director at (217) 206-6676.

This notice of Privacy Practices describes how we may use and disclose protected health information to carry out treatment, payment or health care operations and for other purposes that are permitted or required by law. It also describes patient rights to access and control their protected health information. Protected health information is information about you, including demographic information that may identify you and that relates to your past, present, or future physical or mental health or condition and related health care services. We may change the terms of our notice at any time. The new notice will be effective for all protected health information that we maintain at the time. You may request any revised Notice of Privacy Practices by accessing our website at <http://www.uis.edu/healthservices>, calling Health Services and requesting that a revised copy be sent to you by mail or asking for one at the HS reception desk.

**Uses and Disclosures of Protected Health Information**

Protected health information may be used and disclosed by Health Services for treatment, payment or operations purposes. Following are examples of types of uses and disclosures of protected health care information that Health Services is permitted to make. These examples are not meant to be exhaustive but to describe the types of uses and disclosures that may be made by Health Services.

## Your Medical Record

**Treatment:** We will use and disclose protected health information to provide, coordinate, or manage your health care and any related services. For example, protected health information may be provided to a physician to whom an individual has been referred to ensure that the physician has the necessary information to diagnose or treat that person. We may disclose protected health information to another physician or health care provider (e.g., a specialist or laboratory) who, at the request of your health care provider becomes involved in your care by providing assistance to your physician with your health care diagnosis or treatment.

**Payment:** Health Services may submit your health insurance information as needed for third-party billing purposes. Students are responsible for notification of any insurance changes or outstanding balances owed. Health Services will apply any unresolved third-party insurance billing charges/issues to the student's account. Should circumstance require billing, your protected health information will be used, as needed, to obtain payment for your health care services. This may include certain activities that your insurance plan may undertake before it approves or pays for the health care services we recommend for you. For example, obtaining approval for a hospital stay or for a referral to a specialist may require that relevant protected health information be disclosed to the health plan.

**Healthcare Operations:** We may use or disclose, as needed, your protected health information in order to support the business activities of Health Services practice. These activities include, but are not limited to, quality assessment activities, employee review activities, licensing and accreditation activities, marketing and conducting or arranging other business activities. For example, we may use or disclose protected health information as necessary, to e-mail a reminder to you of your scheduled appointment. We may also call you by name in the waiting room when your health care provider is ready to see you. We may leave a voice mail message on your phone asking you to contact Health Services in order to ensure adequate follow-up care. We may provide certain services through contracts with others. When services are contracted, health information may be disclosed in order to carry out specific operational functions. Whenever an arrangement for services involves the use or disclosure of your protected health information, we will have a written contract that contains terms that will protect the privacy of

that person's protected health information. For example, Health Services may have a contract with another facility to provide health care during hours when Health Services is not in operation. Your protected health information may be shared with that facility. Health Services will have a written contract agreement with the outside facility that will protect the privacy of your protected health information.

We may use or disclose protected health information as necessary, to provide you with information about treatment alternatives or other health-related benefits and services that may be of interest to you. For example, protected health information may be used for mailing purposes to notify you when flu vaccine is available. Protected health information may be used for mailing purposes to notify you of any encumbrance you may have related to a deficiency in your immunizations. We may use protected health information to solicit patient feedback on services or programs you have utilized at Health Services, or that Health Services may be considering implementing.

## Uses and Disclosures of Protected Health Information Based Upon Your Written Authorization

Other uses and disclosure of protected health information will be made only with your written authorization, unless otherwise permitted or required by law as described below. You may revoke this authorization at any time, in writing, except to the extent that Health Services has taken an action in reliance on the use or disclosure indicated in that authorization.

## Other Permitted and Required Uses and Disclosures That May Be Made With Your Consent, Authorization or Opportunity to Object

We may use and disclose your protected health information in the following instances. An individual has the opportunity to agree or object to the use or disclosure of all or part of their protected health information. If they are not present or able to agree or object to the use or disclosure of the protected health information, then Health Services may, using professional judgment determine whether the disclosure is in an individual's best interest. In this case, only the protected information that is relevant to an individual's health care will be disclosed.

## Others Involved in an Individual's Healthcare

With your written authorization, we can disclose to a family member, a relative, a close friend or any other person that you identify, protected health information that directly relates to you and their involvement in your health care. We may use or disclose your protected health information to an authorized public or private entity to assist in disaster relief efforts.

**Emergencies:** We may use or disclose an individual's protected health information in an emergency treatment situation.

## Other Permitted and Required Uses and Disclosures That May Be Made Without an Individual's Consent, Authorization or Opportunity to Object

We may use or disclose an individual's protected health information in the following situations without their consent or authorization. These situations include:

- **Required By Law**
- **Public Health**
- **Communicable Disease**
- **Health Oversight**
- **Abuse or Neglect**
- **Food and Drug Administration**
- **Legal Proceedings**
- **Law Enforcement and Criminal Activity**
- **Coroners, Funeral Directors, and Organ Donation**
- **Research**
- **Military Activity and National Security**
- **Workers Compensation**
- **Individual's Rights**

**Required By Law:** We may use or disclose your protected health information to the extent that the use or disclosure is required by law. The use or disclosure will be limited to the relevant requirements of the law.

**Public Health:** We may disclose your protected health information for public health activities and purposes to a public health authority that is permitted by law to collect or receive the information. The disclosure will be made for the purposes of controlling disease, injury or

disability.

**Communicable Disease:** We may disclose your protected health information, if authorized by law, to a person who may have been exposed to a communicable disease or may otherwise be at risk of contracting or spreading the disease or condition.

**Health Oversight:** We may disclose protected health information to a health oversight agency for activities authorized by law, such as audits, investigations, and inspections.

**Abuse or Neglect:** We may disclose your protected health information to a public health authority that is authorized by law to receive reports of child abuse or neglect. In addition, we may disclose your protected health information if we believe that you have been a victim of abuse, neglect or domestic violence to the governmental entity or agency authorized to receive such information. In this case, the disclosure will be made consistent with the requirements of applicable federal and state laws.

**Food and Drug Administration:** We may disclose to the FDA health information relative to adverse events with respect to food, supplements, produce and product defects, or post marketing surveillance information to enable product recalls, repairs or replacements.

**Legal Proceedings:** We may disclose protected health information as required by law or in response to a court order or in response to a valid subpoena, discovery request or other lawful process.

**Law Enforcement and Criminal Activity:** We may disclose protected health information, so long as applicable legal requirements are met, for law enforcement purposes. Consistent with applicable federal and state laws, we may disclose your protected health information if we believe that the use or disclosure is necessary to prevent or lessen a serious imminent threat to the health or safety of a person or the public.

**Coroners, Funeral Directors, and Organ Donation:** We may disclose protected health information to a coroner or medical examiner consistent with applicable law to enable them to carry out their duties. Protected health information may be used and disclosed for cadaver organ, eye or tissue donation and transplant.