

## Your Rights Regarding Your Health Information

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HIPAA provides you with the following rights regarding your health information.

1. ***Restricting a Use/Disclosure.*** You may request a restriction on how we use or disclose your health information. You may request in writing that we not share your health information with a health care plan for services that you have paid for in full out of pocket. Any approved restriction may only be followed to the extent permitted by law.
2. ***Requesting Confidential Communications.*** You may request reasonable changes in how or where we may contact you to remind you of an appointment, for lab results or other health information.
3. ***Inspecting and Obtaining Copies of Your Health Information.*** You may ask, in writing, to look at and/or obtain a copy of your health information. There may be a fee associated with your request.
4. ***Requesting a Change in Your Health Information.*** You may request, in writing, a change or addition to your health information. The law limits the types of changes that may be made and we may not erase or delete any information in your records.

5. ***Requesting an Accounting of Disclosures of Your Health Information.*** You may ask, in writing, for an accounting of certain types of disclosures made of your health information. Disclosures made with your authorization will not be included in the accounting.

6. ***Receiving Notification in the Event of a Breach of Unsecured Health Information.*** You will be notified in writing in the event there is an unintended disclosure of your health information. We will also share any steps that were taken to reduce the impact of the disclosure and what you can do to further protect yourself.

We welcome an opportunity to address any questions or concerns that you may have regarding the privacy of your health information. If you believe that the privacy of your health information has been violated, you may contact us to discuss your concern or to file a complaint. Please contact the Privacy Officer at telephone number 1-314-747-4975 or 1-866-747-4975 or address: Campus Box 8098; 660 S. Euclid; St. Louis, MO 63110. You may also file a complaint with the Secretary of the U.S. Department of Health and Human Services.

**You will not be penalized or retaliated against for filing a complaint or voicing a privacy concern.**

*Our Notices' latest effective date: April 14, 2003  
Revised: August 30, 2013*



*Your Privacy Matters...*

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## YOUR PRIVACY MATTERS

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Safeguarding your health information is important to us. As providers who provide you with care, we have developed certain practices to help protect your health information. This pamphlet summarizes some of those Privacy Practices that are used by Washington University health care providers. In general, our Privacy Practices describe how, when and why we may use and disclose your health information.

You are entitled to receive and review our full length legal Notice of Privacy Practices that you may obtain at any of our offices, on our web site at [www.WUPhysicians.wustl.edu](http://www.WUPhysicians.wustl.edu) or by calling (314) 747-4975 or 1-866-747-4975

The Health Insurance Portability and Accountability Act of 1996, which is the federal law commonly known as “HIPAA”, provides certain protections for any of your health information that can be specifically identified as yours. HIPAA permits and our Privacy Practices allow us to use your individually identifiable health information or share it with another health care provider or an insurance company in the following circumstances:

- To treat and care for you, including contacting you for appointment reminders;
- To obtain payment from you or your insurance company; or
- In connection with our health care operations, which are operational activities typically carried on by health care providers like quality assessment and improvement, review and/or training of health care professionals, business planning, customer service, grievance resolution, and other general administrative activities.

HIPAA also allows us to use certain health information for the following activities:

- For our fundraising purposes (you have the right to opt out of receiving those communications);
- When required by law;
- When permitted by HIPAA for such activities including:
  - For public health and safety;
  - To health oversight agencies for monitoring of the health care system;
  - To law enforcement related to its criminal investigations;
  - For judicial and administrative proceedings;

- For organ donation.

- For research (provided other precautions are taken regarding your information).

We will also follow other federal and state laws when they provide extra protection regarding your health information.

If our use or disclosure is not for one of the activities described above and is not otherwise permitted under HIPAA, we will ask you to complete a written authorization before we use or release your health information. The authorization will:

- Describe in detail the health information it covers
- Identify to whom your health care information will be released and how it will be used
- Describe when it will be used or released
- State the expiration date of the consent

When receiving services from us, you will also be able to decide whether we can discuss your health information with your family or friends.

Even if you have provided us with your authorization, you may withdraw that authorization, in writing, at any time to stop our future disclosure of your health information. Information disclosed before you revoked your authorization will not be returned and any actions that we have already taken based on prior authorizations will not be affected.