

# NOTICE OF PRIVACY PRACTICES

**Your Information.  
Your Rights.  
Our Responsibilities.**

This Notice of Privacy Practices describes how medical information about you may be used and disclosed, and how you can get access to this information. **Please review it carefully.**

## Your Rights

**You have the right to:**

- Get a copy of your paper or electronic medical record
- Correct your paper or electronic medical record
- Request confidential communications
- Ask us to limit the information we use or share
- Get a list of those with whom we've shared your information
- Get a copy of this Notice of Privacy Practices
- File a complaint if you believe your privacy rights have been violated

See page 2 for more information on these rights and how to exercise them.

## Your Choices

**You have some choices in the way that we use and share information as we:**

- Tell family and friends about your condition
- Include you in a patient directory
- Provide disaster relief
- Provide mental health care
- Market our services and sell your information
- Raise funds

See page 3 for more information on these choices and how to exercise them.

## Our Uses and Disclosures

**We may use and share your information as we:**

- Treat you
- Run our organization
- Bill for your services
- Help with public health and safety issues
- Do research
- Comply with the law
- Respond to organ and tissue donation requests
- Work with a medical examiner or funeral director
- Address workers' compensation, law enforcement and other government requests
- Respond to lawsuits and legal actions

See page 3 and 4 for more information on these uses and disclosures.

**This Notice of Privacy Practices applies to the following organizations:**

UAMS Medical Center, UAMS Regional Campuses, UAMS Winthrop P. Rockefeller Cancer Institute, UAMS Psychiatric Research Institute, UAMS Harvey & Bernice Jones Eye Institute, UAMS Donald W. Reynolds Institute on Aging, UAMS Jackson T. Stephens Spine & Neurosciences Institute, The UAMS Orthopaedic and Spine Hospital, UAMS Northwest Arkansas campuses and facilities, UAMS clinics and other UAMS facilities (collectively referred to as "UAMS").



**When it comes to your health information, you have certain rights.**

This section explains your rights and some of our responsibilities to help you.

**Get an electronic or paper copy of your medical record**

- You can ask to see or get an electronic or paper copy of your medical record and other health information that we have about you.
- We will provide a copy or a summary of your health information. We may charge a reasonable, cost-based fee.
- Contact the UAMS Health Information Management Department at 501-603-1520 or [records@uams.edu](mailto:records@uams.edu) to request a copy of your medical record.
- You can sign up for UAMS MyChart to access your health information. UAMS MyChart is a patient portal that gives you free, secure 24-hour online access to your health information. For more information, go to [mychart.uamshealth.com](http://mychart.uamshealth.com) or ask your clinic staff or hospital nurse how to sign up for UAMS MyChart.

**Correct your paper or electronic medical record**

- You can ask us to correct health information about you that you think is incorrect or incomplete. Ask us how to do this.
- We may say “no” to your request, but we’ll tell you why in writing within 60 days.

**Request confidential communications**

- You can ask us to contact you in a specific way (for example, home or office phone) or to send mail to a different address.
- You can also update your communication preferences via MyChart at [mychart.uamshealth.com](http://mychart.uamshealth.com).
- We will say “yes” to all reasonable requests.

**Ask us to limit what we use or share**

- You can ask us not to use or share certain health information for treatment, payment or our health care operations. We are not required to agree to your request, and we may say “no” if it would affect your care.
- If you pay for a service or health care item out-of-pocket in full, you can ask us not to share that information for the purpose of payment or our health care operations with your health insurance plan. We will say “yes” unless a law requires us to share that information.

**Get a list of those with whom we’ve shared your information**

- You can ask for a list (accounting) of the times we’ve shared your health information for six years prior to the date you ask, who we shared it with, and why.
- We will include all the disclosures except for those about treatment, payment, and health care operations, and certain other disclosures (such as any you asked us to make).

**Get a copy of this Notice of Privacy Practices**

- You can ask for a paper copy of this Notice of Privacy Practices at any time, even if you have agreed to receive the Notice of Privacy Practices electronically. We will provide you with a paper copy promptly. You can also access an electronic copy at [uamshealth.com](http://uamshealth.com).

**File a complaint if you feel your rights have been violated**

- You can complain if you feel we have violated your rights by contacting us using the information on page 5.
- You can file a complaint with the U.S. Department of Health and Human Services Office for Civil Rights by sending a letter to 200 Independence Avenue, S.W., Washington, D.C. 20201, calling 1-877-696-6775, or visiting [hhs.gov/hipaa/filing-a-complaint/index.html](http://hhs.gov/hipaa/filing-a-complaint/index.html).
- We will not retaliate against you for filing a complaint.

# Your Choices

## For certain health information, you can tell us your choices about what we share.

If you have a clear preference for how we share your information in the situations described below, talk to us. Tell us what you want us to do.

### In these cases, you have both the right and choice to tell us to:

- Share information with your family, close friends or others involved in your care.
  - Unless you tell us not to, we may include your information in our patient directory and disclose your name, location in the facility, and general condition to people who ask for you by name. If provided by you, your religious affiliation may also be given to members of the clergy.
  - Share information in a disaster relief situation.
- If you are not able to tell us your preference, for example if you are unconscious, we may go ahead and share your information if we believe it is in your best interest.*

### In these cases, we never share your information unless you give us written permission:

- Marketing purposes
- Sale of your information
- Sharing of psychotherapy notes in most circumstances

### In the case of fundraising:

- We may contact you for fundraising efforts, but you can call us at 1-888-995-UAMS (8267) or email us at [advancement@uams.edu](mailto:advancement@uams.edu) and tell us not to contact you again.

# Our Uses and Disclosures

## How do we typically use or share your health information?

We typically use or share your health information in the ways listed below.

### Treat you

- We can use your health information and share it with other professionals who are treating you. We may make your information available electronically through an electronic health information exchange (HIE) to other health care providers so that they can treat you. Participating in an electronic HIE may also let us see their information about you so we can treat you.

**Example:** A doctor treating you for an injury asks another doctor about your overall health condition.

### Run our organization

- We can use and share your health information to run our practice, improve your care and contact you when necessary.

**Example:** UAMS is a teaching facility. We use health information about you for training and educational purposes.

### Bill for your services

- We can use and share your health information to bill and get payment from health insurance plans or other entities.

**Example:** We give information about you to your health insurance plan so it will pay for your services.

## How else can we use or share your health information?

We are allowed or required to share your information in other ways — usually in ways that contribute to the public good, such as public health and research. We have to meet many conditions in the law before we can share your information for these purposes. For more information see: [hhs.gov/hipaa/for-individuals/index.html](https://hhs.gov/hipaa/for-individuals/index.html).

### Help with public health and safety issues

- We can share health information about you for certain situations such as:
  - Preventing disease
  - Helping with product recalls
  - Reporting adverse reactions to medications
  - Reporting suspected abuse, neglect or domestic violence
  - Preventing or reducing a serious threat to anyone’s health or safety

### Do research

- We can use or share your information for health research.

### Comply with the law

- We will share information about you if state or federal laws require it, including with the Department of Health and Human Services if it wants to see that we’re complying with federal privacy law.

### Respond to organ and tissue donation requests

- We can share health information about you with organ procurement organizations, such as ARORA (Arkansas Regional Organ Recovery Agency).

### Work with a medical examiner or funeral director

- We can share health information with a coroner, medical examiner or funeral director when an individual dies.

### Address workers’ compensation, law enforcement and other government requests

- We can use or share health information about you:
  - For workers’ compensation claims
  - For law enforcement purposes or with a law enforcement official
  - If you are an inmate in a correctional institution, we may share your information with the institution
  - With health oversight agencies for activities authorized by law
  - For special government functions such as military, national security and presidential protective services

### Respond to lawsuits and legal actions

- We can share health information about you in the course of a lawsuit or legal action, in response to a court or administrative order, or in response to a subpoena.

## Our Responsibilities

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- We are required by law to maintain the privacy and security of your protected health information.
- We will let you know promptly if a breach occurs that may have compromised the privacy or security of your information.
- We must follow the duties and privacy practices described in this Notice of Privacy Practices and give you a copy of it.
- We will not use or share your information other than as described here unless you tell us we can in writing. If you tell us we can, you may change your mind at any time. Let us know in writing if you change your mind.

For more information see: [hhs.gov/hipaa/for-individuals/notice-privacy-practices/index.html](https://hhs.gov/hipaa/for-individuals/notice-privacy-practices/index.html)

## Organized Health Care Arrangement (OHCA)

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- UAMS and Arkansas Children's are members of an OHCA. Arkansas Children's includes Arkansas Children's Hospital, Arkansas Children's Northwest, Arkansas Children's Medical Group, Arkansas Children's Hospital Medical Staff, and Arkansas Children's Northwest Medical Staff.
- We will share your information with Arkansas Children's to treat you, to bill and get payment from services provided by UAMS health care professionals who work on the Arkansas Children's campuses, and to run the business operations of the OHCA.

## Changes to the Terms of this Notice of Privacy Practices

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We can change the terms of this Notice of Privacy Practices, and the changes will apply to all information we have about you. The new Notice of Privacy Practices will be available upon request by calling the UAMS HIPAA Office at 501-603-1379, on our website at [uamshealth.com](https://uamshealth.com), and on the UAMS HIPAA website at [hipaa.uams.edu](https://hipaa.uams.edu).



### Contact Us

If you have any questions or need more information, contact the UAMS HIPAA Privacy Officer at 4301 W. Markham Street, Slot 829, Little Rock, AR 72205, 501-603-1379, or at [hipaa@uams.edu](mailto:hipaa@uams.edu).