

Middle Tennessee State University
Campus Pharmacy
HIPAA Notice of Privacy Practices

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

Understanding your health information

This Notice of Privacy Practices describes how Middle Tennessee State University's Campus Pharmacy (MTSUCP) may use and disclose your 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 your rights to access and control your Protected Health Information (PHI). "Protected Health Information" is information about you, including demographic information that may identify you and that relates to your past, present, or future physical condition and related health care services. Your health record contains personal health information and there are state and federal laws to protect the privacy of your health information.

Uses and Disclosures of Health Information

• We will use your information for treatment.

We will use your health information to provide treatment. This may involve receiving or sharing information with other health care providers such as your physician. This information may be written, verbal, electronic or via facsimile. This will include receiving prescription orders so that we may dispense prescription medications. We may also share information with other health care providers who are treating you to coordinate the different things you need, such as medications, lab work or other appointments. We may also contact you to provide treatment-related services, such as refill reminders, treatment alternatives and other health related services that may be of benefit to you.

• We will use your health information for payment.

We will use your health information to obtain payment. This will include sending claims for payment to your insurance or third-party payer. It may also include providing health information to the payer to resolve issues of claim coverage.

• We will use your health information for regular healthcare operations.

We will use your health information for our health care operations necessary to run the pharmacy. This may include monitoring the quality of care that our employees provide to you and for training purposes.

You have the right to request a restriction on the above uses and disclosures of your protected health information for treatment, payment and health care operations; however, we are not required to agree to your request. If we do agree, we will comply with your request unless the information is needed to provide you emergency treatment. We may, however, also end the agreement at any time after informing you of such.

Other Disclosures

• Business Associates

We will share your PHI with third party associates that perform various activities for the pharmacy. Whenever any arrangement between our pharmacy and a business associate involves the use of disclosure of your PHI, we will have a written contract that contains terms that will protect the privacy of your PHI.

• Communication with others involved with your care

In the event you are incapacitated or in an emergency circumstance, our health professionals may disclose health information to a family member or relative, close friend or any other person you identify.

• Research

Under certain circumstances, we may use and disclose health information about you from your medical/pharmacy record for research purposes. All research projects, however, are subject to a special approval process designed to protect the privacy of your health information.

We may also disclose your health information for the following reasons, and to the government or law enforcement agencies, under the following circumstances:

Required by law: We may use or disclose your PHI to the extent that the use or disclosure is required by law. The use or disclosure will be made in compliance with the law and will be limited to the relevant requirements of the law. You will be notified, as required by law, of any such disclosure.

Public Health: We may disclose your PHI to a legitimate public health authority for public health activities and purposes, as permitted by law.

Health Oversight: We may disclose PHI to a health oversight agency for activities authorized by law, such as audits, investigations, and inspections. Oversight agencies seeking this information include government agencies that oversee the health care system, government benefit programs, and other government regulatory programs.

Legal Proceeding: We may disclose your PHI in the course of any judicial or administrative proceeding, whether criminal or civil, in response to a court order or an order by an administrative tribunal, as well as in response to a court ordered subpoena, discovery request, or other lawful purpose directed by a court of law.

Workers compensation: Your PHI may be disclosed to comply with workers' compensation laws and other similar legally established programs.

Required Uses and Disclosures: Under the law, we must make disclosures to you and, when required by the Secretary of the Department of Health and Human Services (HHS), to investigate or determine our compliance with the requirements of the Health Insurance Portability and Accountability Act of 1996, Pub. L. 104-191; 42 U.S.C. § 1320(d) et seq.

We will **not** use information in your records for marketing purposes.

Other uses and disclosures from your medical record will be made only with your written authorization or approval.

Patient Rights – You have the following rights regarding medical information we maintain about you:

- You have the right to inspect and copy medical information that may be used to make decisions about your care. This may include medical, pharmacy, and billing records.
- You have the right to amend medical information that we have about you that is incorrect or incomplete. You have the right to request an amendment for as long as the information is kept by or for MTSU Campus Pharmacy. To request an amendment you must provide in writing the request and a reason to support the request to the MTSU Campus Pharmacy Privacy Officer. We hold the right to deny the request and will provide to you in writing the reason for the denial.

You have the right to request a restriction on certain uses and disclosures of your information. We are not required to agree to your request. If we do agree, we will comply with your request unless the information is needed to provide you emergency treatment. This request must be in writing to the MTSU Campus Pharmacy Privacy Officer.

- You have the right to request that we communicate with you in a certain way or at an alternative location.
 - You have the right to request a paper copy of this notice
 - You have the right to authorize use or disclosure of any of your protected health information by using the "Sending Records Consent."
 - You have the right to revoke your authorization to use or disclose health information except to the extent that action has already been taken.
- You have the right to request an "accounting of disclosures." This is a list of the disclosures we made of medical information about you. You must submit in writing your request to the MTSU Campus Pharmacy Privacy Officer, P.O. Box 237, Murfreesboro, TN 37132. This request must indicate a time period which may not be longer than six years and may not include dates before April 1, 2003.

Our Responsibilities

- By law we must maintain the privacy of your protected health information.
- Provide you with a notice as to our legal duties and privacy practice with respect to information we collect and maintain about you.
- Abide by the terms of this notice.
- Notify you if we are unable to agree to a requested restriction.
- Follow reasonable request you make to communicate with you as you have instructed us such as: contact you at a certain telephone number or address.

We reserve the right to change this Notice of Privacy Practices and to make the new provisions effective for all protected health information we maintain. We will post a copy of the current notice in the Campus Pharmacy and on the Campus Pharmacy web site (www.mtsu.edu/pharmacy).

For More Information or to Report a Problem

If you believe that your privacy rights have been violated, you can file a complaint in writing with the MTSU Campus Pharmacy Privacy Officer or with the Secretary of HHS. A complaint can be filed with HHS by phone or through the HHS Complaint Portal:

U.S. Department of Health and Human Services, Office for Civil Rights

Phone: 1-800-368-1019

TDD: 1-800-537-7697

Complaint Portal: <https://ocrportal.hhs.gov/ocr/smartscreen/main.jsf>

There will be no retaliation for filing a complaint.

If you should have any questions or would like additional information, please contact Richard Chapman, the MTSU Campus Pharmacy Privacy Officer at (615)898-2988.