

**UNIVERSITY OF RHODE ISLAND  
HEALTH SERVICES  
Notice of Privacy Practices**

**I. 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.**

URI Health Services is committed to protecting the privacy of your health information. This “protected health information,” or “PHI” includes information that we’ve recorded or received about your past, present, or future health or condition, the provision of healthcare to you, or the payment for this health care that can be used to identify you. We provide you with this notice about our privacy practices to explain how, when, and why we use and disclose your PHI.

We reserve the right to change the terms of this notice and our privacy policies at any time. Any changes will apply to the PHI we already have. Before we make an important change to our policies, we will promptly change this notice and post a new one. You may also request a copy of this notice from our main reception area or print one from our Web Site at [www.uri.edu/health/privacy](http://www.uri.edu/health/privacy).

**II. HOW WE MAY USE AND DISCLOSE YOUR PROTECTED HEALTH INFORMATION.**

URI Health Services may use and disclose health information for many different reasons. Below, we describe the different categories of our uses and disclosures and give you some examples of each category.

**A. Uses and Disclosures Relating to Treatment, Payment, or Health Care Operations**

URI Health Services may use and disclose your PHI for the following reasons:

1. **For treatment.** We may disclose your PHI to physicians, nurse practitioners, nurses, pharmacists, and other health care personnel who provide you with healthcare services or are involved in your care. For example, if you are being treated for a complicated medical condition and a nurse practitioner would like to consult a physician in order to coordinate your care.
2. **To obtain payment for treatment.** We may use and disclose your PHI in order to bill and collect payment for the treatment and services provided to you. For example, we may provide portions of your PHI to our billing department and your health plan to get paid for the health care services we provided to you.
3. **For health care operations.** We may disclose your PHI in order to operate this health services. For example, we may use your PHI in order to evaluate the quality of health care services that you received or to evaluate the performance of the health care professionals who provided health care services to you. We may also provide your PHI to our attorneys, consultants and others in order to make sure we’re complying with the laws that affect us.
4. **Emergency treatment.** We may disclose your PHI to others without your consent in certain situations. For example, your consent isn’t required if you need emergency treatment, as long as we try to get your consent after treatment or we try to get consent but you are unable to communicate with us (for example, if you are unconscious or in severe pain) and we think you would consent if you were able to do so.

**B. Certain Uses and Disclosures Do Not Require Your Consent.**

We may use and disclose your PHI without your consent or authorization for the following reasons:

1. **When a disclosure is required by federal, state or local law judicial or administrative proceedings, or law enforcement.** For example, we make disclosures when a law requires that we report information to government agencies and law enforcement personnel about victims of abuse, neglect, or domestic violence; when dealing with gunshot and other wounds; or when ordered in a judicial or administrative proceeding.
2. **For public health activities.** For example, we must report information about various diseases, to government officials in charge of collecting that information. This is particularly true of certain communicable diseases.
3. **For health oversight activities.** For example, we will provide information to assist the government or an accreditation association when it conducts an investigation or inspection of a health care provider or organization.
4. **For research purposes.** Certain limited uses and disclosures of PHI may occur for research purposes subject to approval by the university’s Institutional Review Board (IRB).
5. **To avoid harm.** In order to avoid a serious threat to the health or safety of a person or the public, we may provide PHI to law enforcement personnel or persons able to prevent or lessen such harm.
6. **For workers’ compensation purposes.** We may provide PHI in order to comply with worker’s compensation laws.
7. **Appointment reminders and health-related benefits or services.** We may use PHI to provide appointment reminders or give you information about treatment alternatives, or other health care services or benefits we offer.

**C. All Other Uses and Disclosures Require Your Prior Written Authorization.**

In any other situation not described in sections II, A and B above, we will ask for your written authorization before using or disclosing any of your PHI.

### III. WHAT RIGHTS YOU HAVE REGARDING PHI

#### A. The Right to Request Limits on Uses and Disclosures of Your PHI.

You have the right to ask that we limit how we use and disclose you PHI. We will consider your request but are not legally required to accept it. If we accept your request, we will put any limits in writing and abide by them except in emergency situations. You may not limit the uses and disclosures that we are legally required or allowed to make.

#### B. The Right to Choose How We Send PHI to You

You have the right to ask that we send information to you at an alternate address (for example, sending information to your campus address rather than your home address) or by alternate means (for example, e-mail instead of regular mail). We will agree to your request so long as we can easily provide it in the format you requested.

#### C. The Right to See and Get Copies of Your PHI.

In most cases, you have the right to look at or get copies of your PHI that we have, but you must make the request in writing. There may be a charge associated with copies provided. We will respond to you within 30 days after receiving your written request.

#### D. The Right to Get a List of the Disclosures We Have Made.

You have the right to get a list of instances in which we may have disclosed your PHI. The list will not include uses or disclosures that you have already consented to, such as those made for treatment, payment, or health care operations, directly to you. This list also won't include uses and disclosures made for national security purposes or to corrections or law enforcement personnel, or before the effective date of this notice.

#### E. The Right to Amend Your PHI.

If you believe that there is a mistake in your PHI or that a piece of important information is missing, you have the right to request that we amend the existing information or add missing information. You must provide the request and your reason for the request in writing. We will respond within 60 days of receiving your request. We may deny your request in writing if the PHI is (i) correct and complete, (ii) not created by us, (iii) not allowed to be disclosed, or (iv) not part of our records. Our written denial will state the reasons for the denial and explain your right to file a written statement of disagreement with the denial. If you don't file one, you have the right to request that your request and our denial be attached to all future disclosures of your PHI. If we approve your request, we will amend your PHI, tell you that we have done it and tell others that need to know about the amendment to your PHI.

#### F. The Right to View This Notice on the web.

You have the right to view and get a copy of this notice from the web at [www.uri.edu/health/privacy](http://www.uri.edu/health/privacy) .

### IV. PERSON TO CONTACT FOR INFORMATION ABOUT THIS NOTICE OR TO FILE COMPLAINTS/ CONCERNS ABOUT OUR PRIVACY PRACTICES

If you have any questions about this notice or any complaints/concerns about our privacy practices, please contact: Kathleen Ashley, Privacy Officer, URI Health Services, 6 Butterfield Road, Kingston, RI 02818, phone 401-874-4763, or email [health@etal.uri.edu](mailto:health@etal.uri.edu)

### V. EFFECTIVE DATE OF THIS NOTICE

This notice went into effect on April 14, 2003.

***Please Note: These practices follow many of the privacy rules found in the federal Health Insurance Portability and Accountability Act of 1996 and its applicable regulations. URI Health Services is not a covered entity under HIPAA and, therefore, is not legally bound by this specific legislation. We have chosen to adopt many of the privacy practices advocated under HIPAA as an extension of our commitment to protect the confidentiality of your health information. These practices should not be interpreted as creating contractual rights and URI reserves the right to make changes in these practices at any time without prior notice.***