

Notice of Privacy Practices

Effective November 1, 2006

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

If you have any questions about this Notice of Privacy Practices, please ask a member of the staff where you receive health care services. You may also contact our Privacy Office at (615) 936-3594.

VANDERBILT UNIVERSITY MEDICAL CENTER (VUMC) IS COMMITTED TO YOUR PRIVACY

At Vanderbilt University Medical Center, we keep medical information about you to help us provide your care and to meet legal requirements. We also understand that your medical information is private.

The law requires us to...

- protect your medical information
- give you this Notice
- follow the terms of the Notice.

DEFINITION OF TERMS

In this document we will use words that will have the following meaning:

- “Notice” is used to refer to this Notice of Privacy Practices
- “VUMC” means Vanderbilt University Medical Center, together with its medical staff and affiliated organizations listed at the end of this Notice
- “we,” “our” or “us,” means one or more of the VUMC organizations and their individual licensed providers and staff
- “you” means the patient who is the subject of the medical information
- “medical information” includes all paper and electronic records of your care that identify you and relate to your past, present or future physical or mental health or condition including information about payment and billing for your health care services
- “use” means sharing or using your medical information within VUMC
- “share” or “disclose” means to release, give access to, or provide your medical information to someone outside VUMC.

HOW WE MAY USE AND SHARE INFORMATION ABOUT YOU

VUMC and its medical staff; employed healthcare professionals including physicians, nurses, care partners, other employees; trainees and students; volunteers; and business associates follow the terms of this Notice. VUMC uses electronic record systems to more efficiently and safely coordinate your care across many individuals and locations. Physical and technical safeguards are used to protect the information in these systems, and VUMC also uses policies and training to restrict use of your information to only those who need it to do their job.

Doctors and other people who are not employed by VUMC may share information about you with VUMC employees in order to provide your health care. These non-VUMC caregivers may also give you their notices that describe their privacy practices for information they maintain outside of VUMC.

All of these hospitals, clinics, doctors, and other caregivers, programs and services may share your medical information with each other for treatment, payment, and health care operations purposes. The general ways that we can use and share your information are described below. While we cannot list every specific use, we have given examples under each general category.

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Treatment: We may use and share your medical information to provide you with health care services. *For example, a doctor treating you for a broken leg will need to know if you have diabetes because diabetes may slow the healing process. The doctor may need to tell someone who works in food service that you have diabetes so we can prepare the right meals for you.* We may also share medical information about you in order to provide you with items and services such as medicine, lab tests and x-rays, and to make arrangements for transportation, home care, nursing homes, rehabilitation facilities, medical device or equipment experts, or with community agencies and family members. This medical information may be shared when needed in order to plan for your care after you leave VUMC.

Payment: We may use and share your information so that VUMC or other health care providers that have provided services to you, such as an ambulance company, may bill and collect payment for those services. *For example, we may share your medical information with your health plan so your health plan will pay for care you received at VUMC, or to obtain prior approval for a procedure, or to allow your health plan to review your records to make sure they have paid the correct amount to VUMC. We may also share your information with a collection agency when needed in order to collect an overdue payment.*

Health Care Operations: We may use and share information about you for business tasks necessary to operate VUMC. Whenever practical we may remove information that identifies you. *For example we may use or share your medical information:*

- *to comply with laws and regulations*
- *for health care training and education*
- *to perform credentialing, licensure, certification, and accreditation functions*
- *to improve our care and service*
- *for our budgeting and planning*
- *for legal services and compliance programs*
- *to conduct audits*
- *to maintain computer systems*
- *to evaluate the performance of our staff in caring for you*
- *to make decisions about additional services VUMC should offer*
- *to do patient satisfaction surveys*
- *to bill and collect payment.*

When information is shared with outside parties (called “business associates”) who perform these tasks on behalf of VUMC, the business associates are also required to protect and restrict use of your medical information.

Contacting You about Appointments, Insurance and Other Matters: We may contact you by mail, phone, or email about appointments, registration questions, insurance updates, billing or payment matters, test results, to follow up about care received, or to ask about the quality of the services we have provided to you. We may leave voice messages at the telephone number you give to us.

Treatment Alternatives or Health News and Services: We may use or share your information to inform you about treatment options or health-related products or services that may interest you.

Fundraising Activities: We may use your name, address, phone number and the dates you received services at VUMC to contact you in an effort to raise money to support VUMC. If we contact you, we will tell you how to cancel these communications in the future.

Hospital Directory: If you are admitted to the hospital, your name, location in the hospital, general condition such as “fair” or “stable” and your religion is included in our hospital patient directory at the information desk. This helps your family, friends, and clergy visit you and learn your general condition. This general information, except your religion, may be released to visitors or phone callers who ask for you by name. Unless you tell us not to, your stated religion may be given to a member of the clergy, such as a priest or rabbi, even if they don’t ask for you by name. You may ask to have your name removed from the directory list and we will not release this general information even if you are asked for by name.

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Family Members and Friends Involved in Your Care or Payment for Your Care: We may share information about you with family members and friends who are involved in your care or payment for your care. Whenever possible, we will allow you to tell us who you would like to be involved in your care. However, in emergencies or other situations in which you are unable to tell us who to share information with, we will use our best judgment and share only information that others need to know. We may also share information about you with a public or private agency during a disaster so the agency can help contact your family or friends about your location and tell them how you are doing.

Research: We may use and disclose medical information about you for the research we conduct in order to improve public health and develop new knowledge. *For example, a research project may compare the health and recovery of patients who received one medicine for an illness to those who received a different medicine for the same illness.* We use and share your information for research only as allowed by federal and state rules. Each research project is approved through a special process that balances the research needs with the patient's need for privacy. In most cases, if the research involves your care or the sharing of your medical information, we will first explain to you how your information will be used and ask your consent to use the information. We may access your medical information before the approval process to design the research project and provide the information needed for approval. Health information used to prepare a research project does not leave VUMC.

To Stop a Serious Threat to Health or Safety: When necessary to prevent a serious and urgent threat to the health and safety of you or someone else, we may share your medical information. *For example, threats of harming another person may be reported to the police or other proper authorities.*

Organ, Eye and Tissue Donation: We share medical information about organ, eye, or tissue donors and about the patients who need those organs, eyes, or tissues with others involved in obtaining, storing and transplanting organs, eyes, and tissues.

Military and Veterans: If you are a member of the armed forces, we may share your medical information with the military as authorized or required by law. We may also release information about foreign military personnel to the proper foreign military authority.

Workers' Compensation: We may share medical information about you with those who need it in order to provide benefits for work-related injuries or illness.

Health Oversight Activities and Public Health Reporting: We may share information with health oversight agencies for activities like audits, investigations, inspections, and review of requirements to obtain a license. We may also share your medical information to file reports with state public health authorities, agencies such as cancer registries, and the federal Food and Drug Administration.

Some examples of the reasons for these reports are:

- *to prevent or control disease and injuries*
- *to report events such as births and deaths*
- *to report child abuse or neglect of children, elders and dependent adults*
- *to report reactions to medications or problems with products*
- *to notify people of recalls of products they may be using*
- *to notify a person who may have been exposed to a disease or may spread a disease*
- *to notify the appropriate authority if we believe a patient has been the victim of abuse, neglect or domestic violence.*

Lawsuits and Disputes: We may share your medical information as directed by a court order, subpoena, discovery request, warrant, summons or other lawful instructions from a court or public body when needed for a legal or administrative proceeding.

Law Enforcement: We may release your medical information to a law enforcement official, as authorized or required by law:

- in response to a court order, subpoena, warrant, summons or similar process
- to identify or locate a suspect, fugitive, material witness, or missing person
- if you are suspected to be a victim of a crime, generally with your permission
- about a death we believe may be the result of a crime

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- about criminal conduct at the hospital
- in an emergency, to report a crime; the location of the crime or victims; or the identity, description or location of the person who committed the crime.

We May Share Your Information With:

- coroners, medical examiners and funeral directors so they can carry out their duties
- federal officials for national security and intelligence activities
- federal officials who provide protective services for the President and others such as foreign heads of state, or to conduct special investigations
- a correctional institution if you are an inmate
- a law enforcement official if you are under the custody of the police or other law enforcement official.

OTHER USES OF YOUR MEDICAL INFORMATION

We will not use or share your medical information for reasons other than those described above without your written consent. *For example, you may want us to give medical information to your employer or to your child's school.* We will share your medical information for purposes like this only if you give your written approval. You may revoke the approval, in writing, at any time, but we cannot take back any medical information that has already been shared with your approval.

YOUR RIGHTS REGARDING YOUR MEDICAL INFORMATION

The records we create and maintain using your medical information belong to VUMC, but you have the following rights:

Right to Review and Get a Copy of Your Medical Information: You have the right to look at and get a copy of your medical information, including billing records. You must first make your request in writing to Medical Information Services at the address provided at the end of this Notice. We may charge a fee to cover copying, mailing, and other costs and supplies used to respond to your request. We may deny your request for certain information in very limited cases. If we deny your request, we will give you the reason for the denial in writing. In some cases, you may request that the denial be reviewed by a licensed health care professional chosen by VUMC.

Right to Ask for a Change of Your Medical Information: If you think our information about you is not correct or not complete, you may ask us to correct the record by writing to Medical Information Services at the address listed at the end of this Notice. Your written request must give the reason you ask for a correction. We have 60 days to respond to your request. If we accept your request, we will tell you we agree and add the correction. We cannot take anything out of the record. We can add new information to complete or correct the existing information. With your help, we will notify others who have the incorrect or incomplete medical information. If we deny your request, we will tell you in writing the reasons. If we deny your request, you have the right to submit a written statement of 250 words or less that tells what you believe is not correct or is missing. We will add your written statement to your records and include it whenever we share the part of your medical record that your written statement relates to.

Right to Ask for an Accounting of Disclosures: You have the right to request a list of when your medical information was shared without your written consent.

This list will not include uses or disclosures:

- to carry out treatment, payment, or health care operations
- to you or your personal representative
- to those who request your information as listed in hospital directories
- to your family members or friends who are involved in your care
- as required or permitted by law as described above
- as part of a limited data set with direct identifiers removed
- released before April 14, 2003.

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Any request for this list must be made in writing to the Privacy Office at the address listed at the end of this Notice. Your request must state the time period for which you want the list. The time period may not be longer than six years and may not begin before April 14, 2003. The first list you request within a 12-month period will be free. We will charge you a fee for additional requests in that same period.

Right to Ask for Limits on the Use and Sharing of Your Medical Information: You have the right to ask that we limit our use or sharing of information about you for treatment, payment or health care operations. You also have the right to ask us to limit the medical information we disclose about you to someone who is involved in your care or the payment for your care, like a family member or friend. *For example, you could ask that we not share information about a surgery you had.* We reserve the right to accept or reject your request. Generally, we will not accept restrictions for treatment, payment, or health care operations. We will notify you if we do not agree to your request. If we do agree, our agreement must be in writing, and we will comply with the restriction unless the information is needed to provide emergency treatment for you. We are allowed to end the restriction if we tell you. If we end the restriction, it will only affect medical information that was created or received after we notify you.

You must submit your request to restrict the use and sharing of your medical information in writing to the Privacy Office at the address listed at the end of this Notice. In your request, you must tell us (1) what information you want to limit (2) whether you want to limit our use, disclosure or both and (3) to whom you want the limits to apply.

Right to Ask for Confidential Communications: You have the right to ask us to communicate with you in a certain way or at a certain location. *For example, you can ask that we contact you only at work or at a post office box.* You must make your request in writing to the Privacy Office at the address given at the end of this Notice. You do not need to tell us the reason for your request. Your request must specify how or where you wish to be contacted. You will also be required to tell us what address to send bills to for payment. We will accept all reasonable requests. However, if we are unable to contact you using the requested ways or locations, we may contact you using any information we have.

Right to Get a Paper Copy of This Notice: You have the right to get a paper copy of this Notice, even if you have agreed to receive this Notice electronically. You may get a copy at any of our facilities, by contacting the Privacy Office at the number below, or at the VUMC website, <http://www.mc.vanderbilt.edu>.

CHANGES TO THIS NOTICE

We have the right to change this Notice at any time. Any change could apply to medical information we already have about you as well as any information we receive in the future. The effective date of this Notice is on the first page. We will post a copy of the current Notice throughout VUMC and on the VUMC website, <http://www.mc.vanderbilt.edu>.

HOW TO ASK A QUESTION OR REPORT A COMPLAINT

If you have questions about this Notice or want to talk about a problem without filing a formal complaint, please contact the Privacy Office at 615-936-3594. If you believe your privacy rights have been violated, you may file a written complaint with us. Please send it to the VUMC Privacy Official at the address listed below. You may also file a complaint with VUMC Patient Affairs or the Secretary of the Department of Health and Human Services at the addresses listed below.

You will not be treated differently for filing a complaint.

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HOW TO CONTACT US

VUMC Privacy Office	1161 21 st Avenue D-2109 Medical Center North Nashville, TN 37232-2655	(615) 936-3594	Privacy.office@vanderbilt.edu
VUMC Medical Information Services	1211 22 nd Avenue B-334 VUH Nashville, TN 37232-7350	(615) 322-2062	
VUMC Patient Affairs	1211 22 nd Avenue 1101 VUH Nashville, TN 37232-7566	(615) 322-6154	
Office for Civil Rights Region IV	DHHS Atlanta Federal Center 61 Forsyth Street, S.W. Suite 3B70 Atlanta, GA 30323		

VUMC OPERATIONS AND AFFILIATES THAT WILL FOLLOW THE RULES OF THIS NOTICE

- **Vanderbilt University Hospital**
- **Psychiatric Hospital at Vanderbilt**
- **Monroe Carell Jr. Children’s Hospital at Vanderbilt**
- **VUMC clinics and practices (a detailed list is available upon request)**
- **VUMC Outpatient Pharmacies**
- **Members of the VUMC Medical Staff while practicing at VUMC**
- **Vanderbilt Medical Group**
- **Vanderbilt School of Medicine**
- **Vanderbilt School of Nursing**
- **VUMC Administration, covered functions that involve the use or disclosure of PHI**
- **Other Designated Health Care Components of Vanderbilt University.**

- **Affiliated Covered Entities:**
 - **University Community Health Services (UCHS)**
 - **Vanderbilt Home Care Services**
 - **Vanderbilt Asthma Sinus Allergy Program (VASAP)**
 - **Vanderbilt Integrated Providers (VIP)**
 - **VIP MidSouth, LLC**
 - **Hillsboro Imaging (Vanderbilt Imaging)**
 - **Cool Springs Imaging (Williamson Imaging)**
 - **Vanderbilt-Ingram Cancer Center at Franklin**
 - **Gateway-Vanderbilt Cancer Treatment Center**