

# NORTHWESTERN UNIVERSITY HEALTH SERVICE PHARMACY

## Patient Privacy Rights

Effective – October 1, 2013

### Your Information. Your Rights. Our Responsibilities.

This document describes how information about you from the University Health Service Pharmacy may be used and disclosed and how you can get access to this information. **Please review it carefully.**

#### Your Rights

**When it comes to your 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 pharmacy record. Ask us how to do this.
- We will provide a copy of your information, usually within 30 days of your request. We may charge a reasonable, cost-based fee for this service.

##### Ask us to correct your pharmacy 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 will consider your request, but the final decision to amend the pharmacy record always rests with the University.

##### Request confidential communications

- You can ask us to contact you in a specific way (for example, home or cell phone) or to send mail to a specific address.
- We will consider all reasonable requests.

##### Ask us to limit what we share

- You can ask us not to use or share certain information for treatment, payment, or our operations. We are not required to agree to your request, and we may say “no,” including for reasons affecting 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 operations with your health insurer.

##### Get a copy of this Privacy document

- You can ask for a paper copy of this Privacy document at any time, even if you have agreed to receive the notice electronically. We will provide you with a paper copy.

##### If you feel your rights under this Privacy document have been violated

- You can contact the UHS' Associate Director, Health Information Management Services, Julie Vasfeld, RHIA, at 847-491-2203 or [julie.vasfeld@northwestern.edu](mailto:julie.vasfeld@northwestern.edu).

#### Your Choices

**For certain information, you can tell us your choices about what we share.** If you have a clear preference for how you share your information in the situations described below, talk to us. Tell us what you want us to do.

- You have both the right and choice to tell us to share information with your family, close friends, or others involved in your care.
- We may also share your information when needed to lessen a serious and imminent threat to health or safety.

#### Our Uses and Disclosures

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

We typically use or share your information in the following ways.

##### Fill your prescriptions

Your information from the University Health Service Pharmacy will be shared with other UHS pharmacy professionals who are filling your prescriptions. We may share your information with the prescribing physician to clarify or discuss a prescription. With your permission, we will give your information to health professionals who are treating you outside of UHS Pharmacy.

##### Run our organization

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

*Example: We use information about you to manage your treatment and services.*

### **Bill for your services**

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

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

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

We are allowed or required by law to share your information in other ways – usually in ways that contribute to your health and safety, or the public good, such as public health and research.

### **Help with public health and safety issues**

We can share health information about you for certain situations such as:

- Preventing disease
- Reporting communicable diseases
- 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

### **Perform quality assessments or conduct research**

We can use or share your information for quality improvement assessments or medical research.

### **Comply with the law**

We will provide information about you if state or federal laws require it.

### **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
- With health oversight agencies for authorized activities
- For special government functions such as military, national security, and presidential protective services

### **Respond to lawsuits and legal action**

We can share health information about you in response to a court or administrative order, or in response to a subpoena.

### **Our Responsibilities**

- We will maintain the privacy and security of your information.
- We will let you know if a breach occurs that may have compromised the privacy or security of your information.
- We will follow the duties and privacy practices described in this notice 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 before disclosure is made. You must let us know in writing if you change your mind.

### **Changes to the Terms of this Privacy Document**

We can change the terms of this notice, and the changes will apply to all information we have about you. The new notice will be available upon request, in our office, and on our website.

I have read and understand the provisions of this document concerning my use of Northwestern University Health Service Pharmacy.

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Signature

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Date