



**NOTICE OF PRIVACY PRACTICES  
OF TEXAS WOMAN'S UNIVERSITY DENTAL HYGIENE PROGRAM**

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**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.**

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Effective Date June 6, 2015

Texas Woman's University (TWU) is required by law to protect the privacy of your health information. TWU is also required to give you this Notice that explains how TWU may use information about you and when TWU can give out or "disclose" that information to others. You also have rights regarding your health information that are described in this Notice. We respect our ethical and legal obligation to keep your health information that identifies you private.

TWU may change its policies and this Notice at any time and have those revised policies apply to all the protected health information maintained by TWU. If or when TWU changes this Notice, the new Notice will be posted where it can be seen. For more information about this notice or TWU privacy practices and policies, contact the person listed at the end of this Notice.

Each time you visit or communicate with TWU for health care services, TWU makes a record of the visit or communication. Typically the record contains Protected Health Information which is defined as individually identifiable health information created or received by a health care provider, health plan, employer, school or university, or health care clearinghouse that relates to your past, present or future physical or mental health or condition; the provision of health care to you; or the past, present or future payment for the provision of health care to you that identifies you or with respect to which there is a reasonable basis to believe the information can be used to identify you. TWU is required by the privacy regulation issued under the Health Insurance Portability and Accountability Act of 1996 ("HIPPA") to maintain the privacy of your Protected Health Information and to provide you with notice of its legal duties and privacy practices with respect to your Protected Health Information. This document is notice to you of TWU's privacy practices. TWU is required to abide by the terms of the Notice currently in effect.

**Disclosures That Can Be Made Without Your Authorization**

TWU students, professors, and employees are usually the only individuals with access to these records. However, there are situations in which TWU is permitted to disclose or use your medical information without your written authorization or an opportunity to object. In other situations, TWU will ask for your written authorization before using or disclosing your Protected Health Information. If you choose to sign an authorization to disclose information, you can later revoke that authorization, in writing, to stop future uses and disclosures. However, any revocation will not apply to disclosures or uses already made or that rely on the authorization before it is revoked. TWU may use or disclose your Protected Health Information without your written authorization for the following reasons:

- **Treatment.** We will use and share your medical record for your care. Example: Doctors, dentist, faculty, or students may read your record to learn if your care is being (has been), carried out

appropriately. Your medical information also may be shared with physicians or dentists outside TWU to decide the best treatment for you.

- **Payment:** We may use and share your medical information to be paid for care and services we provided you. Example: We may bill you for the services we provide.
- **Health-care Operations.** We need to use and share your health information to run our health-care business. We may use or share your information for several reasons. Example: Our staff may use your medical information to make sure that you and other patients get the best possible care.
- **Appointment Reminders.** We may contact you to remind you of an appointment or to change one. We may also let you know that it is time for a follow-up appointment or a regular check-up as well as give you information about treatment alternatives or other health-related benefits that may be of interest to you by (telephone, mail, and/or email).
- **Education, Research and Special Projects.** We sometimes gather data from existing patient records for teaching or research purposes. Your information will be “de-identified”, i.e., your name would not be associated with any of your medical/dental information.
- To individuals involved in your care such as a family member or other relative, a close personal friend, or any other person you identify to us, upon written request.
- **Required by Law.** We must share medical information if federal, state or local law says so.
- **Required Disclosures.** To a health oversight agency for oversight activities authorized by law, including audits; civil, administrative or criminal investigations; inspections; licensure or disciplinary actions; or other activities necessary for appropriate oversight of the health care system, government benefit programs for which health information is relevant to beneficiary eligibility, entities subject to government regulatory programs for which health information is necessary for determining compliance;
- **Abuse and Neglect.** If TWU has reason to believe that an individual is a victim of abuse, neglect, or domestic violence, to report to a government authority including a social service or protective agency authorized by law to receive reports of abuse, neglect or domestic violence;
- **Coroners, Medical Examiners and Funeral Director.** To a coroner or medical examiner for the purpose of identifying a deceased person, determining a cause of death, or other duties authorized by law;
- **Special Governmental functions.** For specialized government functions such as for national security and intelligence activities or for the protection of the President or other person authorized by 18 U.S.C. 3056 or to foreign heads of State or other persons authorized by 22 U.S. C. 2709 (a)(3) or the conduct of investigations authorized by 18 U.S. C. 871 and 879.
- **Correctional facility or law enforcement official or agency.** If you are an inmate or under the custody of a law enforcement official or agency, if necessary, to: help the correctional facility provide you with health care; or protect the health and safety of you and /or others.
- **Workers Compensation.** We may share your health information with agencies or individuals to follow workers compensation laws or other similar programs.

**Ways We May Use and Share Your Health Information When We Have Given You a Chance to Object. Individuals Involved in Your Care or Payment for Your Care.** We may share medical information about you with your family members, friend or any other person you tell us who is involved in your medical care or who helps pay for it. We may tell your family or friends your condition and that you are a patient in our facility. We also may share medical information about you to a disaster relief agency so that your family can be told of your condition and location. Usually you will have a chance to object to the sharing of this information

## Your Privacy Rights Regarding Protected Health Information

Your records and the Protected Health Information contained therein are the physical property of TWU Dental Hygiene program. However, you have the following rights with respect to your own Health Information:

- You have certain rights regarding your health information, describe below. These rights apply to the health information we keep. You must submit a written request to use any of these rights. You can send your written request to the Texas Woman's University Dental Hygiene Clinic at the address given at the end of this notice.
- **Right to Request Special Communication.** You have the right to ask us to contact you about medical matters in a certain way or at a certain place. We will follow all reasonable requests. Your request must tell us how you wish to be contacted.
- **Right to Inspect and Copy.** You have the right to read or get a copy of your health information, with some exceptions. We may turn down your request under certain circumstances. If we do so, you may ask for a licensed health-care professional chosen by us to review why we turned you down. We will follow the reviewer's decision.
- **Right to Request Changes.** If you believe the health information that we created is wrong or incomplete, you may ask us to change it. You must provide a reason why you want the change. We cannot take our or destroy any information already in your medical record. We also are not required to agree to make the change. If we do not agree to the change, you can write a letter about the changes. We will send you one back saying why we will not make the changes. You may then send another disagreeing with us. It will be attached to the information you wanted changed or corrected.
- **Right to Accounting of Disclosures.** We are required to track who we share your health information with under certain circumstance. You have the right to ask for a copy of this list. We do not have to track every time we share your health information with others. Your request must give a time period, which may not be longer than 6 years and may not include dates before April 14, 2003.
- **Right to Request Restrictions.** You have the right to ask for a restriction or limitation/
- **Right to Privacy.** Should a patient ask for accommodation related to discussion on protected health information, the patient will be informed that these discussions will take place in an individualized room that allows for privacy

**Other Uses and Sharing Of Your Health Information.** All other uses and sharing of your health information will be done only with your written permission.

**Changes to This Notice.** We reserve the right to change this notice. We reserve the right to make the revised or changed notice effective for your health information we already have, as well as any we get in the future. Any changes in this notice will be posted. The revised notice also will be available at the Texas Woman's University Dental Hygiene Clinic.

**What If I Have Questions or Need to Report a Problem?** If you have any questions about this notice or about how your health information is used or shared by us please contact the Texas Woman's University Dental Hygiene Clinic by e-mail at [dentalhygieneclinic@twu.edu](mailto:dentalhygieneclinic@twu.edu) or by calling (940) 898-2888.

If you believe your privacy rights have been violated, you may file a complaint with us and/or the Secretary of Health and Human Services, 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, or calling 1-877-696-6775, or Visiting [www.hhs.gov/ocr/privacy/hippa/complaints/](http://www.hhs.gov/ocr/privacy/hippa/complaints/).

*Your care will not be affected if you file a complaint, nor will any action be taken against you*