

## **Notice of Privacy Practices**

West Virginia University  
Intercollegiate Sports  
*Effective date: July 1, 2003*



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

This Notice of Privacy Practices describes how West Virginia University 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. "Protected health information" is information about you, including demographic information, that may identify you. Protected health information refers to your past, present or future physical or mental health or condition, and related health care services.

### **1. OUR DUTIES TO YOU REGARDING PROTECTED HEALTH INFORMATION**

The above listed organization is required by law to (1) make sure that health information that identifies you is kept private, (2) give you this notice of our legal duties and privacy practices with respect to health information about you, (3) follow the terms of the notice that is currently in effect, and (4) communicate any changes to the Notice to you.

We reserve the right to change this Notice of Privacy Practices at any time in the future. The Notice's effective date is found at the top of the first page. We reserve the right to make the revised or changed notice effective for protected health information we already have about you as well as any information we receive in the future. You may request a copy of any revised notice of Privacy Practices by: 1) calling the compliance number at the end of this document, or 2) asking for one at your next visit to our organization. Until such amendment is made, we are required by law to comply with this Notice.

We will also post a copy of the current Notice at certain designated areas throughout our organization.

## **2. USES AND DISCLOSURES OF PROTECTED HEALTH INFORMATION**

### ***A. Uses and Disclosures of Protected Health Information for Treatment, Payment and Healthcare Operations***

The law permits us to use or disclose your protected health information for the following purposes:

1) Treatment. We will use and disclose your protected health information to provide, coordinate, or manage your health care and any related services. Physicians, residents, athletic trainers, dentists, nurses, technicians, students, or other health care personnel who are involved in taking care of you use health information about you.

For example, a physician, treating you following an injury during competition may need a copy of your medical record for treatment.

We may also disclose protected health information about you to your family physician who may want to be informed about the treatment that you received and the result of your treatment so that (s)he may provide the appropriate follow-up care.

2) Health Care Operations. We will use or disclose, as needed, protected health information about you in order to support the daily activities of providing health care. These uses and disclosures are necessary to run our organization and make sure that all of our student athletes receive quality care. These activities include, but are not limited to, quality assessment activities, audits, investigations, oversight or staff performance reviews, training of students, licensing, and conducting or arranging for other health care related activities.

Since we are a teaching institution, we may also disclose information to athletic trainers, residents, dentists, nurses, technicians, students in health related fields, other health care personnel, and others for research studies and teaching purposes. As much as possible, we will remove information that identifies you from this set of health information so others may use it to study health care delivery without learning whom you are.

### Information provided to you:

- Appointment Reminders: We may use and disclose your health information to contact you as a reminder that you have an appointment for treatment.
- Treatment Alternatives: We may use and disclose your health information to consultants so they can tell you about or recommend possible treatment options or alternatives that may be of interest to you.
- Medically-Related Benefits and Services: We may use and disclose your health information to others to tell you about medical-related benefits or services that may be of interest to you, such as smoking cessation classes, stress management classes, eating disorders, Alcoholics Anonymous, etc.

#### ***B. Uses and Disclosures of Protected Health Information Based upon Your Written Authorization***

Except as described in this Notice of Privacy Practices, we will not use or disclose your protected health information without your written authorization. If you do authorize us to use or disclose your protected health information for another purpose, you may revoke your authorization in writing at any time. If you revoke your authorization, we will no longer use or disclose your protected health information for the reasons covered by your written authorization. We are unable to take back any disclosures we have already made with your authorization, and we are required to retain records of the disclosures that we provided for you under that written authorization.

#### ***C. Other Permitted and Required Uses and Disclosures That May Be Made With Your Authorization or Opportunity to Object***

We may use and disclose your protected health information in the situations listed below. You have the opportunity to agree or object to the use or disclosure of all or part of your protected health information. If you are not present or able to agree or object to the use or disclosure of the protected health information, the physician or other health care provider(s) involved in your care may, using their professional judgment, determine whether the disclosure is in your best interest. In this case, only the protected health information that is relevant to your health care will be disclosed.

Information Directories. Unless you object, we may tell your family or friends your location in the facility and approximate treatment time while you are being treated. This information may be provided to people who ask for you by name. If you do not want us to release this information, inform your athletic trainer immediately.

Media Guide. Unless you object, we may publish information about you in the media guide, which may be considered protected health information. If you do not want us to release this information, inform your athletic trainer immediately.

Others Involved in Your Care. Unless you object, we may disclose your protected health information to notify or assist in notifying a family member, your personal representative or another person responsible for your care about your location, your general condition or the event of your death. If you are able and available to agree or object, we will give you the opportunity to object prior to making this notification. If you are unable or unavailable to agree or object, our health care professionals will use their best judgment in communicating with your family and others involved in your care.

***D. Other Permitted and Required Uses and Disclosures That May Be Made Without Your Authorization or Opportunity to Object***

We may use or disclose your protected health information in the following situations without your authorization. These situations include:

Required by law. We may use or disclose your protected health information when required to do so by federal, state or local law. The use or disclosure will be made in compliance with the law and will be limited to the relevant requirements of the law. For example, the Office of Civil Rights or the Office of the Inspector General may require access to your protected health information while conducting audits or investigations of reported privacy breaches or violations. By law, we must make disclosures to you and when required by the Secretary of the Department of Health and Human Services to investigate or determine our compliance with the requirements of the Health Insurance Portability and Accountability Act of 1996.

Public Health and Safety. As required by law, we may disclose your protected health information to public health authorities for purposes related to: 1) preventing or controlling disease; 2) reporting child abuse or neglect; 3) reporting to the Food and Drug Administration problems with products and reactions to medications; 4) notifying people of recalls of products they may be using; and 5) reporting disease or infection exposure to a person who may have been exposed or may be at risk for contracting or spreading a disease or condition. We may also disclose your protected health information to appropriate persons in order to prevent or lessen a serious and imminent threat to your health or safety, or the health or safety of another person or the general public. Any disclosure, however, would only be to someone able to help prevent the threat.

Military Activity and National Security: When the appropriate conditions apply, we may use or disclose protected health information of individuals who are Armed Forces personnel or veterans (1) for activities deemed necessary by appropriate military command authorities; (2) for the purpose of a determination by the Department of Veterans Affairs of your eligibility for benefits, or (3) to foreign military authority if you are a member of that foreign military service. We may also disclose your protected health information to authorized federal officials for conducting national security and intelligence activities for the provision of protective services to the President or others legally authorized.

Health Oversight Activities. We may disclose your protected health information to health oversight agencies during the course of audits, investigations, inspections, licensure and other proceedings required by the government to monitor the health care system, government programs, and compliance with civil rights laws.

Legal Proceedings. If you are involved in a lawsuit or a dispute, we may disclose your protected health information in response to a court or administrative order. We may also disclose your protected health information in response to a subpoena, discovery request, or other lawful process by someone else involved in the dispute, but only if efforts have been made to tell you about the request or to obtain an order protecting the information requested.

Law Enforcement. We may disclose your protected health information to law enforcement officials for purposes or in situations such as:

- identifying or locating a suspect, fugitive, material witness or missing person;
- in response to a court order, subpoena, warrant, summons or similar process;
- about the victim of a crime if, under certain limited circumstances, we are unable to obtain the person's agreement;
- about a death we believe may be the result of criminal conduct;
- about criminal conduct in the organization; and
- in emergency circumstances to report a crime, the location of the crime or victims, or the identity, description or location of the person who committed the crime.

Inmates. If you are an inmate of a correctional institution or under the custody of a law enforcement official, we may disclose your protected health information to the correctional institution or law enforcement official. This disclosure would be necessary (1) for the institution to provide you with health care; (2) to protect your

safety or the safety of others; or (3) for the safety and security of the correctional institution.

Coroners, Funeral Directors, and Organ Donation. We may disclose protected health information to coroners or medical examiners for identification purposes, determining cause of death or for the coroner or medical examiner to perform other duties authorized by law.

Research. We may disclose your protected health information to researchers conducting research that has been approved by an Institutional Review Board, which has reviewed the research proposal and established protocols to ensure the privacy of your protected health information. All research projects, however, are subject to a special approval process called an Institutional Review Board or Privacy Board. This process evaluates a proposed research project and its use of health information, trying to balance the research needs with the individual's need for privacy of their health information. Before we use or disclose protected health information for research, the project will have been approved through this research approval process, but we may disclose protected health information about you to people preparing to conduct a research project, for example, to help them look for individuals with specific health care needs, so long as the health information they review does not leave the facility, and so long as the information sought is necessary for the research purpose. We will ask for your specific permission if the research involves treatment. If you are asked for such permission, you have the right to refuse.

Change of Ownership. In the event that West Virginia University is sold or merged with another organization, your health information/record will become the property of the new owner.

### **3. YOUR RIGHTS REGARDING HEALTH INFORMATION ABOUT YOU**

You have the right to inspect and obtain a copy of your protected health information. This means you may inspect and obtain a copy of your protected health information that is contained in a designated record set for as long as we maintain the protected health information. A "designated record set" contains health and billing records and any other records that your health care provider may use for making treatment decisions about you, except for psychotherapy notes.

You have the right to request restrictions or limitations on certain uses and disclosures of your protected health information. This means you may ask us not to use or disclose any part of your protected health information for the purposes of

treatment, payment or healthcare operations. You may also request that any part of your protected health information not be disclosed to family members or friends who may be involved in your care or for notification purposes as described in this Notice of Privacy Practices. In your request, you must tell us (1) what information you want restricted, (2) whether you want to restrict our use, disclosure or both, (3) to whom you want the restriction to apply, for example, disclosures to your spouse, and (4) an expiration date.

We are not required to agree to a restriction that you may request. If the health care provider believes it is in your best interest to permit use and disclosure of your protected health information, then it will not be restricted. If your health care provider does agree to the requested restriction, we may not use or disclose your protected health information in violation of that restriction unless it is needed to provide emergency treatment. With this in mind, please discuss any restriction you wish to request with your health care provider.

You have the right to request to receive confidential communications from us by reasonable alternative means or at an alternative location. You have the right to request that we communicate with you about health care matters in a certain way or at a certain location. For example, you can ask that we only contact you at home or by mail.

You have a right to request that we amend your protected health information that is in your designated record set. We will consider your request and will make amendments based on the professional opinion of the health care provider who originated the entry. However, if the health care provider believes the entry should not be amended, we are not required to make the amendment. We will inform you about the denial and how you can disagree with the denial.

You have a right to receive a list of instances in which we disclosed you health information for purposes other than treatment, payment or health care operations and certain other activities for the last 6 years, but not before April 14, 2003. This right does not apply to information provided to you, information directory, media guide, and certain government functions as addressed in this Notice of Privacy Practices.

To request a copy of your health information, request a restriction of your health information, request confidential communications of your health information, request amendments to your health information, or request an accounting of

disclosures, please send your written request to one of the respective contacts listed at the end of this document.

#### **4. CONTACT INFORMATION AND COMPLAINTS**

If you are concerned that we may have violated your privacy rights, or you disagree with a decision we made about access to your health information or in response to a request you made to amend or restrict the use or disclosure of your health information or to have us communicate with you in confidence by alternative means or at an alternative location, you may complain to us using the contact information listed at the end of this notice. You also may submit a written complaint to the U.S. Department of Health and Human Services. We will provide you with the address to file your complaint with the U.S. Department of Health and Human Services upon request.

We support your right to protect the privacy of your health information. **You will not be penalized for filing a complaint.** We will not retaliate in any way if you choose to file a complaint with us or with the U.S. Department of Health and Human Services.

Concerns about this Notice of Privacy Practices or how your protected health information is used or disclosed should be directed to any of the contacts listed below:

For the Football Program	For All Other Sports
West Virginia University Intercollegiate Athletics Attn: David Kerns P.O. Box 0877 Morgantown, WV 26507 Telephone: (304) 293-3244	West Virginia University Intercollegiate Athletics Attn: Randy Meador P.O. Box 0877 Morgantown, WV 26507 Telephone: (304) 293-2737

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