

**UTAH STATE HOSPITAL**  
**Notice of Privacy Practices**  
*~ This notice is effective April 14, 2003 ~*  
*~ Amended February 27, 2020 ~*

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

**Your health care information is private.**

The Utah State Hospital complies with Federal law which requires us to keep your “protected health information” private. Protected health information is information that relates to your physical or mental health and which identifies you, such as the health care we provide to you, your medical condition, your genetic information or payment for your health care. You have a right to be notified if your protected health information has been breached.

**Notice**

You have a right to know how we use and disclose your protected health information. We will use and disclose your protected health information only in the manner described in this notice.

**Our privacy practices may change.**

We reserve the right to change our privacy practices and to make the changes apply for all health information that we have about you. If changes are made a revised notice will be posted and copies will be available to you upon request. You may get a copy of the current notice from our Privacy Officer/Medical Records Department or through the Patient Advocate.

**Who can use or see your health care information?**

We use your health information to provide you with treatment. For example, therapists, social workers, doctors, nurses, and other health care providers may share information about you in order to provide you with the best possible treatment. The law also allows us to share your health information with insurance companies and others in order to obtain authorization, payment, or to pay for your health care. For example, bills for payment will identify you and may include your diagnosis, doctor’s name, or the services you received. We also use protected health information for our business activities or “health care operations”, such as conducting quality assessments, evaluations, and our management and administrative activities. We may contact you to remind you of appointments or to provide you with other information. The law does not require us to obtain your permission to use or disclose your protected health information for treatment, payment, or operations.

**Some disclosures are permitted by law.**

We may disclose your protected health information without your permission when authorized by law. For example, we may disclose your protected health information to prevent or lessen a serious threat to health or safety; to prevent the spread of communicable diseases; to monitor drugs or illnesses; to health oversight agencies who are conducting audits, inspections, or investigations such as investigating insurance fraud; to coroners or medical examiners; to research organizations; and for certain government functions such as military and national security activities. We may disclose some of your protected health information to our contractors but only after they sign an agreement that requires them to ensure the privacy of your protected health information.

**Some disclosures are required by law.**

We will disclose your protected health information without your permission when Utah or Federal law requires us to do so. For example, some injuries must be reported to the police, and disclosures must be made to organ transplant organizations. Suspected cases of abuse, neglect or domestic violence must also be reported. We will disclose your protected health information when required by a valid court order or subpoena.

**Your right to limit the use and disclosure of your protected health information.**

You may ask us to restrict the use or disclosure of your protected health information for treatment, payment or operations. We will consider your request but are not required to agree to your request. We will comply with your request not to disclose PHI to your health plan if you have notified us in advance that you, and not your health plan, are going to pay for the services we provide. If we do agree to your request, then we will honor it unless disclosure of your protected health information is necessary to provide you with emergency treatment. You may cancel a restriction at any time. We may also cancel a restriction at any time. If we cancel a restriction, we will notify you and we will continue to apply the restriction to information collected before the cancellation.

**Your right to confidential communications.**

You may provide us with a specific telephone number or address to use to communicate with you privately.

**Your right to inspect and copy your protected health information.**

You may see and get a copy of your protected health information including medical and billing records. If you request an electronic copy of your PHI, we will provide you with access in the format requested if it is readily producible in that format. You must request this information in writing to the Privacy Officer using a "Request for Access Form" available in Medical Records or through the Patient Advocate. You will receive a response within 30 days. Under limited circumstances we may deny you access to a portion of your health information and give you a written explanation of our reasons. You may request a review of the denial in writing. We may charge you a fee for the cost of copies, summaries of your protected health information, or postage.

**Your right to amend your protected health information.**

You may request that we amend your protected health information. You must make your request in writing to the Privacy Officer using a "Request for Amendment" form available in Medical Records or through the Patient Advocate and provide a reason for your request. If we deny your request, we will give you a written explanation of our reasons within 60 days. You may then submit a written statement disagreeing with our denial. Your statement may not be longer than 4 pages. You may file a complaint as described at the end of this notice. Your amendments or statements may be shared when your protected health information is disclosed or at your request.

**Your right to know what disclosures we have made.**

You may request a detailed list of our disclosures of your protected health information. Your written request must state the period of time you want included, which must be within 6 years immediately prior to your request. We are not required to include all disclosures. For example, disclosures to you or for treatment, payment or operations need not be included in the list of disclosures. We will respond within 60 days of receiving your request. Your first request in any 12 month period will be provided free of charge, but additional requests in any 12 month period may result in a fee.

**Your permission is required for some disclosures.**

Your written permission is required before we can use or disclose your protected health information for any reason not otherwise described in this Notice. Your written permission is required before we disclose substance abuse treatment records or psychotherapy notes. USH does not participate in any marketing or fundraising activities and will not sell your protected health information. You may ask to have your protected health information provided to specific people or groups of people that you identify. Your permission is given on an authorization form which you may obtain from Medical Records or the Patient Advocate. You may revoke your permission for us to disclose your protected health information at any time, in writing.

**What protected health information will my family be told?**

We may disclose protected health information to your family, close friends, or people you identify as being involved in your care if the information is relevant to your care or payment for your care. We may release information about your location or death. You may ask us not to release this information, and we will honor your request unless disclosure of your protected health information is necessary to provide you with emergency treatment.

**What will my visitors be told?**

We maintain a directory of individuals who reside at Utah State Hospital. This directory may include your name, location, and your religious affiliation. We may disclose this information to members of the clergy. We may disclose your location to visitors who ask for you by name. If you ask us to restrict these disclosures, we will honor your request.

**If you believe your privacy rights have been violated.**

If you file a complaint, we will investigate the incident and we will not retaliate against you.

If you believe we have violated your privacy rights, you may file a complaint with the:

Privacy Officer  
Medical Records Department  
Utah State Hospital  
P.O. Box 270  
Provo, UT 84603-0270  
(801) 344-4219

or with the:

U.S. Department of Health and Human Services, Office for Civil Rights  
Regional Manager  
1961 Stout Street, Room 08-148  
Denver, CO 80294  
Voice Phone (800) 368-1019  
TDD (800) 537-7697  
FAX (202) 619-3818  
e-mail: [OCRComplaint@hhs.gov](mailto:OCRComplaint@hhs.gov)