

UTAH STATE DEVELOPMENTAL CENTER

Notice of Privacy Practices

*~ This notice is effective April 14, 2003 ~*

*Amended April 29, 2016*

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**

DHS complies with Federal law which requires us to keep your “protected health information” (PHI) 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.

**NOTICE**

You have a right to know how we use and disclose your protected health information. You have a right to receive a copy of this Notice of Privacy Practices. 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, Utah State Developmental Center, (801)763-4187/ 763-4078.

**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. You have the right to be notified if your protected health information has been breached.

**SOME DISCLOSURES  
ARE PERMITTED BY  
LAW**

We may disclose some of your protected health information to our contracted business associates but only after they sign an agreement that requires them to ensure the privacy of your protected health information. 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, medical examiners, or funeral directors; to research organizations; and for certain government functions such as military and national security activities.

**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 to not disclose your protected health information to your health plan if you have notified us in advance that you, not your health plan, are going to pay for the services that 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. We do not use or share your information to market our services without express, written permission. We do not sell your information or use it to raise funds.

**YOUR RIGHT TO  
CONFIDENTIAL  
COMMUNICATION**

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 protected health information we will provide you with access in the electronic format requested if it is readily producible in that format. You must request this information in writing to the Privacy Officer, Utah State Developmental Center Records Department, by using the Access to Records Request Form. The Form is available in the USDC Records Department and/or the Rose Building Forms area. You will receive a response from us 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, Utah State Developmental Center Records Department, 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 list of those with whom your information has been shared. Your written request must state the period of time you want included, which must be within the 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, such as marketing or disclosures to specific people or groups of people. Your written permission is required before we disclose substance abuse treatment records, or psychotherapy notes. USDC 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 people that you identify. Your permission is given on an authorization form, which you may obtain from the Privacy Officer, Utah State Developmental Center Records Department at (801) 763-4187 / 763-4078. 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?**

You have a right to choose someone to act for you. 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 the Utah State Developmental Center. You have a right to include to whom and what type of information may be shared in the directory, including your name, location, and your religious affiliation. If you do choose to include your religious affiliation and elect for us to do so, we may disclose this information to members of the affiliated clergy. We may disclose your name and condition 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 investigate the incident, and we will not retaliate against you. If you believe we have violated your privacy rights, you have a right to file a complaint with our Privacy Officer located in Room 101, Heather Building, (801) 763-4187, Utah State Developmental Center, 895 North 900 East, American Fork, UT 84003; or with the U.S. Department of Health and Human Services, 1961 Stout Street–Room 1185 FOB, Denver, CO, 80294-3538, Voice Phone: (303)844-2024, Fax: (303) 844-2025, TDD: (303)844-3439, e-mail: [OCRComplaint@hhs.gov](mailto:OCRComplaint@hhs.gov).