



# ACKNOWLEDGEMENT OF RECEIPT

## PATIENT DIRECTORY - ELECTRONIC EMAIL - NOTICE OF PRIVACY PRACTICES

### INSTRUCTIONS REGARDING PATIENT DIRECTORY

I have been informed that the Utah State Developmental Center may include my name and location in its patient directory, and that this information will be accessible to people who ask for me by name. The directory may also include my religious affiliation, which may be disclosed to clergy. I understand that I have the right to object to having some or all of my information listed in the patient directory.

#### CHOOSE A, B, OR C BELOW:

- A I do not wish to be listed in the patient directory during my stay. I understand that the directory is provided as a service to patients and that visitors, including friends, family, and clergy, may be unable to locate or contact me if I am not listed in the patient directory.
- B I understand and agree that I will be listed in the patient directory subject to the following restrictions (*please check all that apply*):
- The directory listing will include my name only, and will NOT state my location in the facility (*e.g., room, unit or building*).
  - The directory listing will include my name and location only, and NOT include my religious affiliation (*e.g., L.D.S., Catholic, Jewish, etc.*) and, as a result, none of my information will be released to members of the clergy unless they ask for me by name.
- C I agree to be listed in the patient directory. I further agree that my name, location, and religious affiliation may be disclosed to persons and clergy who ask for me by name.

Religion: \_\_\_\_\_

### INSTRUCTIONS REGARDING ELECTRONIC EMAIL AND GUARDIAN SIGNATURES:

The HIPAA Privacy Rule allows covered entities to communicate electronically with appropriate safeguards like encryption (C.F.R. § 164.530(c)). If you would like to choose encrypted emails as your preferred method of communication a verification email will be sent to the email address you provide below. You may at any time change your preferred method of communication for consent and release of information. To ensure continuity and privacy, be sure to notify the USDC Records Department as soon as possible if you would like to update your email address or mailing address.

- Yes** I prefer Encrypted Emails for Consents and Release of Information

Email Address: \_\_\_\_\_

- No** I prefer to receive Consents and Release of Information via regular mail.

Mailing Address \_\_\_\_\_

Individual / Personal Representative Name: \_\_\_\_\_  
(Please Print)

Signature of Individual /  
Personal Representative: \_\_\_\_\_  
(Signature) (Date)

**ACKNOWLEDGEMENT OF RECEIPT - NOTICE OF PRIVACY PRACTICES**

Individual's Name: \_\_\_\_\_ File# \_\_\_\_\_

To be completed by Individual or the Individual's Personal Representative:  
I hereby acknowledge receipt of the Utah State Developmental Center's "Notice of Privacy Practices", as required by law.

Individual / Personal Representative Name: \_\_\_\_\_  
(Please Print)

Signature of Individual /  
Personal Representative: \_\_\_\_\_  
(Signature) (Date)

## **Notice of Privacy Practices**

*~ This notice is effective April 14, 2003 - Amended October 8, 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**

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)763-4028/ 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. 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 of a breach of protected health information and a letter notifying you will be sent within 30 days of the incident.

### **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, email address or mailing address to use to communicate with you privately. Information sent to you electronically must be encrypted to ensure privacy of your information. Any other forms of communication that may be requested by the user, may be requested in writing to USDC Privacy Officer, Utah State Developmental Center by email at usdcrecords@utah.gov or by mail 895 North 900 East, American Fork, Utah 84003. We will consider your request, but are not required to agree with your request.

**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 and already exists. You must request this information in writing to the Privacy Officer, Utah State Developmental Center Records Department Center by email at usdcrecords@utah.gov or by mail 895 North 900 East, American Fork, Utah 84003. Your request must include the requestor's name, mailing address, daytime telephone number, and a description of the record requested that identifies the record with reasonable specificity. 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, this is called an accounting of disclosures. 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  
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. This written permission is called a Protected Health Information (PHI) Authorization. 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) 763-4028 / 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?**

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 (801) 763-4028, 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).