

Information on Patient Rights Under HIPAA

Notice of Privacy Practices

This information is to help you understand your rights under federal privacy regulations, the Health Insurance Portability and Accountability Act, or HIPAA. This page focuses on your right to receive a Notice of Privacy Practices (Notice).

What is a Notice of Privacy Practices?

The Notice of Privacy Practices, or Notice, describes the Health Science Center's privacy practices. It describes how we use or disclose your medical or health information. It also explains your rights as a patient under privacy regulations, as well as the Health Science Center's responsibilities regarding your information.

Why do I need a Notice of Privacy Practices?

We are required by federal regulations to maintain the privacy of your medical or health information. We create a record of the care and services you receive at the Health Science Center. We need this record to provide you with quality care and to comply with certain legal requirements. The Notice will help you understand how to exercise your rights regarding your health information.

How do I get a copy of the Notice?

At your first visit to the Health Science Center, staff should provide you the opportunity to review and request a copy of the Notice. Or, you may call the Health Science Center, and we will send you a copy in the mail. You may also download a copy from our website at www.uthscsa.edu/hipaa under the Patient Rights section.

How do I get more information about certain rights discussed on the Notice?

For additional information on your rights from the list below, you may:

1. Ask Health Science Center staff for forms or written information when available.
2. To access information from the website at www.uthscsa.edu/hipaa under the section titled "Patient Rights Under HIPAA" by clicking on the topic in which you are interested:
 - Right to access. *(Information on how to inspect and obtain a copy of your health information.)*
 - Right to accounting of disclosures. *(Information on how to request an accounting of disclosures made on your health information.)*
 - Right to amendment. *(Information on how to request an amendment to your health information.)*
 - Right to request confidential communications. *(Information on how to request that we communicate with you about your health information at alternative locations.)*
 - Right to restrictions. *(Information on your right to restrict certain disclosures of your health information.)*
 - Right to complain for privacy rights violations. *(Information on your right to complain if you feel that we have used or disclosed your health information inappropriately.)*
 - Using and disclosing your health information. *(Information on the ways in which the Health Science Center uses and discloses your health information for treatment, payment, and health care operations. Information on authorizations to release medical or health information and revoking authorizations.)*