

**This notice describes how medical information about you may be used and disclosed and how you can get access to this information. Please review it carefully.**

## Purpose of this Notice

We are required by law to maintain the privacy of your protected health information (PHI). PHI includes laboratory test orders and test results as well as billing for the health care services we provide at Nova Southeastern University's E.M. Papper Laboratory of Clinical Immunology (NSU Lab). The NSU Lab is considered a covered entity, although it provides only indirect patient treatment in the form of laboratory testing services for its covered entity clients. Specifically, NSU Lab receives patient specimens from other covered entities (e.g., laboratories, physician offices) for testing. This notice will tell you about the ways in which we may use and disclose your PHI. This notice also describes your rights and certain obligations we have regarding the use and disclosure of your PHI.

## I. Uses and Disclosures of PHI

NSU Lab may use and disclose your health information, that is, information that constitutes PHI as defined in the privacy rule of the administrative simplification provision of the health insurance portability and accountability act of 1996 (HIPAA), for the purposes of providing treatment, obtaining payment for treatment, and conducting health care operations. The following categories describe different ways that we use and disclose your PHI. For each category of uses or disclosures we will explain what we mean and give you some examples. Not every use or disclosure in a category will be listed. However, all the ways we are permitted to use and disclose information fall within the categories that follow.

**A. Treatment.** NSU Lab provides laboratory testing for physicians and other health care providers, and we use your information in our testing process. We will use and disclose your PHI to authorized health care professionals who order tests or need access to your test results for treatment purposes.

Examples of other treatment related purposes include disclosure to a pathologist to help interpret your test results or use of your information to contact you to obtain another specimen, if necessary.

**B. Payment.** Your PHI will be used, as needed, to bill and collect payment for your health care services. Your PHI may be used to seek payment from your health plan and from other sources of coverage such as credit card companies that you may use to pay for services. In addition, uses of PHI for payment purposes may also include certain communications to your health plan to get approval for the treatment that we recommend. We may also disclose PHI to your insurance company to determine whether you are eligible for benefits or whether a particular service is covered under your health plan. In order to get payment for your services, we may also need to disclose your PHI to your insurance company to demonstrate the medical necessity of the services, or as required by your health plan, for utilization review. We may also disclose PHI to another provider involved in your care for the other provider's payment activities. We may release information to an outside agency for collection purposes. If you are insured under another person's health insurance policy (for example, parent, spouse, or domestic partner), we may also send invoices to the subscriber whose policy covers your health services.

**C. Operations.** We may use or disclose your PHI, as necessary, for our own health care operations in order to facilitate the function of NSU Lab and to provide quality care to our patients. Health care operations include such activities as

- quality assessment and improvement activities
- employee review activities
- training programs—including those in which students, trainees, or practitioners in health care learn under supervision

- accreditation, certification, licensing, or credentialing activities
- review and auditing, including compliance reviews, medical reviews, legal services, and
- maintaining compliance programs
- business management and general administrative activities

In certain situations, we may also disclose patient information to another health care provider or health plan for their health care operations.

**D. Other Uses and Disclosures.** As part of treatment, payment, and health care operations, we may also use or disclose your PHI for the following purposes:

- To remind you of an appointment (appointment reminders may be communicated by mail or by leaving a message on the voice mail or answering machine of a telephone number that you have provided)
- To inform you of potential treatment alternatives or options
- To inform you of health-related benefits or services that may be of interest to you. For example, NSU Lab may contact you about a new testing service available at NSU based on services ordered by your physician.

**E. To Business Associates.** Sometimes we may provide your PHI to other companies or individuals that need the information to provide services to us. These other entities, known as "business associates," that are required to maintain the privacy and security of PHI. For example, we may provide information to companies that assist us with billing of our services. We may also use an outside collection agency to obtain payment when necessary. Similarly, there are departments of Nova Southeastern University (NSU) that provide services to us and may need access to your PHI to do their jobs. We require business associates and other NSU departments to appropriately safeguard your information.

## **II. Uses and Disclosures Beyond Treatment, Payment, and Health Care Operations Permitted Without Authorization or Opportunity to Object**

Federal privacy rules allow us to use or disclose your PHI without your permission or authorization for several reasons including the following.

**A. When Legally Required.** We will use or disclose your PHI when we are required to do so by any federal, state, or local law. Any use or disclosure under this section will comply with, and be limited to, the relevant requirements of any such law.

**B. When There Are Risks to Public Health.** We may disclose your PHI for public health activities and purposes. For example:

- to prevent, or control, disease, injury, or disability as permitted by law
- to report disease, injury, and vital events such as birth or death as permitted or required by law
- to conduct public health surveillance, investigations, and interventions as permitted or required by law
- to collect or report adverse events and product defects or problems; to track FDA-regulated products; to enable product recalls, repairs, replacements, or look back to the FDA and to conduct post-marketing surveillance
- to notify patients of recalls of products they may be using
- to notify a person who has been exposed to a communicable disease or who may be at risk of contracting or spreading a disease or condition, as authorized by law
- to report to an employer information about an individual who is a member of the workforce as legally permitted or required, to conduct an evaluation relating to medical surveillance of the workplace, or to evaluate whether the individual has a work-related illness or injury

**C. To Report Abuse, Neglect, or Domestic Violence.** We may notify government authorities, including a social service or protective services agency, if we reasonably believe that a patient is the victim of abuse, neglect, or domestic violence. Although every person has a responsibility to report suspected abuse or neglect, certain occupations are required to do so. These occupations are considered “professionally mandatory reporters.” These include, for example, health professionals and mental health

professionals. It is the responsibility of the professionally mandatory reporters to alert the proper authorities in the event a minor, elderly, or vulnerable adult patient is identified as a victim of alleged or suspected neglect or abuse including sexual abuse, and to comply with proper procedures for the reporting as required or authorized by law.

**D. To Conduct Health Oversight Activities.** We may disclose PHI to a health oversight agency for activities authorized by law such as audits, investigations, inspections, and licensure. These activities are necessary for the government to monitor the health care system, government programs, and compliance with civil rights laws.

**E. In Connection with Judicial and Administrative Proceedings.** We may disclose your PHI in the course of any judicial or administrative proceeding in response to an order of a court or administrative tribunal as expressly authorized by such order. We may also disclose your PHI in response to a subpoena, discovery request, or other lawful process if we receive satisfactory assurance from the party seeking the information that either reasonable efforts have been made to ensure that you have been given notice of the request, or reasonable efforts have been made to obtain an order protecting the information requested.

**F. For Law Enforcement Purposes.** We may disclose your PHI to a law enforcement official for certain law enforcement purposes including:

- as required by law for reporting of a gunshot wound or other physical or life-threatening injury indicating an act of violence
- pursuant to court order, court-ordered warrant, subpoena, summons or similar process
- for the purpose of identifying or locating a suspect, fugitive, material witness, or missing person
- under certain limited circumstances, when you are or are suspected to be the victim of a crime
- to a law enforcement official if NSU Lab has a suspicion that your death was the result of criminal conduct
- to report a crime in an emergency
- in the event a minor, elderly, or vulnerable adult patient is identified as a victim of alleged or suspected neglect or abuse including sexual abuse

**G. To Coroners, Funeral Directors, and for Organ Donation.** We may disclose PHI to a coroner or medical examiner for identification purposes, to determine cause of death, or for the coroner or medical examiner to perform other duties authorized by law. We may also disclose PHI to a funeral director, as authorized by law, in order to permit the funeral director to carry out his or her duties. PHI may be used and disclosed for cadaveric organ, eye, or tissue donation purposes.

**H. For Research Purposes.** Under certain circumstances, we may use and disclose your PHI for research purposes. We also may retain samples from tissue, teeth, or blood and other similar fluids normally discarded after a medical procedure for later use in research projects. However, all these research projects are subject to a special review and approval process, by the Institutional Review Board (IRB). This process evaluates a proposed research project and its use of PHI, trying to balance the research needs with patients’ need for privacy of their PHI. Before we use or disclose PHI for research, the project will have been approved through this research approval process. In some cases, your authorization would be required. In other cases, it may not, where the review process determines that the project creates no more than a minimal risk to privacy, obtaining your authorization would not be practical, and the researchers show they have a plan to protect the information from any improper use or disclosure. We may also disclose your PHI to people preparing to conduct a research project, for example, to help them look for patients with specific medical needs, so long as the medical information they review does not leave the laboratory. If a research project can be done using health information from which all the information that identifies you (such as your name, social security number and medical record number) has been removed, we may use or release the data without special approval. We also may use or disclose data for research with a few identifiers retained—date of birth, treatment, and general information about the area where you live (not your address), without special approval. However, in this case we will have those who receive the data sign an agreement to appropriately protect it. In the event that you participate in a research project that involves treatment, your right to access health information related to that treatment may be denied during the research project so that the

integrity of the research can be preserved. Your right to access the information will be reinstated upon completion of the project.

**I. In the Event of a Serious Threat to Health or Safety.** We may, consistent with applicable law and ethical standards of conduct, use or disclose your PHI if we believe, in good faith, that such use or disclosure is necessary to prevent or lessen a serious and imminent threat to your health or safety or to the health and safety of the public.

**J. For Specified Government Functions.** In certain circumstances, the federal regulations authorize NSU Lab to use or disclose your PHI to facilitate specified government functions relating to military and veteran's activities, national security and intelligence activities, protective services for the president and others, medical suitability determinations, correctional institutions, and other law enforcement custodial situations.

**K. For Worker's Compensation.** We may release your health information to comply with worker's compensation laws or similar programs.

**L. Inmates.** If you are an inmate of a correctional institution or under the custody of a law enforcement official, we may release your PHI to the correctional institution or law enforcement official under specific circumstances such as (1) for the institution to provide you with health care, (2) to protect your health and safety or the health and safety of others, (3) or for the safety and security of the correctional institution.

### **III. Uses and Disclosures Permitted Without Authorization, but with Opportunity to Object**

We may disclose your PHI to your family member(s), a close personal friend, or any other person identified by you, if the disclosure is directly relevant to the person's involvement in your care or payment related to your care. We can also disclose your information in connection with trying to locate or notify family member(s) or others involved in your care concerning your location, condition, or death.

You may object to these disclosures. If you do not object to these disclosures or we can infer from the circumstances that you do not object or we determine, in the exercise of our professional judgment, that it is in your best interests for us to make disclosure of information that is directly relevant to the person's involvement with your care, we may disclose your PHI as described.

### **IV. Uses and Disclosures Which You Authorize**

Other than as aforementioned, we will not disclose your health information other than with your written authorization, including marketing purposes, and sale of your information. We cannot use your information for marketing or sell your PHI without your specific authorization. You may revoke your authorization in writing at any time except to the extent that we have taken action in reliance upon the authorization.

### **V. Your Rights**

You have the following rights regarding your health information.

#### **A. The Right to Inspect and Copy Your PHI.**

You may inspect and obtain an electronic or paper copy of your medical record, such as your final laboratory test results for as long as we maintain the PHI and billing records. To the extent electronic records are implemented, you do not have the right to actually inspect or access the electronic medical record system. If you request access to your laboratory results that are maintained in electronic format the information will be printed on paper or downloaded to a compact disk or other electronic format upon your request if we are able to readily produce the requested format. Within 30 days after our receipt of your request, you will receive a copy of the completed laboratory test results or reports ordered by your physician from NSU unless an exception applies.

Under federal law, however, you may not inspect or copy the following records: psychotherapy notes; information compiled in reasonable anticipation of, or for use in, a civil, criminal, or administrative action or proceeding; and PHI that is subject to a law under which you may not have the right to have a denial for access reviewed.

We may deny your request to inspect or copy your PHI if, in our professional judgment, we determine that the access requested is likely to endanger your life or safety or that of another person, that it is likely to cause substantial harm to another person reference within the information, or that the request was made by your personal representative and it is determined that the personal representative is reasonably likely to cause substantial harm to you or another person. You have the right to request a review of this decision.

To inspect or copy your medical information, you must submit a written request to the NSU

Lab and direct the correspondence to the HIPAA liaison. The contact information for NSU Lab is attached to the notice. If you request a copy of your information, we may charge you a fee for the costs of copying, mailing, or other costs incurred by us in complying with your request.

Please contact our privacy officer if you have questions about access to your medical record.

#### **B. The Right to Request a Restriction on Uses and Disclosures of Your PHI.**

You may ask us, in writing, not to use or disclose certain parts of your PHI for the purposes of treatment, payment, or health care operations. You may also request, in writing, that we do not disclose your health information to family members or friends who may be involved in your care or for notification purposes as described in this notice of privacy practices. Your request must state the specific restriction requested and to whom you want the restriction to apply.

NSU is not required to agree to a restriction that you may request. We will notify you in writing if we deny your request to a restriction.

Although NSU is not required to agree to most restrictions, if you pay for health care services out of pocket in full and do not wish the services to be counted toward an insurance deductible, you may request that the information related to these services not be included in any disclosures to a health plan. There may be circumstances where NSU has a legal requirement to submit a bill to health plan and will be unable to provide services to you consistent with this request.

If the NSU Lab does agree to a requested restriction, we may not use or disclose your PHI in violation of that restriction unless it is needed to provide emergency treatment. If one health care center or laboratory at NSU agrees to a restriction, the restriction applies only to the facility that agreed, unless you submit the request to, and receive written agreement to the restriction from, the other health care centers or laboratory at NSU. Under certain circumstances, we may terminate a restriction. You may request, in writing, a restriction by contacting the HIPAA liaison at NSU Lab. (Please see page 5.)

#### **C. The Right to Request to Receive Confidential Communications from Us by Alternative Means or at an Alternative Location.**

You have the right to request that we communicate with you in certain ways.

We will accommodate reasonable requests. We may condition this accommodation by asking you for information as to how payment will be handled or specification of an alternative address or other method of contact. We will not require you to provide an explanation for your request. Requests must be made, in writing, to the HIPAA liaison at the NSU Lab. (Please see page 5.)

**D. The Right to Request Amendment of Your PHI.** You may request an amendment of your PHI by making a written request to the HIPAA liaison at the NSU Lab. (Please see page 5.) If you believe that there is a mistake or missing information in our record of your PHI, you may request, in writing, that we correct or add to the record. In this written request, you must also provide a reason to support the requested amendment. We will respond within 60 days of receiving your request. We may deny the request in writing, if we determine that the PHI is: (1) correct and complete, (2) not created by us and/or not part of our records, (3) or not permitted to be disclosed or inspected. Any denial will state the reasons for denial and explain your rights to have the request and denial, along with any statement in response that you provide, appended to your PHI.

**E. The Right to Receive an Accounting.** You have the right to request, in writing, an accounting of certain disclosures of your PHI made by NSU Lab. This right applies to disclosures for purposes other than treatment, payment, or health care operations as described in this notice of privacy practices. We are also not required to account for disclosures that you requested, disclosures

that you agreed to by signing an authorization form, disclosures for a facility directory, disclosures to friends or family members involved in your care, or certain other disclosures we are permitted to make without your authorization. The request for an accounting must be made, in writing, to the HIPAA liaison at the NSU Lab where you received services. The request should specify the time period sought for the accounting. Accounting requests may not be made for periods of time dating more than six years prior to the date of the request. We will provide the first accounting you request during any 12-month period without charge. Subsequent accounting requests may be subject to a reasonable cost-based fee.

**F. The Right to Obtain a Paper Copy of This Notice.** You have a right to receive a copy of the NSU Lab notice of privacy practices at any time by contacting the NSU HIPAA Liaison at (954) 262-2888, or the NSU HIPAA Privacy officer at (954) 262-4302, or by sending a written request to: the E.M. Papper Laboratory of Clinical Immunology, Center for Collaborative Research, 3321 College Avenue, Fort Lauderdale, Florida 33314-7796. We will post a copy of the current notice of privacy practices on the NSU Lab website at <https://www.nova.edu/nim/e.m.-papper-laboratory-of-clinical-immunology/index.html>

**G. The Right to Choose Someone to Act for You.** If you have given someone medical power of attorney or if someone is your legal guardian, that person can exercise your rights and make choices about your health information.

**H. Right to Receive Notice of Breach.** We will give you written notice in the event we learn of a breach of unsecured protected health information. We will notify you as soon as reasonably possible but not later than 60 days after the breach has been discovered

## **VI. Our Duties**

NSU Lab is required by law to maintain the privacy of your health information and to provide you with this notice of our duties and privacy practices. We are required to abide by terms of this notice as may be amended from time to time. We reserve the right to change the terms of this notice and to make the new notice provisions effective for all PHI that we maintain.

Please review this site periodically to ensure that you are aware of any such updates. The notice of privacy practices will contain, under Section VIII, the effective date.

## **VII. Complaints**

You have the right to express complaints to NSU and to the Secretary of Health and Human Services if you believe that your privacy rights have been violated. You may file a complaint with NSU Lab by contacting, in writing, the HIPAA liaison. (Please see page 5.)

We encourage you to express any concerns you may have regarding the privacy of your information. The NSU Lab will not take retaliatory action against you for filing a complaint about our privacy practices.

## **VIII. Effective Date.**

Effective date of notice: January 2019.

**Nova Southeastern University  
E. M. Papper Laboratory of Clinical Immunology  
HIPAA Notice of Privacy Practices—Contact Person**

**Contact Person**

NSU's contact person for all issues regarding patient privacy and your rights under the federal privacy standards is the E. M. Papper Laboratory of Clinical Immunology HIPAA liaison. Information regarding matters covered by this notice can be requested by contacting the HIPAA liaison in writing. Complaints against NSU can be mailed to the HIPAA liaison by sending them to

HIPAA Liaison  
Nova Southeastern University  
Division of Clinical Operations -NSU Health  
3301 College Avenue  
Fort Lauderdale, FL 33314  
Attention: Jill Burgess

Telephone: (954) 262-4935

In addition, complaints against NSU may also be mailed to the Privacy Officer by sending them to:  
Nova Southeastern University  
Office of University Compliance  
3301 College Avenue  
Fort Lauderdale, FL 33314-7796  
Attention: Chief Privacy Officer

Telephone: (954) 262-4302