

**Summary of Notice of Privacy Practices  
of  
UW Autism Center  
Effective September 12, 2013**

**This is a summary of the Notice of Privacy Practices – it does not replace the Joint Notice of Privacy Practices for UW Autism Center.**

**Summary**

The providers that share this Notice include those with the UW Autism Center Seattle campus and the UW Autism Center Tacoma campus– collectively, the Providers.

We keep a record of the healthcare services we provide you. You may ask us to see and copy that record. You may also ask us to correct that record. We will not disclose your record to others unless you direct us to do so or unless the law authorizes or compels us to do so. You may see your record or get more information about it at “Your Individual Rights About Patient Health Information” section of the Notice.

Your rights:

1. You may request the following:
  - a. restricted use of your health information. (Note: we may not be able to grant your request.)
  - b. that we not disclose to your health plan those items or services that you self-pay in full
  - c. that we contact you in an alternate way
  - d. an amendment (change or addition) to your record
  - e. a list of disclosures of your health information
2. You may view and receive copies of your health record.
3. You may make complaints related to the privacy of your health information.
4. You may tell us not to share information with your family members.

We may use and disclose your health information in the following circumstances:

- to perform treatment, obtain payment, or carry out operational activities
- to teach and train staff and students
- to conduct research (an Institutional Review Board must approve research projects)
- when required or allowed by law or when you give us written permission

There are extra legal protections for health information about:

- Sexually transmitted diseases
- Drug and alcohol abuse treatment
- Mental health
- HIV/AIDS
- Reproductive health for minors

For more detail, please read the Joint Notice of Privacy Practices of UW Autism Center.

**Joint Notice of Privacy Practices of  
UW Autism Center**

**September 12, 2013**

**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.**

**Overview**

This Notice provides information about the use and disclosure of protected health information (PHI) by providers at the UW Autism Center Seattle campus and the UW Autism Center Tacoma campus— collectively, the Providers.

This Notice applies when services are provided within UW Autism Center facilities, and/or when the Providers are acting on behalf of the UW Autism Center This Notice also:

- Describes your rights and our obligations for using your health information.
- Informs you about laws that provide special protections.
- Explains how your PHI is used and how, under certain circumstances, it may be disclosed.
- Tells you how changes to this Notice will be made available to you.

**The Providers**

All of the providers listed below share health information, when appropriate, to provide healthcare services and to perform payment and healthcare operations.

**UW Autism Center.** UW Autism Center is composed of entities that work together to provide healthcare services, in addition to the providers located at the University of Washington Seattle and Tacoma campuses.

Certain people or offices within the University of Washington provide support functions to UW Autism Center that might include the use of PHI. For example, the University provides risk management and information system support services to UW Autism Center. When providing these support services, University staff maintain and protect the confidentiality of your PHI.

**Protected Health Information**

This Notice applies to protected health information (PHI) created or received by the Providers in this Notice that identifies you; relates to your past, present or future physical or mental condition; relates to the care provided; or relates to the past, present or future payment for your healthcare. For example, PHI includes your symptoms, test results, diagnoses, treatment, health information from other providers, and billing and payment information relating to these services. This information often contained in your medical record, among other purposes, serves as:

- A means of communication among the many health professionals who contribute to your care.
- The legal record describing the care you received.
- A means by which you or a third-party payer (such as healthcare insurance) can verify that services billed were provided.
- A tool to educate health professionals.
- A source of data for medical research.
- A source of information for public health officials.
- A source of information for facility planning.
- A tool we use to improve the care we give and the outcomes we achieve.

Understanding what is in your record and how your health information is used and disclosed helps you to:

- Ensure accuracy in the record.
- Better understand who, what, when, where, and why others may access your health information.
- Make a more informed decision when authorizing disclosures to others.

### **Use and Disclosure of Your Protected Health Information Without Your Authorization**

We may use and disclose PHI without your written authorization for the following reasons:

#### **To Provide Treatment.**

Some examples include, but are not limited to:

- Your clinician uses your PHI to find out whether certain tests, therapies, and medicines should be ordered.
- Nurses may need to know and/or discuss your health problems to care for you and to understand how to evaluate your response to treatment.
- We may disclose your PHI to another one of your treatment providers in the community.
- We may use and disclose your prescription information with pharmacies and health plans to improve patient safety and reduce healthcare costs.

#### **For Payment Purposes.**

Some examples include, but are not limited to:

- We may use PHI to prepare claims for payment of services you have received or to communicate with other individuals or agencies to receive payment.
- If you have health insurance and we bill your insurance directly, we will include information that identifies you, as well as your diagnosis, the procedures performed, and supplies used so that we can be paid for the treatment provided.

**For Healthcare Operations.** We may use and disclose your PHI to support daily activities related to healthcare, for example, to monitor and improve our health services or for authorized staff to perform administrative activities.

**To Train Staff and Students.** For example, our teaching physicians review PHI with medical students.

**To Conduct Research.** An Institutional Review Board (IRB) will review each request to use or disclose your PHI to protect the rights, safety, and welfare of research subjects. In some cases, your PHI might be used or disclosed for research without your consent. For example, we might: look at medical charts to see if people who wear bicycle helmets get fewer injuries. We might use some of your PHI to decide if we have enough patients to conduct a cancer research study or include your information in a research database. In these cases, the IRB will determine if using your information without your authorization is justified, and makes sure that steps are taken to limit its use. In all other cases, we must obtain your authorization to use or disclose your information for a research project. We may share information about you used for research with researchers at other institutions.

**To Contact You for Information.** Your PHI may be used to call you or send you a letter to remind you about appointments, provide test results, inform you about treatment options, or advise you about other health-related benefits and services.

**To Conduct Fundraising.** The Providers may use basic demographic information limited to your name, date of birth, address, phone number, health insurance status, the dates you received services, department of service information, treating physician information, outcome information, to contact you for fundraising activities. We will not prohibit or condition treatment or payment on whether you choose to receive fundraising communications. We raise funds to expand and support healthcare services, educational programs, and research activities related to curing disease. We will not sell, trade, or loan your information to any third parties, but the Providers may share it with third parties working directly for one of the Providers. These third parties must agree to protect the confidentiality of your information. If you do not wish to be contacted as part of our fundraising efforts, please notify us at:

UW Autism Center Compliance Officer  
Box 357920  
Seattle, WA 98195-7920  
206-543-5153  
Toll-Free: 877-408-8922  
uwautism@uw.edu

**Joint Activities.** Your health information may be used and shared by the Providers to further their joint activities and with other individuals or organizations that engage in joint treatment, payment or healthcare operational activities with the Providers. Health information is shared when necessary to provide clinical care services, secure payment for clinical care services, and perform other joint healthcare operations such as peer review and quality improvement activities, accreditation related activities, and evaluation of trainees.

**Business Associates.** Your health information may be used by the Providers and disclosed to individuals or organizations that assist the Providers or to comply with their legal obligations as described in this Notice. For example, we may disclose information to consultants or attorneys who assist us in our business activities. These business associates are required to protect the confidentiality of your information with administrative, technical and physical safeguards.

**Other Uses and Disclosures.** We also use and disclose your information to enhance healthcare services, protect patient safety, safeguard public health, ensure that our facilities and staff comply with government and accreditation standards, and when otherwise allowed by law. For example, we provide or disclose information:

- To government oversight agencies with data for health oversight activities such as auditing or licensure.
- To appropriate government agencies when we suspect abuse or neglect.
- To appropriate agencies or persons when we believe it necessary to avoid a serious threat to health or safety or to prevent serious harm.
- To law enforcement when required or allowed by law.
- For court order or lawful subpoena.
- To government officials when required for specifically identified functions such as national security.
- When otherwise required by law, such as to the Secretary of the United States Department of Health and Human Services for purposes of determining compliance with our obligations to protect the privacy of your health information.
- If you are a member of the armed forces, we may release medical information about you as required by military command authorities. We may also release medical information about foreign military personnel to the appropriate foreign military authority.

### **Use and Disclosure Requiring Your Authorization**

Other than the uses and disclosures described above, we will not use or disclose your protected health information without your written authorization. UW Autism Center requires your written authorization for most uses and disclosures of psychotherapy notes, or for marketing (other than a face-to-face communication between you and a UW Autism Center workforce member or a promotional gift of nominal value);. If you provide us with written authorization, you may revoke it at any time unless disclosure is required for us to obtain payment for services already provided, we have otherwise relied on the authorization, or the law prohibits revocation.

### **Additional Protection of Your Patient Health Information**

Special state and federal laws apply to certain classes of patient health information. For example, additional protections may apply to information about sexually transmitted diseases, drug and alcohol abuse treatment records, mental health records, and HIV/AIDS information. When required by law, we will obtain your authorization before releasing this type of information.

### **Your Individual Rights About Patient Health Information**

You have rights related to the use and disclosure of your protected health information. To contact the Providers to exercise your rights, you may contact:

UW Autism Center Compliance Officer  
Box 357920  
Seattle, WA 98195-7920

Your specific rights are listed below:

- **The right to request restricted use:** You may request in writing that we not use or disclose your information for treatment, payment, and/or operational activities except when authorized by you, when required by law, or in emergency circumstances. We are not legally required to agree to your request. If you make your request to UW Autism Center, we will provide you with written notice of our decision about your request.
- **The right to request nondisclosure to health plans items or services that are self-paid:** You have the right to request in writing that healthcare items or services for which you self-pay for in full in advance of your visit not be disclosed to your health plan.
- **The right to receive confidential communications:** You have the right to request that we communicate with you about medical matters in a particular way or at a certain location. For example, you can ask that we only contact you at work or by mail. To request confidential communications, you must make your request in writing to the address above. We will grant all reasonable requests. Your request must specify how or where you wish to be contacted.
- **The right to inspect and receive copies:** In most cases, you have the right to inspect and receive a copy of certain healthcare information including certain medical and billing records. If you request a copy of the information, we may charge a fee for the costs of copying, mailing or other supplies associated with your request.
- **The right to request an amendment to your record:** If you believe that information in your record is incorrect or that important information is missing, you have the right to request in writing that we make a correction or add information. In your request for the amendment, you must give a reason for the amendment. We are not required to agree to the amendment of your record, but a copy of your request will be added to your record.
- **The right to know about disclosures:** You have the right to receive a list of instances when we have disclosed your health information. Certain instances will not appear on the list, such as disclosures for treatment, payment, or healthcare operations or when you have authorized the use or disclosure. Your first accounting of disclosures in a calendar year is free of charge. Any additional request within the same calendar year requires a processing fee.
- **The right to make complaints:** If you are concerned that we have violated your privacy, or you disagree with a decision we made about access to your records, you may file a complaint with the entity that provided services to you. Or, you may file a complaint with the UW Medicine Compliance Office, using the contact information above. The Providers will not retaliate against anyone for filing a complaint.

If you believe that your privacy rights have been violated, you may also contact the U.S. Department of Health and Human Services • Office for Civil Rights:

Office for Civil Rights  
U.S. Department of Health and Human Services  
2201 Sixth Avenue – Mail Stop RX-11  
Seattle, WA 98121-1831  
206-615-2290; 206-615-2296 (TTY)  
206-615-2297 (fax)  
Toll free: 1-800-362-1710; 1-800-537-7697 (TTY)

### **Our Legal Duties**

We are required by law to protect the privacy of your information, notify affected individuals following a compromise of unsecured protected health information, provide this Notice about our privacy practices, and follow the privacy practices that are described in this Notice.

### **Privacy Notice Changes**

We reserve the right to change the privacy practices described in this Notice. We reserve the right to make the revised or changed Notice effective for protected health information we already have as well as any information we may receive in the future. We will post a copy of the current Notice at each UW Autism Center facility. In addition, each time you visit at the UW Autism Center for treatment or healthcare services as an outpatient, you may request a copy of the current Notice from the location of your care provider or you may request a copy of this Notice from the UW Autism Center office. An electronic version of the notice is posted at [uwautism.org](http://uwautism.org).