

# Bradley University Health Services

## Notice of Privacy Practices

Reviewed February 14, 2025

**THIS NOTICE DESCRIBES HOW MEDICAL INFORMATION ABOUT YOU MAY BE USED AND DISCLOSED AND HOW YOU CAN GET ACCESS TO THIS INFORMATION IN ACCORDANCE WITH HIPAA. PLEASE REVIEW IT CAREFULLY**

### **Who We Are**

This notice describes the privacy practices of the office of the Bradley University Health Center and the members of its medical staff, nurses, and other personnel. It also applies to all business associates with whom we may share information. It applies to your medical information, including your medical record, for all services provided to you in our office, other medical offices, prompt cares, or hospitals.

We understand that your medical information is confidential and we are committed to maintaining its privacy. Federal law requires that we provide you with this Notice of our legal duties and privacy practices with respect to our medical information. We are required to abide by the terms of this Notice when we use or disclose your medical information.

### **How We May Use and Disclose Medical Information About You**

We may use and disclose medical information about you WITHOUT your prior authorization for the following reasons:

**Treatment Purposes** – For example, to diagnose and treat your injury or illness. In addition, we may contact you to provide appointment reminders or information about treatment alternatives or other health related benefits and services that may be of interest to you. We may also disclose your medical information to other providers involved in your treatment.

**Payment Purposes** – Such as sending billing information to Medicare, Medicaid, your health insurer, HMO, or other company or program that will pay for your health care.

**Health Care Operations** – For example, we may use your medical information to evaluate the quality and competence of our physicians, nurses, and other health care workers.

**Emergencies** – If you are not present, or you are incapacitated or in an emergency situation, we may exercise our professional judgment to decide whether a disclosure is in your best interest. Under these circumstances, we would only disclose information that we believe is directly relevant to the person's involvement with your health care.

**Other Disclosures** – We may also disclose medical information about you WITHOUT your prior authorization for the following reasons:

**Public Health Activities** – for the purpose of preventing or controlling diseases

**Abuse and Neglect** – to a governmental authority if we reasonably believe you are a victim of abuse, neglect, or domestic violence

**Health Oversight Activities or Inspections** – to a health oversight agency that oversees the health care system

**Judicial, Administrative and Law Enforcement Purposes** – in response to a subpoena

**Misc.** – research studies, funeral directors, and when required by law

For any purpose other than the ones described above, we will only use or disclose your medical information WITH your written authorization. Examples include but are not inclusive to the following:

**Disclosure to Family, Close Friends, or Other Caregivers** – We may disclose medical information about you to a family member, other relative, or a close personal friend who is involved in your medical care

**Marketing** – We will obtain your written authorization prior to using your medical information to send you any marketing materials. We can provide you with marketing material in a face-to-face encounter without obtaining your authorization. In addition, we may communicate with you about products or services relating to your treatment, case management or case coordination, or alternative treatments, therapies, providers or care settings without your authorization.

**Highly Confidential Information** – Federal and Illinois law requires special privacy protections for highly confidential information about you. Highly confidential information consists of medical information related to psychotherapy notes, mental health and development disabilities services, genetic testing, child abuse and neglect, domestic abuse of an adult with a disability, or sexual assault. In order of us to disclose your Highly Confidential Information for a purpose other than those permitted by law, we must obtain your written authorization.

**Other Disclosures** – Life insurance companies, attorney representing the other party in litigation, faculty inquiring about a missed class

## **Your Rights Regarding Your Medical Information**

**Complaints** – If you have questions or are concerned that your privacy rights have been violated or you disagree with a decision that we made about access to your medical information, you may contact our Privacy Officer. You may also file written complaints with the Director, Officer for Civil Rights of the U.S. Department of Health and Human Services. Our Privacy Officer will provide you with that address. We will not retaliate against you if you file a complaint.

**Rights to Request Additional Restrictions** – You may request, in writing, that we not use or disclose medical information about you for treatment, payment or health care operations or to persons involved with your care except when specifically authorized by you, when required by law, or in an emergency. We will consider all written requests for additional restrictions carefully; however, we are not required to accept them. If you wish to request additional restrictions, please submit your written request to the Privacy Officer. We will send you a written response.

**Right to Receive Confidential Communications** – You may request, and we will accommodate, any reasonable written request for you to receive your medical information by alternative means of communication or at alternative locations, such as sending mail to an address other than your home.

**Right to Revoke Your Authorization** – You have the right to revoke your written authorization obtained in connection with the release of your medical information except to the extent that we have taken action in reliance upon it, by delivering a written revocation statement to our Privacy Officer.

**Right to Inspect and Copy Your Health Information** – You have the right to look at or get a copy of your medical record file and billing records maintained by us. Under limited circumstances, we may deny you access to a portion of your records. If you desire access to your records, please submit a written request to the Privacy Officer. If you request copies, we may charge a fee for the cost of copying, mailing, or other related supplies.

**Right to Amend Your Records** – You have the right to request that we amend your medical record file or billing records by submitting a written request to the Privacy Officer. We will comply with your request unless we believe that the information is accurate or other special circumstances apply. You have the right to appeal our decision not to amend your medical records.

**Right to Receive an Accounting** – You may obtain an accounting of certain disclosures of your medical information made by us in the (6) years prior to your request. If you request an accounting more than once during a twelve (12) month period, we will charge you \$0.50 per page of the accounting statement.

**Right to Receive Paper Copy of this Notice** – Upon request, you may obtain a paper copy of this notice.

**Right to Change Terms of this Notice** – We may change this Notice at any time. If we change this Notice, we may make the new Notice terms effective for all medical information that we maintain, including any information created or received prior to issuing the new Notice. If we change this Notice, we will post the new Notice in waiting areas around our office. You also may obtain any new Notice by contact the Privacy Officer.

The effective date of this Notice is February 14, 2025

Privacy Officer

You may contact the Privacy Officer at :

Bradley University Health Center  
809 N. Tobias Ave.  
Markin Recreation Center  
Peoria, IL 61625

Telephone Number: (309)677-2700