

COVID-19 Monitoring & Assessment Program (MAP)

Notice of Privacy Practices, 2020–2021

PLEASE REVIEW CAREFULLY

The University of Oregon is committed to upholding all legal and professional obligations to protect the confidentiality of your health records. This notice applies to COVID-19 MAP, and describes how medical information about you may be used and/or disclosed and how you can get access to this information.

Note: UO is a hybrid entity under the Health Insurance Portability and Accountability Act of 1996 (HIPAA). This means that some of UO's departments are required to comply with HIPAA and some are not. COVID-19 MAP is required to comply with the applicable provisions of HIPAA, the Family Education Rights and Privacy Act (FERPA), and UO policy for University of Oregon students. While other departments may not be required to comply with HIPAA, the confidentiality protections afforded by FERPA still apply to education records maintained by those departments. (For more information regarding UO student's protections and rights under FERPA, visit: registrar.uoregon.edu/records-privacy.)

YOUR RIGHTS

You have certain rights regarding your medical information as listed below. In each of these cases, if you want to exercise your rights, you must do so in writing to the University of Oregon officials/office listed below on page 2 of this document. Specifically, you have the right to:

- **Get a copy of your testing results.** We will provide a copy or a summary of your testing results (health record), usually within 30 days of your request. We may charge a reasonable, cost-based fee.
- **Right to request us to correct your health information that you think is incorrect or incomplete.** We will respond to you within 60 days of receiving a written request. If we deny or partially deny your request, we will provide you with a written explanation.
- **Request confidential communication.** You can ask us to contact you in a specific way, for example, home or office phone, or to send mail to a different address. This request should be in writing. We will accommodate reasonable requests.
- **Ask us to limit the information we share.** You can request a restriction on the use or sharing of your health information— we are not required to agree to your request, and we may say “no” if it would interfere with your care or a law requires us to share that information.
- **Get a list of those with whom we've shared your information.** You can ask for a list (accounting) of the times we've shared your health record for six years prior to the date you ask. This accounting will include disclosures to public health, law enforcement, and research.
- **Request a copy of this privacy notice at any time.**
- **Have authorized person(s) act on your behalf.** An authorized person may include your parent, if you are under the age of 18 and not enrolled at an institution of postsecondary education; or a legal guardian if you are not mentally or physically capable of making decisions about your health care and have officially designated someone to act as your legal guardian for that purpose. We will make sure that this person has the requisite legal authority and can act for you before we take any action.
- **To file a complaint if you believe your privacy rights have been violated.** You can file a complaint if you feel that we have violated your rights by contacting COVID-19 MAP using the information provided on page 2 of this document; or you may file a complaint with the U.S. Department of Health and Human Services, or the Office for Civil Rights. Additionally, UO students may file a complaint with the U.S. Department of Education - Contact information is also on the back page. We will not retaliate against you for filing a complaint.

AFFIRMATIVE CONSENT

During the COVID-19 MAP check-in process, you will be asked to acknowledge and consent to the University of Oregon releasing your health information and/or educational records to the following entities or individuals for the following purposes:

- (1) To state, federal, and local public health authorities that are legally authorized to receive your health information, for the purpose of preventing or controlling public health emergencies, disease, injury or disability, and conducting public health surveillance, investigations, or interventions;
- (2) To HIPAA covered entities pursuant to the HIPAA Privacy Rule, 45 CFR Part 160, in order to carry out the University's health care activities and functions;
- (3) To your primary healthcare provider, upon your verbal consent, for the purpose of providing treatment or care;
- (4) To third parties that provide, bill for, or process payment for health care services; and
- (5) To other entities or persons to the extent permitted by state or federal law.

In addition, for University students, employees, and others working at the University only:

- (6) To persons, including the University's Incident Management Team and those working on its behalf, close contacts, or, in rare circumstances, other individuals, who are at risk of contracting or spreading a disease or condition, or who are in a position to prevent or lessen a serious and imminent threat to public health, to the extent necessary to protect the health or safety of me or other persons. For students living in University Housing, this authorization also permits disclosure of my test results to University Housing (and individuals working on their behalf) for the purpose of enabling move-in, case management, and application of any isolation protocols.

USES AND DISCLOSURES THAT DO NOT REQUIRE CONSENT INCLUDE

- **Treat you.** We can share your health record with other professionals who are treating you.
- **Run our organization.** We can use or disclose information about you for the purpose of improving our business operations. These uses may include quality review, training, client satisfaction, and cost control.
- **Bill for services.** We can share your health information to bill and get payment from health plans or other entities.
- **Help with public health and safety issues.** We can disclose your information for public health purposes or to respond to health emergencies for example preventing disease, helping with product recalls, reporting adverse reactions to medications, reporting suspected abuse, neglect, or domestic violence, and preventing or reducing a serious threat to anyone's health or safety.
- **Do research.** In certain circumstances, we can use or share your information for health research.
- **Comply with the law.** We will share information about you if state or federal laws require it, including with the Department of Health and Human Services if it wants to see that we are complying with federal privacy law.
- **Respond to lawsuits or legal actions.** We can share health information about you in response to a court or administrative order, or in response to a subpoena. It is important to note that if legal action is anticipated or if the University is served with a subpoena, you may have additional protections as described in the Confidentiality of Client/Patient Health Care and Survivors' Services Information policy (a hardcopy of this policy is available upon request and/or you may visit the University website address for this policy: policies.uoregon.edu/III.05.02).

Additional protection for certain types of information. There are extra legal protections for health information about sexually transmitted diseases, drug and alcohol abuse treatment records, mental health records, and HIV/AIDS information. When required by law, we will not share this type of information without your written permission. In certain circumstances, a minor (under 18 years of age) patient's health information may receive additional protections.

YOUR CHOICES

In these cases we never share your information unless you give us written permission. You have the right to revoke your authorization in writing, except to the extent we have already relied upon it:

- **Share information with your family, close friends or others involved in your care**
- **Contact you for marketing or fundraising purposes – we will never sell your information**
- **Research purposes involving identifiable information**

OUR RESPONSIBILITIES

- **We are required by law to maintain the privacy and security of your education records and health information.**
- **We will let you know promptly if a breach of security occurs that compromises the privacy or security of your information.**
- **We must follow the duties and privacy practices described in this notice and provide you a copy of it.**
- **We will not use or share your information other than as described here unless you tell us we can in writing. If you tell us we can, you may change your mind at any time. Let us know in writing if you change your mind.**

For more information, see: hhs.gov/ocr/privacy/hipaa/understanding/consumers/noticepp.html

Changes to the Terms of this Notice. We can change the terms of this notice, and the changes will apply to all information we have about you. The new notice will be available upon request, in our office, and on our website: <https://coronavirus.uoregon.edu/map>.

QUESTIONS/CONCERNS

If you have questions regarding your privacy, or wish to file a complaint, please contact the designated Privacy Officer:

COVID-19 MAP Compliance
University of Oregon/GC3F
1318 Franklin Blvd, Room 288
Eugene, OR 97403
Phone: 541-346-3353
Email: c19MAP@uoregon.edu

UO students and employees may also use our anonymous hotline to make a report at uoregon.ethicspoint.com.