

**UNIVERSITY OF NEBRASKA AT OMAHA HEALTH SERVICES  
NOTICE OF PRIVACY PRACTICES**

The University of Nebraska at Omaha Health Services ("UNO Health Services") is required by law to maintain the privacy of your medical information and to provide you with notice of our legal duties, privacy practices and your rights with respect to your medical information. Your medical information includes your individually identifiable medical, insurance, demographic and medical payment information. For example, it includes information about your diagnosis, medications, insurance status and policy number, medical claims history, address, and social security number.

The medical information collected and used by us

may be made in connection with an audit or evaluation of Federal- or State-supported education programs, or for the enforcement of or compliance with Federal legal requirements that relate to those programs. These entities may make further disclosures of your medical information to outside entities that are designated by them as their authorized representatives to conduct any audit, evaluation, or enforcement or compliance activity on their behalf.

Disclosures to accrediting organizations to carry out their accrediting functions.

Disclosures to comply with a judicial order or lawfully issued subpoena or process.

Disclosures in connection with a health safety emergency if knowledge of the medical information is believed to be necessary to protect the health or safety of you or other individuals.

Disclosures of only that medical information UNO has designated as directory information.

Disclosures of your medical information not covered by this Notice or the laws that apply to us will be made only with your consent.

## **YOUR INDIVIDUAL RIGHTS**

**Inspect and Review.** You may request to inspect and review your medical information. We have up to 45 days to produce the medical information after we receive your request. Your request should specify the medical information you would like to inspect or review and submit the request to us at the contact information provided at the end of this Notice. We will make arrangements for your access and notify you the time and place where the medical information can be accessed.

**Request an Amendment.** You have the right to request to amend your medical information to ensure that it is not inaccurate, misleading, or otherwise in violation of your privacy or other rights. If you wish to ask us to amend your medical information, you should submit to us, at the contact information provided at the end of this Notice, a written request clearly identifying the part of the medical information you want changed, and specify why it should be changed.

If we decide not to amend the medical information as requested, we will notify you in writing of the decision and provide you with a right to a hearing regarding the request for amendment. Additional information regarding the hearing procedures will be provided to you when notified of the right to a hearing.

**Consent to of the**

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## FACULTY, STAFF, AND OTHER NON-STUDENT MEDICAL INFORMATION

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### USES AND DISCLOSURES OF HEALTH INFORMATION WITHOUT YOUR AUTHORIZATION

The following are the types of uses and disclosures we may make of your medical information without your permission. Where State or federal law restricts one of the described uses or disclosures, we follow the requirements of such State or federal law. These are general descriptions only. They do not cover every example of disclosure within a category.

**Treatment.** We will use and disclose your medical information for treatment. For example, we will share medical information about you with our nurses, your physicians and others who are involved in your care.



or funeral director as necessary for them to carry out their duties and to a personal representative (for example, the

**Psychotherapy Notes** – These are notes made by a mental health professional documenting conversations during private counseling sessions or in joint or group therapy. Many uses or disclosures of psychotherapy notes require your authorization.

**Marketing** – We will not use or disclose your medical information for marketing purposes without your authorization. Moreover, if we will receive any financial remuneration from a third party in connection with marketing, we will tell you that in the authorization form.

**Sale of medical information** –

