NOTICE OF PRIVACY PRACTICES

THIS NOTICE DESCRIBES HOW MEDICAL INFORMATION ABOUT YOU MAY BE USED AND DISCLOSED AND HOW YOU CAN GET ACCESS TO THIS INFORMATION.

Purpose:
The University of Texas at El Paso (UTEP) and its UTEP Coronavirus Proactive Testing Program (Testing Program) recognize the basic human rights of its participants and ensures the participant’s understanding with regards to their privacy rights and our responsibility to ensure protection of privacy. When you receive testing from any Testing Program facility or program, you are voluntarily granting us permission to receive, create and maintain information about your health and testing. We will not use or disclose your information without your written authorization (permission) except as described in this notice.

UTEP Testing Program maintains your Protected Health Information (PHI) in a confidential manner as required by law. PHI consists of medical and mental health information, including your name, contact information, payment information (if applicable), and other demographic information submitted to the Testing Program. UTEP Testing Program will use your PHI only as described in this notice and to assist with providing you information about testing results and general information on seeking medical assistance from your medical provider for further treatment of the Novel Coronavirus, COVID-19. In order to provide you accurate and time-sensitive results, the Testing Program must disclose your PHI with the appropriate parties which will provide assistance and services to support the testing, reading of accurate results, and delivery of such results to you. Such parties may include personnel at UTEP, contracted business associates, lab personnel, and others required by law to assist with providing you the services of this Testing Program.

Disclosure may include sharing information with your designated health care providers and/or mental health clinicians involved in your care at your request.

How can the UTEP Testing Program use your PHI? In addition to the information described above, your PHI may be used for the following purposes, unless you ask for specific restrictions in writing.

- Appointment Reminders and Treatment calls, Testing Program may contact you to provide appointment reminders or information about treatment plans, medication or test results, other health-related benefits and services that may be of interest;
- To carry out testing and supporting operations and functions through business associates which, are contracted parties to assist us with providing you the testing services. Testing Program may disclose your health information to such business associates so that they can perform their respective job functions, these can include legal, IT, or other supportive functions. To protect your health information, however, Testing Program requires the business associate to safeguard your information to the same level of security that we are required to secure your information;
- For Public Health Purposes such as complying with reporting obligations during epidemics and/or pandemics;
- We may disclose to the FDA health information relative to adverse events with respect to food, supplements, product and product defects, or post marketing surveillance information to enable product recalls, repairs or replacement;
- To comply with laws and regulations related to Workman’s Compensation;
- Health Care and Laboratory oversight activities, e.g., audits, inspections, investigations, and licensure;
- To prevent a serious threat to health or safety;
- Law Enforcement purposes as provided by law;
- Other reasons required by law;
- For research approved by an Institutional Review Board or privacy board; for preparing for research such as writing a research proposal; or for research on decedents information;
- To create or share de-identified or partially de-identified health information (limited data sets); and
- For incidental disclosures such as when information is overheard in a waiting room despite reasonable steps to keep
information confidential.

Except as described above, we will not use or disclose your health information unless you authorize the Testing Program in writing to disclose your information. Your written authorization is required for each request for the disclosure of health information.

You have Rights Regarding your Health Information. Although the health record and test results are property of UTEP, you have the following rights regarding your PHI, provided that you make a written request to invoke the right on the form provided by Testing Program.

- Inspect and copy your health information, including lab reports, upon written request and subject to some exceptions. We may charge you a reasonable, cost-based fee for providing records as permitted by law.
- Receive confidential communications of your health information, such as requesting that we contact you at a certain address or phone number. You may be required to make the request in writing with a statement or explanation for the request.
- Request amendment of your health information in our records. All requests to amend health information must be made in writing and include a reason for the request.
- Request an accounting (a list) of certain disclosures of your health information that we make without your authorization. You have the right to receive one accounting free of charge in any twelve-month period.
- Request that we restrict how we use and disclose your health information for the reasons indicated above or to your family and friends. We are not required to agree to your request, if it may impede our ability to provide you with the services requested.
- Obtain a paper copy of this notice upon request. You may print a paper copy of this Notice at any time, even if you have been provided with an electronic copy. You may obtain an electronic copy of this Notice at our web site: www.utep.edu/resuming-campus-operations/testing

You may make any of the above requests in writing to the UTEP Testing Program Privacy Officer. You can reach the UTEP Testing Program at (915) 747-8841 or by email at complianceoffice@utep.edu. To print results of COVID-19 tests performed by UTEP Testing Program, please visit https://adminapps.utep.edu/covidtestresult.

Requirements regarding this Notice. We will be governed by this notice for as long as it is in effect. UTEP Testing Program may change this Notice from time to time, and these changes will be effective for health information already in our possession as well as any information we receive in the future. Each time you register at Testing Program link for the UTEP Testing Program, you may review a copy of the Notice in effect at the time.

Complaints. If you believe your privacy rights have been violated, you may file a complaint with UTEP Testing Program privacy officer or with the Texas State and Human Services. You will not be penalized or retaliated against in any way for making a complaint to the UTEP Testing Program or the Department of Health and Human Services.

Contact-Call or Email the Testing Program Privacy Officer at (915) 747-6478 or complianceoffice@utep.edu if:
- You have a complaint.
- You have any questions about this Notice.
- You wish to request restrictions on uses and disclosures for health care test results or operations.
- You wish to obtain a form to exercise your individual rights described in this notice.

Our Duties
We are required to provide you with notice of our legal duties and our privacy practices with respect to your health information. We must maintain the privacy of information that identifies you and your health related information and notify you in the event your health information is used or disclosed in a manner that compromises the privacy of your health information. We will notify you at the contact information you provide us within a reasonable time after completing a thorough investigation into any suspected misuse or disclosure of health information.
We are required to abide by the terms of this notice. We reserve the right to change the terms of this notice and to make the revised notice effective for all health information that we maintain. We will post revised notices on our public website at www.utep.edu/resuming-campus-operations/testing. You may request a copy of the revised notice at the time of your next visit.

I acknowledge that I have received the Notice of Privacy Practices. I understand how UTEP will use and disclose my health information and agree to the use of my health information as provided for in this Privacy Statement:

_____________________________________________  _____________________________________
Signature of Participant                                      Date

_____________________________________________
Printed Name of Participant

Last updated August 4, 2020