**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 Vaccination Program (Vaccination 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 vaccines from the Vaccination Program, you are voluntarily granting us permission to receive, create and maintain information about your health and vaccination. We will not use or disclose your information without your written authorization except as described in this notice and required by law.

The UTEP Vaccination Program maintains your Protected Health Information in a confidential manner as required by law. Personal Health Information consists of medical and mental health information, including your name, contact information, payment information (if applicable), and other demographic information submitted to the Vaccination Program. The UTEP Vaccination Program will use your Personal Health Information only as described in this notice and to assist with providing you information about COVID-19 vaccination 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 information, the Vaccination Program must disclose your Personal Health Information with the appropriate parties which will provide assistance and services to support the vaccination and reporting. 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 Vaccination Program.

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

* + Appointment Reminders and Treatment calls. The Vaccination Program may contact you to provide appointment reminders or information about treatment plans, medication or, other health-related benefits and services that may be of interest;
  + To carry out vaccination, testing and supporting operations and functions through business associates which, are contracted parties to assist us with providing you the vaccination services. The Vaccination Program may disclose your health information to such business associates so that they can perform their respective job functions, these can include legal, Information Technology, or other supportive functions. To protect your health information, however, the Vaccination 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 Food and Drug Administration 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 Vaccination 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 vaccination information are property of UTEP, you have the following rights regarding your Personal Health Information, provided that you make a written request to invoke the right on the form provided by the Vaccination Program.

* Inspect and copy your health information, including vaccination and 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: [**https://www.utep.edu/vaccine**](https://www.utep.edu/vaccine)**.**
* You may make any of the above requests in writing to the UTEP Vaccination Program Privacy Officer. You can reach the UTEP Vaccination Program at by email at [**covid19vaccination@utep.edu**](mailto:covid19vaccination@utep.edu)**.**

**Requirements regarding this Notice.** We will be governed by this notice for as long as it is in effect. The UTEP Vaccination 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. When you register at the Vaccination Program link for the UTEP Vaccination 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 the UTEP Vaccination 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 Vaccination Program or the Department of Health and Human Services.

**Contact-Call or Email the Vaccination 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 <https://www.utep.edu/vaccine>.