OKLAHOMA MEDICAL RESEARCH FOUNDATION
NOTICE OF PRIVACY PRACTICES
Effective Date (Revised): April 18, 2003

THIS NOTICE DESCRIBES HOW MEDICAL INFORMATION ABOUT YOU MAY BE USED AND DISCLOSED AND HOW YOU CAN GET ACCESS TO THIS INFORMATION. PLEASE REVIEW THIS DOCUMENT CAREFULLY AND CONTACT YOUR OMRF STUDY/CLINIC REPRESENTATIVE OR OMRF'S PRIVACY OFFICIAL IF YOU HAVE ANY QUESTIONS.

INTRODUCTION

The Oklahoma Medical Research Foundation (OMRF) understands that your medical information is private and confidential. OMRF is required by law to maintain the privacy of protected health information. Protected health information includes any individually identifiable information that we obtain from you or others that relates to your past, present or future physical or mental health, the health care that you have received, or payment for your health care. As required by law, this Notice provides you with information about your rights and OMRF's obligations and privacy practices with respect to the privacy of your medical information. This Notice discusses the uses and disclosures OMRF may make of your medical information. OMRF must comply with the provisions of this Notice as currently in effect.

WHAT WILL OMRF DO WITH MY MEDICAL INFORMATION?

The following categories describe the ways that OMRF may use and disclose your medical information. Not every use or disclosure in the category will be listed.

Treatment. We may use and disclose your medical information to provide you with medical treatment or services. **Example:** Your medical information may be used or disclosed by doctors, scientists, researchers, technicians, or other OMRF personnel who are involved in taking care of you.

We may also disclose your medical information for the treatment activities of other healthcare providers. **Example:** We may send a copy of your medical record or the result of a test to another healthcare provider who needs to provide follow-up or additional medical care to you.

Payment. If we provide you with medical treatment, we may use and disclose medical information about you for our payment activities. Those activities may include, but are not limited to: 1) determining eligibility or coverage under a plan; or 2) billing and collection activities. **Example:** Your medical information may be released to an insurance company to obtain payment for services rendered. **Note:** No charges or information transfer will be made to your insurance company for those activities that are already being paid for by funded research projects even if they involve your medical care.

Operations. We may use and disclose your medical information for health care operations related to our research or medical treatment activities. Typical operational activities include, but are not limited to: 1) arranging for legal or auditing services; 2) business planning; 3) quality assurance activities. **Example:** We may use your medical information to evaluate the performance of our staff when caring for you.

WHAT OTHER USES AND DISCLOSURES OF MY MEDICAL INFORMATION MAY OMRF MAKE?

Individuals involved in your care or payment for your care. We may disclose to your family, friends or any other individual identified by you medical information directly related to such person's involvement with your care or payment for your care. We may use and disclose your medical information to notify or assist in the notification of, a family member, personal representative, or another person responsible for your care, of your location, general condition, or death. If you are present or otherwise available we will give you the opportunity to object to these disclosures, and we will not make these disclosures if you object. If you are not present or otherwise available, we will determine whether a disclosure to your family or friends is in your best interest, taking into account the circumstances based upon our professional judgment.

Appointment reminders. We may use and disclose your medical information to contact you to remind you that you have an appointment with us or that you need a prescription refill.

Health-Related Benefits and Services. We may use and disclose medical information to tell you about health-related benefits or services that may be of interest to you.

Treatment Alternatives. We may use and disclose your medical information to tell you about possible treatment options or alternatives that may be beneficial or of interest to you.

Research. We may use and disclose medical information about you to researchers. Ordinarily, you must sign a separate form specifically authorizing us to use and/or disclose your medical information for research; however, there are certain exceptions. First, your medical information may be disclosed without your authorization for research if the authorization requirement has been waived or altered by a special committee that is charged with ensuring that the disclosure will not pose a great risk to your privacy or that measures are being taken to protect your medical information. Second, your medical information may be disclosed to researchers to prepare for research as long as certain conditions are met. Third, medical information regarding people who have died can be released without authorization under certain circumstances. Fourth, de-identified medical information, that is medical information which does not specifically identify you, may be released to a researcher. Finally, limited medical information may under some circumstances be released to a researcher who has signed a data use agreement promising to protect the information released. **Note:** All research at OMRF is conducted under the oversight of our institutional review board which is responsible for the protection of human subjects. OMRF adheres to all applicable federal laws and regulations pertaining to research involving human subjects.

Business Associates. We may use and disclose your medical information to other entities that provide a service to us or on our behalf that requires release of medical information. However, we will only make these disclosures if we have received satisfactory assurance that the other entity will properly safeguard your medical information.

CAN OMRF USE AND DISCLOSE MY MEDICAL INFORMATION WITHOUT MY AUTHORIZATION?

The following categories describe the ways that OMRF may also be required to use and disclose your medical information without your authorization. Not every use and disclosure in the category will be listed.

Required by Law. We may disclose your medial information when requested to do so by a federal**,** state or local law. **Example:** We are required by law to report criminally inflicted injuries and cases of abuse and neglect. These reports may include your medical information.

Food and Drug Administration (FDA). We may disclose your medical information to the FDA and to manufacturers regarding adverse events regarding food supplements, product and product defects, or post-marketing surveillance information, to enable product recalls, repairs or replacements.

Public Safety. We may use and disclose medical information about you when necessary to prevent a serious threat to your health and safety or the health and safety of the public or another person. Any disclosure would only be to someone able to help or prevent the threat.

Public Health Activities. We may disclose medical information about you for public health activities, including, but not limited to, the following disclosures:

- To prevent or control disease, injury or disability;
- To report births and deaths;
- To report child abuse or neglect;
- To persons subject to the jurisdiction of the Food and Drug Administration (FDA) for activities related to the quality, safety, or effectiveness of FDA regulated products or services and to report reactions to medications or problems with products;
- To notify a person who may have been exposed to a disease or may be at risk for contracting or spreading the disease or condition.

Health Oversight Activities. We may disclose your medical information to federal and state agencies that oversee our activities. These activities are necessary for the government to monitor the healthcare system, medical research, government benefit programs, and compliance with civil rights laws or regulatory program standards.

Lawsuits and Disputes. If you are involved in a lawsuit or dispute, we may disclose medical information about you in response to a court or administrative order. We may also disclose health information about you in response to a subpoena, discovery request or other lawful process by someone else involved in the dispute, but only if efforts have been made to inform you about the request or to obtain an order protecting the information requested. However, any disclosure or release of private information may be prevented for research that is protected by a Federal Certificate of Confidentiality.

Law Enforcement. We may release information if asked to do so by a law enforcement official:

- In response to a court order, subpoena, warrant, summons or similar process;
- To identify or locate a suspect, fugitive, material witness or missing person;
- About the victim of a crime under certain limited circumstances;
- About a death we believe may be the result of criminal conduct;
- About criminal conduct on our premises;
- In emergency circumstances, to report a crime; the location of the crime, or victims; or the identity, description or location of the person who may have committed the crime.

Coroners, Medical Examiners and Funeral Directors. We may release medical information to a coroner or medical examiner. This may be necessary, for example, to identify a deceased person or determine the cause of death. We may also release medical information about patients to funeral directors as necessary to carry out their duties.

National Security and Intelligence Activities. We may release medical information about you to authorized federal officials for intelligence, counter-intelligence, and other national security activities authorized by law.

Protective Services for the President and Others. We may disclose medical information about you to authorized federal officials so that they may provide protection to the President, other authorized persons or foreign heads of state, or so they may conduct special investigations.

Military and Veterans. We may disclose your medical information as required by military command authorities, if you are a member of the armed forces.

Inmates. If you are an inmate of a correctional facility or under the custody of a law enforcement official or agency, we may release your medical information to the correctional facility or law enforcement official or agency. This release may be necessary: 1) for the institution to provide you with health care; 2) to protect your health and safety or the health and safety of others; or 3) for the safety and security of the correctional institution.

NOTE: HIV-related information, genetic information, alcohol and/or substance abuse records, mental health records and other specially protected medical or health information may enjoy certain special confidentiality protections under applicable state and federal law. Any disclosures of these types of records will be subject to those special protections. For example, Oklahoma law requires that we inform you that your medical information used or disclosed as described in this Notice of Privacy Practices may include records which indicate the presence of a communicable or venereal disease which may include, but is not limited to, diseases such as hepatitis, syphilis, gonorrhea and the human immunodeficiency virus, also known as acquired immune deficiency syndrome (AIDS). Any use or disclosure also may include mental health or other sensitive information.

WHAT IF OMRF WANTS TO USE AND/OR DISCLOSE MY MEDICAL INFORMATION FOR A PURPOSE NOT DESCRIBED IN THIS NOTICE?

We must obtain a specific written authorization from you to use and disclose your medical information for any purpose not covered by this Notice or the laws that apply to us. If you provide us with a written authorization to use and disclose your medical information, you will be allowed to revoke it.

WHAT ARE MY RIGHTS REGARDING MY MEDICAL INFORMATION?

You have the rights described below in regard to the medical information that OMRF maintains about you. You are required to submit a written request to exercise any of these rights. Forms for exercising these rights will be available from the leader of the research team that conducts the research study you are participating in. You may also obtain the forms by contacting OMRF's Privacy Official.

Right to Inspect and Copy. You have the right to inspect and copy your medical information that is maintained by OMRF. In order to inspect and copy your medical information, you must submit your request in writing to OMRF's Privacy Official. If you request copies of your medical information, we may charge you a fee for the cost of copying and mailing your records, as well as other costs associated with your request. Your right to inspect and copy your medical information does not apply to the following categories of medical information:

- When we obtain or create medical information as part of a research study, your access to that medical information may be restricted for as long as the research is in progress.
- For psychotherapy notes, which are notes that have been recorded by a mental health professional documenting or analyzing the contents of conversations during a private counseling session or a group, joint or family counseling session and that have been separated from the rest of your medical information.
- For information compiled in reasonable anticipation of, or for use in, a civil, criminal, or administrative action or preceding.
- For medical information involving certain laboratory tests when your access is restricted by the law.
- If you are a prison inmate, obtaining a copy of your medical information may be restricted if it would jeopardize your health, safety, security, custody, rehabilitation or that of other inmates, or the safety of any officer, employee, or other person at the correctional institution or person responsible for transporting you.
- For medical information contained in records kept by a federal agency or contractor when your access is restricted by law.
- For medical information obtained from someone other than us under a promise of confidentiality when the access requested would be reasonably likely to reveal the source of the information.

We may also deny a request for access to your medical information if:

- A licensed healthcare professional has determined, in the exercise of professional judgment, that the access requested is reasonably likely to endanger your life or physical safety or that of another person.
- The medical information makes reference to another person (unless such other person is a healthcare provider) and a licensed healthcare professional has determined, in the exercise of professional judgment, that the access requested is reasonably likely to cause substantial harm to some other person.
- The request for access is made by the individual's personal representative and a licensed healthcare professional has determined, in the exercise of professional judgment, that the provision of access to such personal representative is likely to cause substantial harm to you or another person.

If you are denied access, you may request that the denial be reviewed by a licensed healthcare professional chosen by us. We will comply with the outcome of the review.

Right to Amend. You have the right to request an amendment to your medical information if you feel that it is incorrect or incomplete. Any agreed upon amendment will be included as an addition to, and not as a replacement of, already existing records. In order to request an amendment to your medical information, you must submit your request in writing to OMRF's Privacy Official. You must provide a reason that supports your amendment request. We may deny your request if you ask to amend information that:

- We did not create, unless the person or entity that created the information is not available to make the amendment;
- Is not part of the medical information that we maintain;
- Is not part of the information that you would be permitted to inspect and copy; or
- Is accurate and complete.

Right to an Accounting of Disclosures. You have the right to receive an accounting of disclosures of your medical information made by us to individuals or entities, other than you, for up to 6 years prior to your request, except for the following disclosures:

- To carry out treatment, payment and healthcare operations as provided above;
- Incident to a use or a disclosure otherwise permitted or required by applicable law;
- Pursuant to a written authorization obtained from you;
- To persons involved in your care or for other notification purposes as provided by law;
- For national security or intelligence purposes as provided by law;
- To correctional institutions or law enforcement officials as provided by law;
- As part of a limited data set as provided by law; or
- That occurred prior to April 14, 2003.

To request an accounting of disclosures of your medical information, you must submit your request in writing to OMRF's Privacy Official. Your request must state a specific time period for the accounting (e.g., the past three months), which may not be longer than 6 years. If you request more than one accounting in a 12-month period, we may charge you for the cost of providing the list. We will notify you of the cost involved and you may choose to withdraw or modify your request at that time before any costs are incurred.

Right to Request Restrictions. You have the right to request the restriction or limitation on the medical information we use or disclose about you unless our use or disclosure is required by law. You also have the right to request a limit on the medical information we disclose about you to someone who is involved in your care or the payment for your care, like a family member or a friend. We are not required to agree to your request. If we agree, we will comply with your request unless the information is needed to provide emergency treatment to you. You must specify the type of restriction you want and to whom it applies. To request a restriction, you must make your request in writing to OMRF's Privacy Official.

Right to Request Confidential Communications. You have the right to request that we communicate with you about medical matters in a certain way or at a certain location. For instance, you can ask that we only contact you at work or by mail. We will accommodate all reasonable requests. A request must specify how or where you wish to be contacted and must be submitted in writing to OMRF's Privacy Official.

Right to a Paper Copy of this Notice. You have the right to receive a paper copy of this Notice upon request. Copies of this Notice will be posted and available for distribution at each location where medical treatment is conducted at OMRF. The Notice will also be posted on our website.

CAN OMRF CHANGE THIS NOTICE?

OMRF reserves the right to change this Notice. We reserve the right to make the revised or changed Notice effective for medical information we already have about you as well as for any information we receive in the future. The revised or changed Notice will be posted on our website and at each location where medical treatment is provided at OMRF. The revised or changed Notice will also be made available to you upon request.

WHAT IF I HAVE QUESTIONS OR NEED TO REPORT A PROBLEM?

If you believe your privacy rights have been violated, you may file a complaint with OMRF and/or with the Secretary of the Department of Health and Human Services. You will not be penalized for filing a complaint.

To file a complaint with OMRF, or if you desire more information about OMRF's privacy practices, contact our Privacy Official at (405) 271-3007 or e-mail: Deborah-Hodges@omrf.org. The Privacy Official's mailing address is:

Privacy Official
Oklahoma Medical Research Foundation
825 N.E. 13 St., Mail Stop 9
Oklahoma City, OK 73104

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