

# Notice of Privacy Practices

Oklahoma State University Center for Health Sciences | Effective Date: December 9, 2025

This notice explains how your health information may be used and shared and describes your rights. It applies to all Oklahoma State University Center for Health Sciences' clinics and facilities (hereinafter "OSU Medicine"). Please read it carefully.

## OUR RESPONSIBILITIES

OSU Medicine is required by law to:

- Keep your protected health information (PHI) private.
- Provide you with this Notice.
- Follow the terms of the current Notice.

**PHI** includes information we create or receive when providing health care services or billing for those services (examples: test results, clinical notes, your name, address, and insurance information).

## WHO IS COVERED BY THIS NOTICE

This Notice applies to:

- All OSU Medicine clinics and facilities.
- OSU Medicine employees, faculty, contractors, volunteers, trainees, and students.
- Certain independent health care providers who treat patients in our facilities, unless they provide their own Notice.

## HOW WE MAY USE OR SHARE YOUR INFORMATION WITHOUT YOUR PERMISSION

### Treatment

We may use or disclose PHI to provide care or coordinate treatment with others involved in your care. We participate in Oklahoma's State-Designated Health Information Exchange (HIE), MyHealth Access Network, to support treatment. You may opt out at: [www.myhealthaccess.net/opt-out](http://www.myhealthaccess.net/opt-out) or request a form at the front desk.

### Payment

We may share PHI to bill for services, verify insurance coverage, obtain prior authorization, or collect payment.

### Health Care Operations

We may use PHI for business operations such as quality improvement, training, accreditation, and evaluation of provider performance. We may disclosure information as part of our training programs in which students, trainees, or practitioners in areas of health care learn under supervision to practice or improve their skills as health care providers.

### Research

We may use or disclose PHI for research approved by an Institutional Review Board (IRB) that does not require patient permission. All other research uses require your written permission.



**MEDICINE**

## **Public Health and Legal Purposes**

We may use or disclose PHI when permitted or required by law for:

- Public health activities such as to report the occurrence of communicable diseases
- To report information about suspected victims of abuse, neglect or domestic violence
- Health oversight activities, such as Medicare and Medicaid program activities
- Legal proceedings, such as in response to a subpoena or court order
- Law enforcement purposes, such as with the police or other law enforcement officials who are pursuing a criminal suspect
- With medical examiners, coroners, and funeral directors
- For organ and tissue donation purposes
- To avert a serious health or safety threat
- To comply with workers' compensation laws
- With an entity legally authorized to assist in disaster relief efforts such as the American Red Cross
- Helping with product recalls
- Reporting adverse reactions to medications
- For other purposes as required by law

## **USES WHERE YOU CAN OBJECT OR REQUEST LIMITS**

Unless you request otherwise in writing:

- We may contact you by mail, email or telephone at the addresses and numbers provided by you to remind you of an appointment, and we may leave voice messages at the telephone number you provide us and respond directly to your emails.
- We may contact you by mail, email or telephone at the addresses and numbers provided by you to tell you about or recommend possible treatment options or alternatives that may be of interest to you.
- We may share patient directory information including your name, room location, and general condition (for example, fair, or stable) with people who ask for you by name.
- We may contact you about OSU Medicine-sponsored activities including fundraising programs and events. If you do not want your information to be used for fundraising purposes, please contact the OSU-CHS Compliance Office listed at the end of this notice. We will care for you regardless of your decision to participate in fundraising activities.
- We may share PHI about you with a friend, family member, personal representative, or any individual you identify who is involved in your care or is paying for some or all of your care.

## **WHEN YOUR WRITTEN PERMISSION IS REQUIRED**

We must obtain your written authorization for:

- Most uses/disclosures of psychotherapy notes
- Marketing activities where we are paid to use your PHI
- Sale of PHI, except to cover allowable costs

## **REVOKING YOUR AUTHORIZATION**

If you give us written permission to use and share your PHI, you can take back your permission at any time, as long as you tell us in writing. If you take back your permission, we will stop using or sharing your information, but we will not be able to take back any information that we have already shared.



## **ADDITIONAL PROTECTIONS FOR SUBSTANCE USE DISORDER (SUD) RECORDS (42 CFR PART 2)**

Some OSU Medicine clinics provide or receive services related to the diagnosis, treatment, or referral for treatment of substance use disorders (SUD). If you receive services from a program protected under 42 CFR Part 2, your SUD records receive extra confidentiality protections.

### **HOW SUD RECORDS ARE PROTECTED**

- We may not disclose your SUD treatment information without your written consent, unless permitted by law or court order.
- You may be asked to sign one consent that allows future use or disclosure for Treatment, Payment, and Health Care Operations (TPO). You may revoke this consent in writing.
- SUD counseling session notes (“SUD counseling notes”) require a separate consent, similar to psychotherapy notes.
- Your SUD records cannot be used to investigate or prosecute you without your written consent or a special court order.
- If we receive SUD records from a Part 2 program, we must protect them according to Part 2 rules, even if disclosed to us by another provider.

### **YOUR RIGHTS**

#### **Right to Request Restrictions**

You have the right to request any restrictions on uses or disclosures of your PHI. OSU Medicine is not required to accommodate all such requests, but will make a good faith attempt to accommodate the requested restriction. OSU Medicine reserves the right to review and deny such requests as allowed by law. OSU Medicine also reserves the right to terminate agreed-upon restrictions if we deem it appropriate. We will notify you of such termination. If you pay cash for your health care item or service in full before or at the time the service or item is provided, and request that OSU Medicine not share the PHI about that service with your health plan, we will not disclose the PHI about that service to the health plan unless we are required to do so by law.

#### **Right to Request Confidential Communication**

You have the right to request PHI in a certain form or at a specific location. Your request must be in writing. For example, you can request that we not contact you at work, and you can tell us how and/or where you want to receive PHI. We will agree to reasonable requests. If we agree to your request, we will honor your request until you tell us in writing that you have changed your mind and no longer want the confidential communication.

#### **Right to Inspect and Receive a Copy of Your PHI**

You have the right to review your PHI and to receive a paper or electronic copy of your PHI. Your request must be in writing. We may charge a fee for the cost of providing you with copies. We may deny your request to access and receive a copy of your PHI in rare situations when doing so is determined by a licensed health care professional to pose a serious risk of harm.

#### **Right to Request a Change to Your PHI**

You have a right to request that your PHI be corrected if you believe that it contains a mistake or is missing information. You must tell us the reasons for the change in writing using the request form you can get from the OSU-CHS Compliance Office listed at the end of this notice. OSU Medicine will respond to your request, but can deny your request if: (1) it is not in writing or does not include a reason for the change; (2) the information you want to change was not created by OSU Medicine; (3) the information is not part of the medical record kept by OSU Medicine; (4) the information is not part of the information that you are permitted to inspect or copy; or (5) the information contained in the record is accurate and complete.



### **Right to Notice of a Breach**

We are required by law to tell you if there is a breach of your PHI. A breach can occur when safeguards protect your PHI fail.

### **Right to an Accounting of Disclosures**

You have the right to request an accounting of disclosures of your PHI that we have made, with some exceptions. Your request must be in writing and must state the time period for the requested information. OSU Medicine will not provide this information for a time period greater than six (6) years from the date of your request. You have the right to receive one (1) free accounting every twelve (12) months. If you request more than one (1) accounting in any twelve (12) month period, we may charge you a reasonable fee for the costs of providing that list.

### **Right to Receive a Copy of this Notice**

You have the right to a copy of this Notice. You may view and print a copy of this notice from our website at <http://centernet.okstate.edu/hipaa/forms.php>. If you want a paper copy of this notice mailed to you, or to exercise any of your rights outlined above, please send a written request to the Privacy Officer at OSU-CHS Compliance Office listed at the end of this notice.

### **Right to Choose Someone to Act for You**

If you have given someone medical power of attorney or if someone is your legal guardian, that person can exercise your rights and make choices about your health information. We will make sure the person you designate has the authority to act on your behalf before we take any action.

### **QUESTIONS OR COMPLAINTS**

You may contact us with questions or concerns:

OSU Center for Health Sciences' Compliance Office  
Attn: Privacy Officer  
2345 Southwest Blvd, Suite 250  
Tulsa, OK 74107  
(918) 586-4540  
[chs.privacy@okstate.edu](mailto:chs.privacy@okstate.edu)

You may also file a complaint with the U.S. Department of Health and Human Services at: [www.hhs.gov/ocr/privacy/hipaa/complaints/](http://www.hhs.gov/ocr/privacy/hipaa/complaints/)

We will not retaliate against you for filing a complaint and your complaint will not affect your ability to obtain care and treatment at OSU Medicine.

### **CHANGES TO THIS NOTICE**

We may change this Notice at any time. Changes may apply to all PHI we maintain, including PHI collected before the change. The most recent Notice will be posted online and in OSU Medicine clinics.

