



# Notice of Privacy Practices

This Notice of Privacy Practices applies to the organizations and affiliates of West Virginia University Health System. Affiliated Facilities can be found at the following website:

<https://wvumedicine.org/about/rights-privacy-and-non-discrimination/notice-of-privacy-practices>

**Contact Information:**

*Enterprise Director of Privacy  
1 Medical Center Drive  
Morgantown, WV 26506  
wvumnopp@wvumedicine.org  
1-844-988-6446*

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## Your Information. Your Rights. Our Responsibilities.

This notice describes how medical information about you may be used and disclosed and how you can get access to this information. Please review it carefully.

## Your Rights

**When it comes to your health information, you have certain rights.** This section explains your rights and some of our responsibilities to help you.

<b>Get an electronic or paper copy of your medical record</b>	<ul style="list-style-type: none"><li>• You can ask to see or get an electronic or paper copy of your medical record and other health information we have about you. Ask us how to do this.</li><li>• We will provide a copy or a summary of your health information, usually within 30 days of your request. We may charge a reasonable, cost-based fee. For home health and hospice patients a copy will be made available within 4 days of your written request.</li></ul>
<b>Ask us to correct your medical record</b>	<ul style="list-style-type: none"><li>• You can ask us to correct health information about you that you think is incorrect or incomplete. Ask us how to do this.</li><li>• We may say “no” to your request, but we’ll tell you why in writing within 60 days.</li></ul>
<b>Request confidential communications</b>	<ul style="list-style-type: none"><li>• You can ask us to contact you in a specific way (for example, home or office phone) or to send mail to a different address.</li><li>• We will say “yes” to all reasonable requests.</li></ul>
<b>Ask us to limit what we use or share</b>	<ul style="list-style-type: none"><li>• You can ask us <b>not</b> to use or share certain health information for treatment, payment, or our operations.<ul style="list-style-type: none"><li>• We are not required to agree to your request, and we may say “no” if it would affect your care.</li></ul></li><li>• If you pay for a service or health care item out-of-pocket in full, you can ask us not to share that information for the purpose of payment or our operations with your health insurer.<ul style="list-style-type: none"><li>• We will say “yes” unless a law requires us to share that information.</li></ul></li></ul>
<b>Get a list of those with whom we've shared information</b>	<ul style="list-style-type: none"><li>• You can ask for a list (accounting) of the times we've shared your health information for six years prior to the date you ask, who we shared it with, and why.</li><li>• We will include all the disclosures except for those about treatment, payment, and health care operations, and certain other disclosures (such as any you asked us to make). We'll provide one accounting a year for free, but we may charge a reasonable, cost-based fee if you ask for another one within 12 months.</li></ul>
<b>Get a copy of this privacy notice</b>	<ul style="list-style-type: none"><li>• You can ask for a paper copy of this notice at any time, even if you have agreed to receive the notice electronically. We will provide you with a paper copy promptly.</li></ul>
<b>Choose someone to act for you</b>	<ul style="list-style-type: none"><li>• 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.</li><li>• We will make sure the person has this authority and can act for you before we take any action.</li></ul>
<b>File a complaint if you feel your rights are violated</b>	<ul style="list-style-type: none"><li>• You can complain if you feel we have violated your rights by contacting the Enterprise Director of Privacy: 1-844-988-6446, <a href="mailto:vvumnopp@wvumedicine.org">vvumnopp@wvumedicine.org</a></li><li>• You can file a complaint with the U.S. Department of Health and Human Services Office for Civil Rights by sending a letter to 200 Independence Avenue, S.W., Washington, D.C. 20201, calling 1-877-696-6775, or visiting <a href="https://www.hhs.gov/hipaa/filing-a-complaint/index.html">https://www.hhs.gov/hipaa/filing-a-complaint/index.html</a>.</li><li>• We will not retaliate against you for filing a complaint.</li></ul>

## Your Choices

**For certain health information, you can tell us your choices about what we share.** If you have a clear preference for how we share your information in the situations described below, talk to us. Tell us what you want us to do, and we will follow your instructions.

**In these cases, you have both the right and choice to tell us to:**

- Share information with your family, close friends, or others involved in your care
- Share information in a disaster relief situation
- Include your information in a hospital directory
- Contact you for fundraising efforts

*If you are not able to tell us your preference, for example if you are unconscious, we may go ahead and share your information if we believe it is in your best interest. We may also share your information when needed to lessen a serious and imminent threat to health or safety.*

**In these cases, we never share your information unless you give us written permission:**

- Marketing purposes
- Sale of your information
- Most sharing of psychotherapy notes

**In the case of fundraising:**

- We may contact you for fundraising efforts, but you can tell us not to contact you again.

*Fundraising efforts are handled through the individual hospital foundations, who may use the following information about you for fundraising purposes: Patient demographic information (including name, address, phone/email, date of birth, age, and gender); health insurance status; dates of service; the department and physician who provided services; and outcomes information. You have the right to opt out of fundraising efforts by contacting the foundation at your specific hospital, whose contact information is available at <https://wvumedicine.org/about/rights-privacy-and-non-discrimination/notice-of-privacy-practices>*

## Our Uses and Disclosures

**How do we typically use or share your health information?** We typically use or share your health information in the following ways.

**Treat you**

- We can use your health information and share it with other professionals who are treating you.

**Example:** A doctor treating you for an injury asks another doctor about your overall health condition.

**Run our organization**

- We can use and share your health information to run our practice, improve your care, and contact you when necessary.

**Example:** We use health information about you to manage your treatment and services.

Bill for your services	<ul style="list-style-type: none"> <li>• We can use and share your health information to bill and get payment from health plans or other entities.</li> </ul>	<p><b>Example:</b> We give information about you to your health insurance plan so it will pay for your services.</p>
<p><b>How else can we use or share your health information?</b> We are allowed or required to share your information in other ways – usually in ways that contribute to the public good, such as public health and research. We have to meet many conditions in the law before we can share your information for these purposes. For more information see: <a href="http://www.hhs.gov/ocr/privacy/hipaa/understanding/consumers/index.html">www.hhs.gov/ocr/privacy/hipaa/understanding/consumers/index.html</a>.</p>		
Help with public health and safety issues	<ul style="list-style-type: none"> <li>• We can share health information about you for certain situations such as: <ul style="list-style-type: none"> <li>• Preventing disease</li> <li>• Helping with product recalls</li> <li>• Reporting adverse reactions to medications</li> <li>• Reporting suspected abuse, neglect, or domestic violence</li> <li>• Preventing or reducing a serious threat to anyone's health or safety</li> </ul> </li> </ul>	
Do research	<ul style="list-style-type: none"> <li>• We can use or share your information for health research.</li> </ul>	
Comply with the law	<ul style="list-style-type: none"> <li>• We will share information about you if state or federal laws require it, including with the Department of Health and Human Services if it wants to see that we're complying with federal privacy law.</li> <li>• Comply with special laws - There are special federal and state laws that protect some types of health information including, but not limited to, mental health services, treatment for substance use disorders, and reproductive healthcare. We will follow the laws that are stricter when applicable under these circumstances.</li> </ul>	
Respond to organ and tissue donation requests	<ul style="list-style-type: none"> <li>• We can share health information about you with organ procurement organizations.</li> </ul>	
Work with a medical examiner or funeral director	<ul style="list-style-type: none"> <li>• We can share health information with a coroner, medical examiner, or funeral director when an individual dies.</li> </ul>	
Address workers' compensation, law enforcement, and other government requests	<ul style="list-style-type: none"> <li>• We can use or share health information about you: <ul style="list-style-type: none"> <li>• For workers' compensation claims</li> <li>• For law enforcement purposes or with a law enforcement official</li> <li>• With health oversight agencies for activities authorized by law</li> <li>• For special government functions such as military, national security, and presidential protective services</li> </ul> </li> </ul>	
Respond to lawsuits and legal actions	<ul style="list-style-type: none"> <li>• We can share health information about you in response to a court or administrative order, or in response to a subpoena.</li> </ul>	
Shared Medical Record/Health Information Exchanges	<ul style="list-style-type: none"> <li>• We maintain PHI about our patients in shared electronic medical records that allow WVU Medicine and its affiliates to share PHI for treatment and healthcare operations purposes. We may share your health information using various Health Information Exchanges (HIE) that WVU Medicine participates in both on a State, regional and a national basis. If you choose not to participate in these exchanges, you may 'Opt-out' at any time by notifying the Patient Access/Registration Department; however, your decision to 'Opt-Out' does not affect the information that was exchanged prior to the time you chose not to participate.</li> </ul>	

## Notice of Rediscovery

- Records disclosed under the HIPAA Privacy Rule including those from a Part 2 program, covered entity, or business associate may be further disclosed by that Part 2 program, covered entity, or business associate without your additional written consent, but only to the extent permitted by the Health Insurance Portability and Accountability Act (HIPAA) Regulations.

### Substance Use Disorder Patient Records

The federal privacy protections for substance use disorder (SUD) treatment records, 42 USC § 290dd-2 and 42 CFR Part 2, require covered Part 2 programs to inform patients of their federal privacy rights and provide patients with a notice of the program's privacy practices.

Certain WVU Medicine facilities, clinics, and staff specialize in providing SUD treatment. The confidentiality of SUD patient records maintained by these programs is protected by special Federal law and regulations, in addition to HIPAA. When more than one regulation applies, we will follow the more stringent regulation.

<b>Uses and Disclosures</b>	<p>Federal law gives your Part 2 records special confidentiality protections.</p> <ul style="list-style-type: none"><li>These records cannot be used or disclosed without your specific written consent, unless allowed by law.</li><li>Your Part 2 records or testimony about the content of such records cannot be used or disclosed in any civil, administrative, criminal, or legislative proceeding without your written consent or a qualifying court order.</li><li>A court order authorizing used or disclosure must:<ul style="list-style-type: none"><li>Be issued only after required notice and an opportunity for you to be heard, where required under Part 2; and</li><li>Be accompanied by a subpoena or other legal mandate compelling disclosure before any records are released.</li></ul></li></ul>
<b>Disclosures without Written Consent</b>	<p>We may use or disclose your Part 2 records without your written consent, as allowed or required by federal law, in the following situation:</p> <ul style="list-style-type: none"><li>Medical emergencies - to medical personnel when needed to address an immediate health emergency and it is not possible to get your written consent.</li><li>FDS products - to FDA medical personnel if it is believed that a person's health is at risk due to a problem with an FDA-regulated product. FDA uses this information only to notify affected patients or their doctors.</li><li>Research - to qualified researchers, only strict legal and ethical standards are met (such as IRB review authorization, HIPAA/FDA compliance, and data security).</li><li>Public health - to specified public health authorities (including government agencies responsible for oversight, licensure, accreditation or compliance monitoring) for activities intended to protect public health or safety, if records are de-identified.</li><li>Management, audits and program evaluation - to government agencies, health plans, payors, or organizations conducting management, financial, or quality assurance reviews, including Medicare, Medicaid, and CHIP audits. Your identifying information may be shared only with strict privacy safeguards, written agreements, and limit on use and rediscovery. Records may be reviewed on site or copied/forwarded under additional restrictions, and solely as needed for audit or evaluation.</li></ul>

	<ul style="list-style-type: none"> <li>• Court order – when expressly authorized by a court order that meets the requirements Part 2.</li> </ul>
<b>Disclosures with Written Consent</b>	<p>We generally must obtain your written consent before using or disclosing your 42 CFR Part 2 records.</p> <p>Written consent is required for disclosures such as:</p> <ul style="list-style-type: none"> <li>• Sharing information with family members or friends; landlords; employers; or schools.</li> <li>• For legal matters not authorized by a court order.</li> <li>• To prevent multiple enrollments in treatment programs – shared with a central registry or nearby treatment programs (within 200 miles), limited to basic details (identify, medication type/dose, treatment dates). Information is used solely to avoid duplicate treatments and is not shared for other purposes.</li> <li>• Criminal justice referrals – shared with authorized criminal justice personnel for monitoring your progress if your participation in our programs is required as part of a criminal proceeding or release, and only as necessary. Use and disclosure are limited to official duties related to your case, and your consent will specify how long it remains in effect and when it can be revoked.</li> <li>• Prescription drug monitoring programs – shared with state monitoring programs if required by law, limited to what is necessary for state reporting requirements (usually, SUD medications prescribed or dispensed).</li> </ul> <p>You may choose to provide a single written consent that allows us to use and disclose your Part 2 records for all future treatment, payment, and health care operations, as allowed under federal law. Pursuant to this consent, these records may be further shared by us, without your additional written consent, for the same purposes, as allowed by HIPAA.</p> <p>Additionally, we may use or disclosures your records to fundraise for our own benefit only if you are first provided with a clear and conspicuous opportunity to elect not to receive fundraising communications.</p> <p>You have the right to opt out of fundraising communications by contacting the foundation at your specific hospital, whose contact information is available at <a href="https://wvumedicine.org/about/rights-privacy-and-non-discrimination/notice-of-privacy-practices">https://wvumedicine.org/about/rights-privacy-and-non-discrimination/notice-of-privacy-practices</a></p> <p>Any use or disclosure not described in this Notice will require your written consent.</p>
<b>Revocation of Consent</b>	<p>You may revoke your written consent at any time, except to the extent that action has already been taken in reliance on your consent. If your participation in our programs is required by the criminal justice system (such as a condition of probation or parole), your written consent form permitting disclosure to authorized criminal justice personnel will state when and how you may revoke your consent.</p>
<b>Your Rights</b>	<p>When it comes to your health information, you have certain rights. This section explains your rights and some of our responsibilities to help you.</p> <p>You have the right to:</p> <ul style="list-style-type: none"> <li>• Request restrictions of disclosures made with prior consent for purpose of treatment, payment, and health care operations.</li> <li>• Request and obtain restrictions of disclosures of Part 2 records to your health plan for those services for which you have paid in full.</li> </ul>

- An accounting of disclosures of electronic Part 2 records for the past 3 years.
- Receive a list of disclosures made by an intermediary for the past 3 years.
- Obtain a paper or electronic copy of this Notice.
- Discuss this Notice with the designated contact person or office identified in this Notice.
- Elect not to receive fundraising communications.

Disclaimer: As noted, the following also applies to SUD programs. This Notice of Privacy Practices describes how we protect your health information under applicable federal and state laws, including HIPAA. For individuals receiving substance use disorder services, we also follow the additional confidentiality requirements included in this Notice. When information is protected by both HIPAA and 42 CFR Part 2, we apply the more stringent regulation.

## Our Responsibilities

- We are required by law to maintain the privacy and security of your protected health information, including Part 2 records.
- We will let you know promptly if a breach occurs that may have compromised the privacy or security of your information.
- We must follow the duties and privacy practices described in this notice and give you a copy of it.
- We will not use or share your information other than as described here unless you tell us we can in writing. If you tell us we can, you may change your mind at any time. Let us know in writing if you change your mind.

For more information see: <https://www.hhs.gov/hipaa/for-individuals/guidance-materials-for-consumers/index.html>.

## Changes to the Terms of This Notice

We can change the terms of this notice, and the changes will apply to all information we have about you. The new notice will be available upon request, in our office, and on our web site.

### Contact Information:

Enterprise Director of Privacy  
1 Medical Center Drive, Morgantown, WV 26506  
1-844-988-6446  
[wwumnopp@wvumedicine.org](mailto:wwumnopp@wvumedicine.org)  
wvumedicine.org

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### Organized Health Care Arrangement

An Organized Health Care Arrangement (“OHCA”) is an arrangement that allows legally separate entities to use and disclose protected health information for the joint operation of the arrangement. The WVU Medicine entities listed above participate in an organized health care arrangement (“OHCA”) which allows legally separate entities to use and disclose protected health information for their joint health care activities of the OHCA. The WVU Medicine entities listed above will share your health information with each other, as necessary to carry out treatment, payment, or health care operations relating to the OHCA. The WVU Medicine entities agree to abide by the terms of this Notice with respect to protected health information created or received by such entity as part of its participation in the OHCA.