



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. Please review it carefully.

University Health Services (UHS) understands that health care information about you is personal, and that protecting this information is important. To provide you with quality care, customer service, and to comply with certain legal requirements, we create records regarding your health care.

Certain state laws protect your health care information. And federal law, [42 C.F.R. Part 2](#), protects certain patient records related to substance use disorders.

Substance Use Disorder Records Protected by Federal Law (42 C.F.R. Part 2)

Federal law, 42 C.F.R. Part 2 (“Part 2”), provides additional protections for certain records related to substance use disorder (SUD) diagnosis, treatment, or referral for treatment. Although UHS itself is generally not a Part 2 “program” as defined by federal law, we may receive or maintain records from programs that are subject to Part 2. If we receive or maintain Part 2-protected records, we will protect them in accordance with applicable federal law and this Notice.

Use and Disclosure of Part 2 Records

If we receive Part 2-protected information through a general consent you have given to another provider for treatment, payment, or health care operations, we may use and disclose that information for the same purposes described in this Notice. In all other circumstances, we will not use or disclose Part 2 records unless:

- You have given written consent that meets Part 2 requirements; or
- The disclosure is authorized by a court order issued in accordance with Part 2.

Restrictions on Legal Use and Disclosure

Part 2 strictly limits the use or disclosure of SUD records in civil, criminal, administrative, or legislative proceedings against you. We will not use or disclose Part 2-protected records, or testimony about what is in those records, in any such legal proceedings against you unless you provide a valid written consent or a court order allowing use or disclosure after notice to you and an opportunity to be heard in accordance with Part 2.

Redisclosure Protections

If we disclose Part 2 records to another person or organization as permitted by law, the recipient may be prohibited from redisclosing those records without your written consent or other legal authorization, as required by federal law.

Your Rights

You have the same privacy rights with respect to Part 2-protected records that are described elsewhere in this Notice, including the right to request access and an accounting of disclosures, except to the extent Part 2 law provides otherwise. If you believe your Part 2 or HIPAA privacy rights have been violated, you may contact the UHS Privacy Coordinator listed in this Notice or file a complaint with the U.S. Department of Health and Human Services, Office for Civil Rights.

A student's health care information maintained by UHS may be considered "educational records" or "treatment records," protected by the [Family Educational Rights and Privacy Act \(FERPA\)](#).

A non-student's health care information maintained by UHS is protected by the [Health Insurance Portability and Accountability Act \(HIPAA\)](#). The [HIPAA Privacy Rule](#) provides federal protections for Protected Health Information (PHI) held by UHS.

Your Rights

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

Get an electronic or paper copy of your medical record	<ul style="list-style-type: none">• You can ask to see or get an electronic or paper copy of your medical record and other PHI we have about you. Ask us how to do this.• We will provide a copy or a summary of your PHI, usually within 30 days of your request. We may charge a reasonable, cost-based fee.
Ask us to correct your medical record	<ul style="list-style-type: none">• You can ask us to correct PHI about you that you think is incorrect or incomplete. Ask us how to do this.• We may say "no" to your request, but we'll tell you why in writing within 60 days.
Request confidential communications	<ul style="list-style-type: none">• 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.• We will say "yes" to all reasonable requests.
Ask us to limit what we use or share	<ul style="list-style-type: none">• You can ask us not to use or share certain PHI for treatment, payment, or our operations.• We are not required to agree to your request, and we may say "no" if it would affect your care.• If you pay for a service or health care item out-of-pocket in full, you can ask us not to share that PHI for the purpose of payment or our operations with your health insurer.• We will say, "yes" unless a law requires us to share that PHI.
Get a list of those with whom we've shared PHI	<ul style="list-style-type: none">• You can ask for a list (accounting) of the times we've shared your PHI for six years prior to the date you ask, who we shared it with, and why.• 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 will charge a reasonable, cost-based fee if you ask for another one within 12 months.

Get a copy of this privacy notice	<ul style="list-style-type: none"> 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.
Choose someone to act for you	<ul style="list-style-type: none"> 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 PHI. We will make sure the person has this authority and can act for you before we take any action.
File a complaint if you feel your rights are violated	<ul style="list-style-type: none"> You can complain if you feel we have violated your rights by contacting us using the information on the back page. 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 https://www.hhs.gov/hipaa/filing-a-complaint/index.html. We will not retaliate against you for filing a complaint.

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 PHI 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:	<ul style="list-style-type: none"> Share PHI with your family, close friends, or others involved in your care Share PHI in a disaster relief situation Include your PHI in a hospital directory <p><i>If you are not able to tell us your preference, for example if you are unconscious, we may share your PHI if we believe it is in your best interest. We may also share your PHI when needed to lessen a serious and imminent threat to health or safety.</i></p>
In these cases, we never share your PHI unless you give us written permission:	<ul style="list-style-type: none"> Marketing purposes Sale of your PHI Most sharing of psychotherapy notes
In the case of fundraising:	<ul style="list-style-type: none"> We may contact you for fundraising efforts, but you can tell us not to contact you again.

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.	<i>Example:</i> A doctor treating you for an injury asks another doctor about your overall health condition.
Bill for your services	We can use and share your PHI to bill and get payment from health plans or other entities.	<i>Example:</i> We give information about you to your health insurance plan so it will pay for your services.
Run our organization	We can use and share your PHI to run our practice, improve your care, and contact you when necessary.	<i>Example:</i> We use health information about you to manage your treatment and services.

How else can we use or share your information?

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 must meet many conditions in the law before we can share your information for these purposes. For more information see:

www.hhs.gov/ocr/privacy/hipaa/understanding/consumers/index.html

Help with public health and safety issues	<ul style="list-style-type: none"> • We can share health information about you for certain situations such as: <ul style="list-style-type: none"> ○ Preventing disease ○ Helping with product recalls ○ Reporting adverse reactions to medications ○ Reporting suspected abuse, neglect, or domestic violence ○ Preventing or reducing a serious threat to anyone’s health or safety
Do research	<ul style="list-style-type: none"> • We can use or share your PHI for health research.
Comply with the law	<ul style="list-style-type: none"> • 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.
Respond to organ and tissue donation requests	<ul style="list-style-type: none"> • We can share health information about you with organ procurement organizations.
Work with a medical examiner or funeral director	<ul style="list-style-type: none"> • We can share health information with a coroner, medical examiner, or funeral director when an individual dies.
Address workers’ compensation, law enforcement, and other government requests	<ul style="list-style-type: none"> • We can use or share health information about you: <ul style="list-style-type: none"> ○ For workers’ compensation claims ○ For law enforcement purposes or with a law enforcement official ○ With health oversight agencies for activities authorized by law ○ For special government functions such as military, national security, and presidential protective services
Respond to lawsuits and legal actions	<ul style="list-style-type: none"> • We can share health information about you in response to a court or administrative order, or in response to a subpoena
Other requirements to report crime	<ul style="list-style-type: none"> • State and federal laws require some employees of the University to provide data, which may include identifiable information, to campus officials about

	crimes that occur on or near campus, or that affect members of the campus community, including students and employees
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Our Responsibilities

- We are required by law to maintain the privacy and security of your protected health information.
- We will let you know promptly if a breach occurs that may have compromised the privacy or security of your protected health 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, or as otherwise permitted or required by law, 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/notice-privacy-practices/index.html>

Changes to the Terms of This Notice

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

This Notice applies to University of Wisconsin-Madison University Health Services (UHS).

You may obtain a current copy of this Notice of Privacy Practices at any UHS registration desk and on the [UHS website](#). You may also obtain a copy of the [Patient’s Rights and Responsibilities](#) and a summary of 42 CFR Part 2 at the UHS registration desk.

Questions or complaints about how UHS uses or discloses your health information can be directed to:

UHS Privacy Coordinator
luke.thompson@wisc.edu
(608) 265-1026

UW-Madison University Health Services
Health Information Management
333 East Campus Mall, Rm 8108
Madison, WI 53715-1381

Students who believe their rights have been violated under FERPA may also contact the U.S. Department of Education, Student Privacy Policy Office. For more information see: <https://studentprivacy.ed.gov/file-a-complaint>

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Reviewed by: UW-Madison Office of Legal Affairs