# I. 11.3.4 Notice of Privacy Practices

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| Chapter 11 - Patient Privacy | Original Effective Date: April 2003 |
| Section: 11.3 Individual Rights in Regard to Privacy of Protected Health Information | Date Last Reviewed: September 2026 |
| Responsible Entity: Chief Compliance and Privacy Officer | Date Last Revised: September 2026 |

## II. Purpose

Individuals have the right to know how UT Health San Antonio (UTHSA) may use and share their protected health information, what their privacy rights are, and what responsibilities UTHSA has to protect their information. UTHSA must provide every patient—and anyone who requests one—with a copy of its Notice of Privacy Practices.

## III. Scope

This policy applies to all Workforce Members—including faculty, staff, students, healthcare providers, contractors, and researchers—who have direct or indirect access to Protected Health Information (PHI). This includes all PHI maintained by UTHSA and its controlled affiliates, such as clinics, hospitals, and research facilities.

## IV. Policy

A. Provision of Notice of Privacy Practices

1. Under the HIPAA Privacy Rule, covered healthcare providers with a direct treatment relationship with patients are required to provide each patient with a Notice of Privacy Practices. When there is a direct treatment relationship with a patient, UTHSA must:

    a. Provide the Notice of Privacy Practices no later than the date of the first service delivery, including service delivered electronically, to such individual;

    b. Make a good faith effort to obtain a written acknowledgement of the receipt of Notice of Privacy Practices from the patient;

    c. Have the Notice of Privacy Practices available at the service delivery site for individuals to request to take with them;

    d. Post the Notice of Privacy Practices in a clear and prominent location where it is reasonable to expect individuals seeking service from UTHSA to be able to read the Notice of Privacy Practices; and,

e. Whenever the Notice of Privacy Practices is revised, make the Notice of Privacy Practices available upon request on or after the effective date of revision.

2. Exceptions

a. Emergency Treatment

If UTHSA is treating a patient during an emergency situation, UTHSA does not have to provide a Notice of Privacy Practices at the time of first service delivery. UTHSA may delay the requirement for provision of notice and good faith effort of written acknowledgement until reasonably practicable after the emergency treatment situation.

b. Inmates

An inmate of a correctional institution receiving medical attention from UTHSA does not have a right to receive a copy of the Notice of Privacy Practices.

B. Content of Notice of Privacy Practices

UTHSA must provide a Notice of Privacy Practices that is written in plain language and contains the following elements. Any exceptions must be approved by the Institutional Compliance and Privacy Office.

1. Header

The Notice of Privacy Practices must contain the following statement as a header, or have it otherwise prominently displayed: "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."

2. Uses and Disclosures

a. A description, including at least one example of the types of uses and disclosures that UTHSA is permitted to make for each of the following purposes: treatment, payment, and health care operations.

b. A description of each of the other purposes for which UTHSA is permitted or required to use or disclose PHI without the individual's written authorization.

c. A statement that most uses and disclosures of psychotherapy notes, those used for marketing purposes and disclosures that constitute a sale of PHI require an authorization. A statement that other uses and disclosures will be made only with the individual's written authorization and that the individual may revoke such authorization by following procedures outlined in the Institutional Handbook of Operating Policies (IHOP) policy 11.2.3 Uses and Disclosures of Protected Health Information Based on Patient Authorization and IHOP policy 11.3.3 Revocation of Authorization to Use or Disclose Protected Health Information.

d. A statement that UTHSA may contact the individual to provide appointment reminders.

e. A statement that UTHSA may contact the individual to raise funds for the covered entity and a clear method for individuals to opt-out.

3. Individual Rights

   The notice must contain a statement of the individual's rights with respect to PHI and a brief description of how the individual may exercise these rights, as follows:

   a. The right to request restrictions on certain uses and disclosures of PHI as provided by IHOP policy 11.3.5 Right to Restrict Uses and Disclosures and Confidential Communications of Protected Health Information, including a statement that UTHSA is not required to agree to a requested restriction;

   b. The right to receive confidential communications of PHI as provided by the above referenced policy;

   c. The right to inspect and copy PHI as provided by IHOP policy 11.3.6 Access to Protected Health Information;

   d. The right to request amendment to PHI as provided by IHOP policy 11.3.2 Patient Right to Amend Protected Health Information;

   e. The right to receive an accounting of disclosures of PHI as provided by IHOP policy 11.3.1 Accounting of Disclosures of Protected Health Information; and,

   f. The right to restrict certain disclosures to a health plan as provided by IHOP policy 11.3.7 Right to Restrict Certain Disclosures of Protected Health Information to a Health Plan.

4. UTHSA Duties

   a. Is required by law to maintain the privacy of PHI and to provide individuals with notice of its legal duties and privacy practices with respect to PHI;

   b. Is required to abide by the terms of the Notice of Privacy Practices currently in effect; and

   c. Reserves the right to change the terms of its Notice of Privacy Practices and to make the new Notice of Privacy Practices provisions effective for all PHI that it maintains. The statement must also describe how it will provide individuals with a revised Notice of Privacy Practices.

5. Complaints

   The Notice of Privacy Practices must contain a statement that individuals may complain to UTHSA and to the Secretary of the Department of Health and Human Services if they believe their privacy rights have been violated. A brief description of how the individual may file a complaint with UTHSA, and a statement that the individual will not be retaliated against for filing a complaint. The Notice of Privacy Practices must also contain a statement that individuals will receive notice in the event of a breach of unsecured PHI.

6. Contact

   The Notice of Privacy Practices must contain the name, or title, and telephone number of a person or office to contact for further information.

7. Effective Date

The Notice of Privacy Practices must contain the date on which the Notice of Privacy Practices is first in effect, which may not be earlier than the date on which the Notice of Privacy Practices is printed or was otherwise published.

C. Requirements for Electronic Notice

1. UTHSA will provide an electronic version of the Notice of Privacy Practices. Patients or their representatives may request a paper copy or a more detailed version at any time.
2. The Notice of Privacy Practices may be provided by email if the individual agrees to receive it electronically. If electronic delivery fails, UT Health San Antonio will provide a paper copy. Electronic delivery satisfies the notice requirement when receipt is documented.
3. If a patient's first service is provided electronically, the Notice of Privacy Practices will be provided electronically at the time of the first service request.
4. Individuals who receive the Notice of Privacy Practices electronically may request a paper copy at any time.

D. Retention and Revisions

1. UTHSA must document compliance with the Notice of Privacy Practices requirements by retaining copies of the Notice of Privacy Practices issued by UTHSA. All Notice of Privacy Practices must be maintained for a period of six (6) years past any revision dates. UTHSA must retain Acknowledgement of Receipt of Notice of Privacy Practices for at least six (6) years.
2. UTHSA must promptly revise and distribute its Notice of Privacy Practice whenever there is a material change to the uses and disclosures, the individual's rights, the UTHSA's legal duties, or other privacy practices stated in the notice. Except when required by law, a material change to any term of the Notice of Privacy Practice may not be implemented prior to the effective date of the Notice of Privacy Practice in which such material change is reflected.

E. Joint Notice of Privacy Practices

UTHSA participates in organized health care arrangements, and a joint Notice of Privacy Practice may be used, provided that:

1. The entities participating in the organized health care arrangement agree to abide by the terms of the Notice of Privacy Practice with respect to PHI created or received by the covered entity as part of its participation in the organized health care arrangement;
2. The joint Notice of Privacy Practice meets the implementation specifications, except that the statements required by this section may be altered to reflect the fact that the Notice of Privacy Practice covers more than one covered entity; and,
    a. Describes with reasonable specificity the entities, or class of entities, to which the joint Notice of Privacy Practice applies; and,

b. Describes with reasonable specificity the service delivery sites, or classes of service delivery sites, to which the joint Notice of Privacy Practice applies; and

c. If applicable, states that the covered entities participating in the organized health care arrangement will share PHI with each other, as necessary to carry out treatment, payment, or health care operations relating to the organized health care arrangement.

## V. Definitions

*Terms used in this document have the meaning set forth in the* Patient Privacy Policies Glossary *unless a different meaning is required by context.*

## VI. Related References

For questions regarding this policy contact the privacy program director at 210-567-2014 or compliance@uthscsa.edu.

Institutional Compliance and Privacy Office, HIPAA Privacy website

**Forms of Interest**
Notice of Privacy Practices (English) (Spanish)

## VII. Review and Approval History

The approving authority of this policy is the University Executive Committee.

| Effective Date | Action Taken | Approved By | Approved Date |
|---|---|---|---|
| 04/2003 | Policy Origination | | |
| 03/2013 | Policy Revision | | |
| 01/2023 | Policy Review, discretionary edits | ICPO | 1/31/2023 |
| 09/2026 | Policy Revision | Executive Committee | 09/21/2026 |