

NOTICE OF PRIVACY PRACTICES UNIVERSITY OF VERMONT

**THIS NOTICE DESCRIBES HOW MEDICAL INFORMATION ABOUT YOU MAY BE USED AND DISCLOSED BY UVM AND WHAT RIGHTS YOU HAVE CONCERNING THAT INFORMATION, INCLUDING YOUR RIGHTS OF ACCESS.
PLEASE REVIEW IT CAREFULLY.**

Important Note: This Notice does not apply to you if you are a UVM student. If you are a UVM student, a different federal law pertaining to student records, as well as Vermont statutory law, governs your medical information.

Effective: April 13, 2003, as amended June 1, 2006 and September 23, 2013

If you have any questions or requests, please contact any of the persons listed at the end of this Notice.

If you would like to object to our use or disclosure of PHI about you in the above circumstances, please call or write to our contact person listed on the cover page of this Notice.

**** ANY OTHER USE OR DISCLOSURE OF PHI
ABOUT YOU REQUIRES YOUR WRITTEN AUTHORIZATION ****

Under any circumstances other than those listed above, we will ask for your written authorization before we use or disclose PHI about you. If you sign a written authorization allowing us to disclose PHI about you in a specific situation, you can later cancel your authorization in writing by contacting the clinic where you have received care. If you cancel your authorization in writing, we will not disclose PHI about you after we receive your cancellation, except for disclosures that were being processed before we received your cancellation.

Below are a few examples of other uses or disclosures of PHI that would require your written authorization:

1. Use or dis

4. **You have the right to see and copy PHI about you.** You have the right to request to see and receive a copy of PHI contained in clinical, billing and other records used to make decisions about you. This right extends to electronic PHI (ePHI) if records are maintained in electronic form and are readily producible. If PHI

You May File A Complaint About Our Privacy Practices

If you