WE RESERVE THE RIGHT TO CHANGE THIS NOTICE
This notice is effective as of September 26, 2016. We reserve the right to change this notice. If we change the notice, we may make the change effective as of the date we send our patients or other affected individuals written notice of the change. Written notice will be sent by first-class mail or electronically, and will be made available to our patients at no cost and within 30 days of the effective date of the change.

EFFECTIVE DATE AND CHANGES TO THIS NOTICE
This notice is effective as of September 26, 2016. We reserve the right to change this notice. If we change the notice, we may make the change effective as of the date we send our patients or other affected individuals written notice of the change. Written notice will be sent by first-class mail or electronically, and will be made available to our patients at no cost and within 30 days of the effective date of the change.

COMPLAINTS
If you believe your privacy rights have been violated, you may file a complaint with the Creighton University Privacy Officer or with the Secretary of the U.S. Department of Health and Human Services. You will not be penalized or otherwise retaliated against for filing a complaint.

CONTACT CREIGHTON'S PRIVACY OFFICER
For answers to questions or additional information about this notice and our privacy practices, please contact:

Creighton University
Anne University Privacy Officer
2500 California Plaza
Omaha, NE 68178
Phone: 402.280.3469
E-mail: privacy@creighton.edu
www.creighton.edu/generalcounsel/cupsicilies

CREDENTIAL UNIVERSITY 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.

WHO WILL FOLLOW THIS NOTICE
This notice applies to all Protected Health Information that we create, receive, maintain or transmit. This notice applies to Creighton Dental Clinics, Creighton Podiatric Therapy, Creighton Specialty Pediatrics, Creighton Clinic Pharmacy, all employees, students and healthcare professional students of Creighton University involved in the delivery, payment and quality of your healthcare or authorized to obtain information into your health record. Any volunteers to whom we authorize to assist your healthcare

ALL THE ABOVE-IDENTIFIED ENTITIES, INDIVIDUALS AND OTHER PROVIDERS WILL FOLLOW THE TERMS OF THIS NOTICE.

OUR PLEDGE REGARDING HEALTH INFORMATION
We understand that your health information is personal and we are committed to protecting that health information. We assure you that we will not sell your personal health information.

HOW YOU MAY USE AND DISCLOSE YOUR HEALTH INFORMATION

We use and disclose your health information for the purposes that we have explained to you below. You have the right to limit or restrict (under certain circumstances) our use or disclosure of your health information. We will abide by your restrictions unless the information is needed to provide emergency care or payment for your healthcare or authorized to enter information into your health record; Any volunteer we allow to enter information into your health record; 

Right to Inspect and Copy.
You have the right to inspect and copy your health information that may be used to make decisions about your care. You must submit your request in writing to the University Privacy Officer at the address below. Your request must specify how or to whom you want the information delivered.

Right to a Paper Copy of This Notice.
You have the right to be notified in writing of any change to this notice. If we change the notice, we may make the change effective as of the date we send our patients or other affected individuals written notice of the change. Written notice will be sent by first-class mail or electronically, and will be made available to our patients at no cost and within 30 days of the effective date of the change.

Right to an Accounting of Disclosures.
You have the right to request that we disclose to you a list of all the circumstances in which we have disclosed your health information as required by law to be disclosed without your authorization.

Right to Amend.
You have the right to request that we amend or correct your health information that you believe is incorrect or incomplete. You must submit your request in writing to the University Privacy Officer at the address below. Your request must state the reason why you believe the information is incomplete or incorrect.

Right to Request Restrictions.
You have the right to request a restriction or limitation on the health information we use or disclose about you for payment or healthcare operations purposes and such information you seek to restrict pursuant to a Health Insurance or service for which you have paid in advance. We may agree to such a request and disclose the health information to health plan for payment, or healthcare operations purposes. To request an accounting of disclosures, you must submit a request in writing to the University Privacy Officer at the address below. Your request must specify how or to whom you want the information delivered. The statement should include the name of the person for whom the statement is being requested and the dates of the information you want to see or copy. This statement must be written in English. The statement must be mailed to the address below. If you have any questions or concerns about this statement, please contact the Office of General Counsel at the address below.

Right to Receive Notice of Privacy Practices.
If you are an inmate of a correctional institution or under the custody of a law enforcement official, we may release your health information as authorized by and to the extent necessary to: (1) for the institution to provide you with healthcare; (2) to protect your health and safety or the health and safety of others; or (3) to report crime on the premises of the correctional institution.

Right to Be Notified of a Breach of Unsecured Protected Health Information.
You have the right to be notified upon a breach of any of your health information.

Right to Request Limitation on Use or Disclosure.
You have the right to request that we limit the use or disclosure of your health information for treatment, payment, healthcare professional students for review and educational purposes. We will disclose health information about you to outside Creighton University for healthcare operations in a calm Creighton and the other entity has treated you. We may also disclose the health information to other Creighton University entities. If a patient, a family member, a legal guardian, or any other person involved in your care and, or, your partner or, or family member. We will also disclose the health information to the extent necessary to coordinate your care, or notify family and friends of your location or condition in a crisis. We will provide you with an opportunity to agree or object to such disclosure whenever we reasonably can do so.

Right to Be Informed of a Breach of Unsecured Protected Health Information.
If you believe your privacy rights have been violated, you may file a complaint with the Creighton University Privacy Officer or with the Secretary of the U.S. Department of Health and Human Services. You will not be penalized or otherwise retaliated against for filing a complaint.