military personnel, we may disclose your health information to the appropriate foreign military authority.

National Security and Intelligence Activities. We may release your health information to authorized federal officials for intelligence and other national security activities authorized by law.

Medical Suitability Determinations. We may release your health information to the Department of State for medical suitability determinations. We may request to inspect and copy health information in certain circumstances. If you are denied access to health information and the law permits, you may request that the denial be reviewed. A licenced health care professional chosen by Creighton will review your request and the denial. The person conducting the review will not be the person who denied your request. We will comply with the outcome of the review.

.right to Request Confidential Communications. You have the right to request that we communicate with you about your health matters in a certain way or at a certain location. To request confidential communications, you must make your request in writing to the University Privacy Officer at the address below. We will not ask you the reason for your request. Your request must specify how or where you wish to be contacted. We will accommodate all reasonable requests.

.right to a Paper Copy of This Notice. You have the right to a paper copy of this notice, even if you have agreed to receive this notice electronically. You may obtain a copy of this notice at our website, www.creighton.edu. To obtain a paper copy of this notice, contact the University Privacy Officer at the address below.

Effective date and Changes to This Notice

This Notice is effective beginning April 14, 2003. We reserve the right to change this notice. We may also be required by law to change our privacy practices and this notice. We reserve the right to make the revised notice effective for health information we already have about you as well as new information we receive. If there is a material change in this notice, we will post the new notice in each Creighton University Medical Center service site and on our website at www.creighton.edu.

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
Attn: University Privacy Officer
Telephone: (402) 280-3469
2500 California Plaza, Omaha, NE 68178
E mail: privacy@creighton.edu

Notice of Privacy Practices

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

Who will follow this Notice

This notice describes the privacy practices of Creighton University entities including:

• All Creighton University hospitals and clinics of Creighton University Medical Center
• All Creighton Medical Associates administrative offices and clinics
• Creighton Dental Clinics and Creighton Dental Associates administrative offices and clinics
• Any health care professional authorized to enter information into your health record
• All employees, residents, and health care professional students of Creighton University Medical Center

All the above-identified entities, locations, and individuals will follow the terms of this notice. In addition, these entities, sites and individuals may share health information with each other for treatment, payment or health care operations as described in this notice.
We are required by law to:
• protect the privacy of your health information;
• use and disclose your health information only as permitted or required by law;
• comply with your written requests that you make for restrictions of your health information, as long as your request is not prohibited or otherwise restricted by law; and
• follow the terms of the notice that is currently in effect.

We will disclose health information to a person for whom you have been authorized (designated agent) to act on your behalf.

We may disclose health information to family or any other person you identify as having your permission.

We may use and disclose health information without your written authorization for the purposes described as our “TREATMENT ALTERNATIVES” and “ORGAN AND TISSUE DONATION” categories.