

UNIVERSITY OF CENTRAL ARKANSAS
HIPAA PRIVACY POLICY

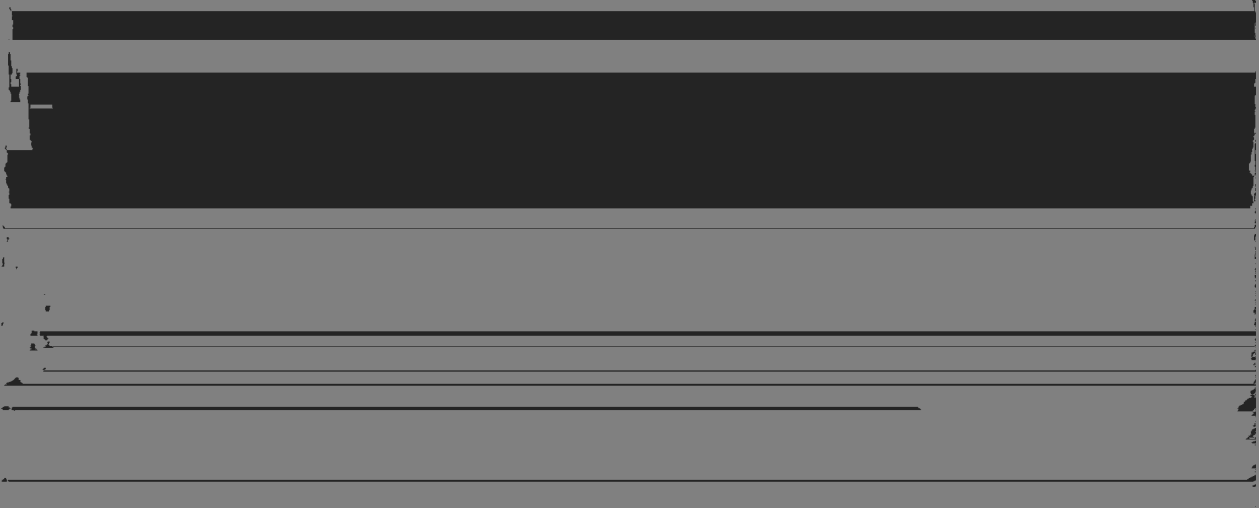
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I. PURPOSE

A. The University of Central Arkansas adopts this policy to establish requirements for the use and disclosure of individually identifiable protected health information in conformance with the Health Insurance Portability and Accountability Act of 1996, and the Health Information Technology for Economic and Clinical Health Act of 2009.

B. This policy does not apply to health information contained within education records



covered under the Family Educational Rights and Privacy Act (“FERPA”).

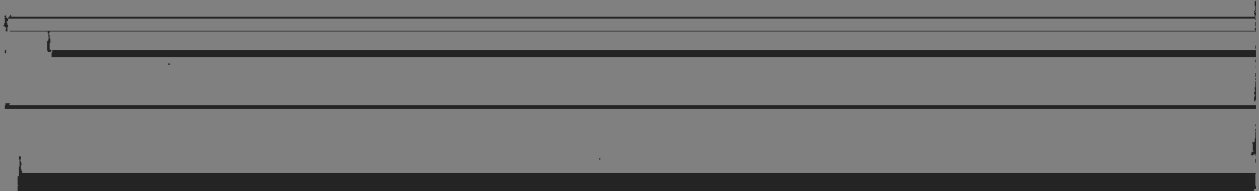
II.

A. The University of Central Arkansas is a Hybrid Entity because certain University employees provide Treatment in a University created clinic or faculty practice and submit medical bills to federal or state reimbursement programs or private health insurance carriers for Payment. The Health Care Components of the University are listed in Exhibit A and must comply with this Policy.

III.

The following definitions shall apply to the following terms throughout this Policy and without regard to whether they are capitalized. All undefined terms shall have the same meaning as defined by HIPAA.

Accounting of Disclosures – A written record of certain disclosures of PHI that may be required to be maintained and provided to a requesting individual under certain circumstances described

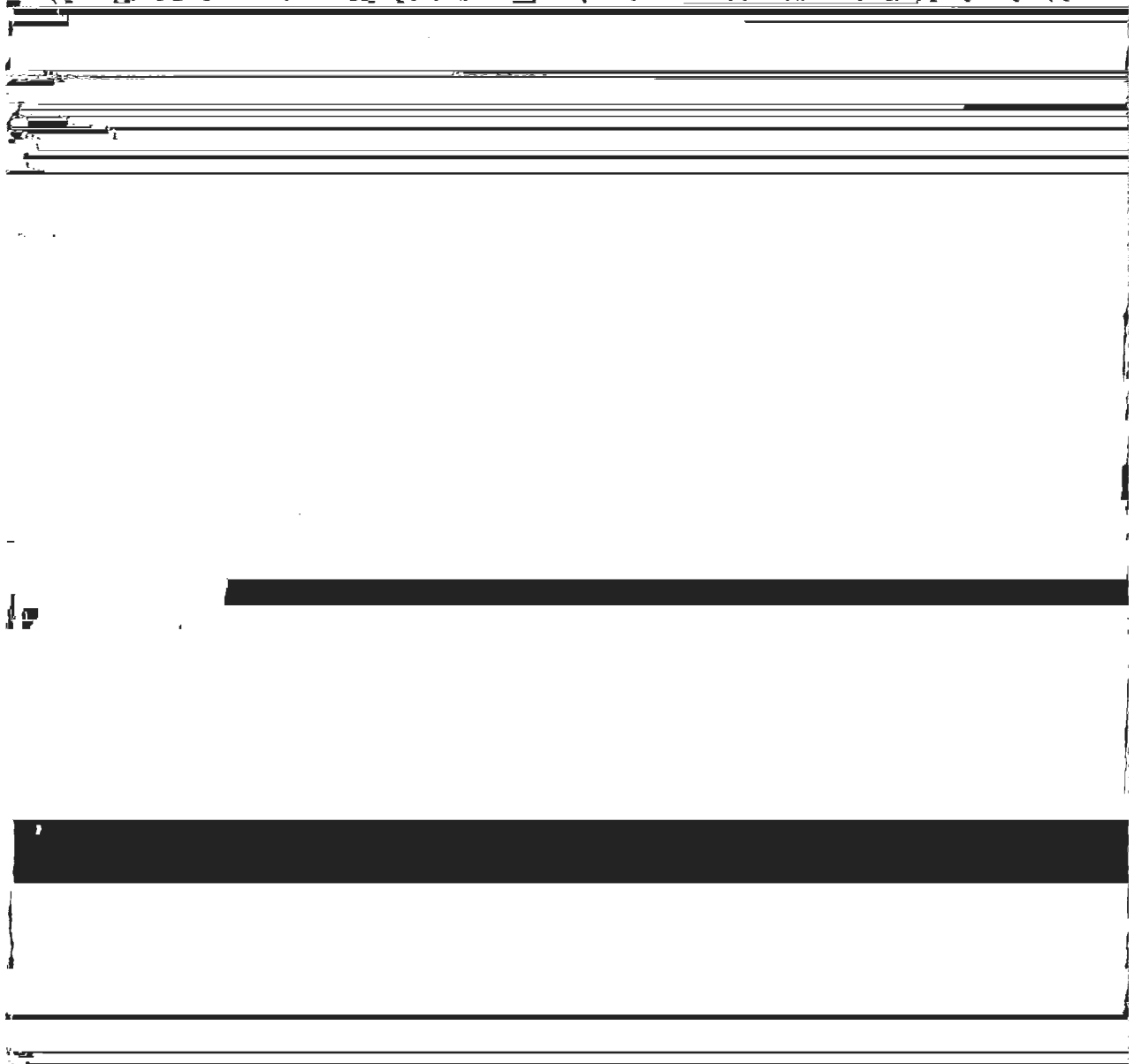


(iii) A disclosure of PHI where a Healthcare Component or Business Associate has a good faith belief that an unauthorized person to whom the disclosure was made would not reasonably have been able to retain such information.

Business Associate. An entity, other than in the capacity of a member of the Healthcare Component workforce, that creates, receives, maintains, or transmits PHI for on behalf of Healthcare Component or that provides services to or for Healthcare Component where the provision of services involves the disclosure of Healthcare Component's PHI. 45 C.F.R. § 160.103.

Covered Entity – the Health Care Components designated by UCA.

Covered Function – Those functions of a Healthcare Component the performance of which makes the Healthcare Component subject to HIPAA.



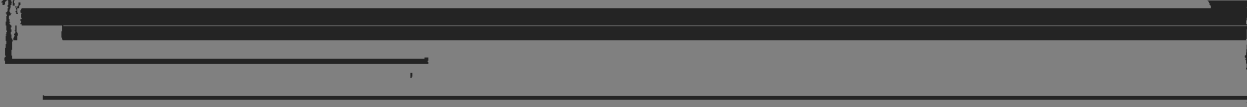
2. relates to the past, present, or future physical or mental health or condition of an individual; the provision of health care to an individual; or the past, present, or future payment for the provision of health care to an individual.

HIPAA – Health Insurance Portability and Accountability Act of 1996, 42 U.S.C. § 1320d *et seq.*



Health Information, as set forth in 45 CFR Parts 160 and 164 and as otherwise amended.

Individually Identifiable Health Information – information that is a subset of health information, including demographic information collected from an individual, and is created or received by a health care provider, health plan, employer, or health care clearinghouse; and



1 Social Security number

[REDACTED]

2 account number or credit or debit card number in combination with any required
[REDACTED]

1. the coordination or management of health care by a health care provider with a third party
2. consultation between health care providers relating to a patient, or
3. the referral of a patient for health care from one health care provider to another

“TPO” – To carry out treatment, payment or healthcare operations

UCA – University of Central Arkansas.

University – University of Central Arkansas

Unsecured PHI. Protected health information that is not encrypted and rendered unusable, unreadable, or indecipherable to unauthorized individuals through the use of a technology or methodology specified by the Secretary of the Department of Health and Human Services (HHS).

Workforce – employees, volunteers, trainees, and other persons whose conduct, in the performance of work is under the direct control of the Healthcare Component, whether or not their services are paid by the entity.

IV

A. The University has designated itself a Hybrid Entity in accordance with HIPAA and

[REDACTED]

- d. If a Workforce member performs duties for both a Health Care Component and other department, division, School or College that is not a Health Care Component, such Workforce member must not use or disclose PHI created or received in the course of or incident to the Workforce member's work for the Health Care Component in a way prohibited by this Policy.

V USE AND DISCLOSURE AND WITHOUT CONSENT

A Healthcare Component shall protect PHI from disclosure as required by this Policy

D Healthcare Component may not use or disclose PHI without a signed authorization by the

individual from whom the PHI was created unless it is otherwise permitted under HIPAA, including under the following circumstances:

- 1 When requested by the Secretary of the United States Department of Health and Human Services ("DHHS") to investigate or determine compliance with privacy

6. As otherwise permitted under the HIPAA regulations

C In the event any state and federal law affords protection to privacy rights greater than this Policy, Healthcare Component shall comply with such greater obligations, (e.g. treatment for drug and alcohol use, HIV/AIDS, and mental health).

1 For psychotherapy notes, a valid authorization must be obtained for any use and disclosure unless otherwise permitted by HIPAA.

D. Uses and Disclosures for TPO

1 Healthcare Component may use and disclose PHI necessary to provide Treatment, obtain Payment, and conduct administrative and operational tasks as necessary to provide Health Care Services in accordance with Exhibit C.

2 Patients may request restrictions on the uses or disclosures of PHI for TPO. Healthcare Components must restrict disclosure of PHI if: a) the disclosure is for the purpose of carrying out payment or health care operations and is not otherwise required by law; and b) the PHI pertains solely to a health care item or service for

[REDACTED]

[REDACTED]

[REDACTED]

[REDACTED]

[REDACTED]

[REDACTED]

which the individual, or person other than the health plan on behalf of the individual, has paid the Healthcare Component in full.

3 The following types of activities require a written authorization from the individual who generates the PHI:

a. Marketing and fundraising activities require an authorization prior to the use and disclosure and PHI. The University will comply with HIPAA in the event it uses PHI for marketing purposes. All Workforce shall consult

That information is relevant to such person's involvement with the individual's care or payment related to such care, or

ii. To notify (or assist in the notification of) such persons of the individual's location, general condition or death, and

iii. When sections below are complied with.

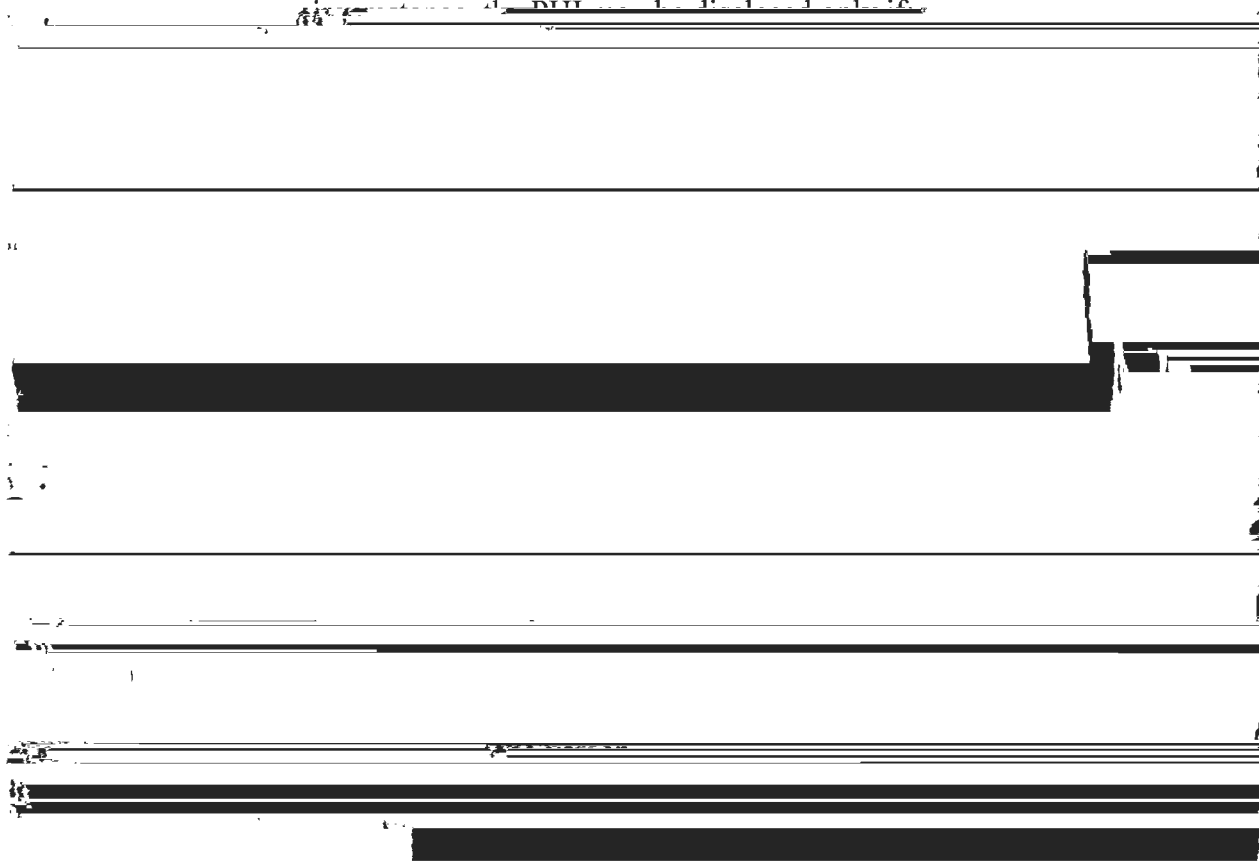
b. If the individual is present and has the capacity to make healthcare decisions, the Healthcare Component may use or disclose the PHI only if it:

Obtains the individual's agreement;

ii. Provides the individual the opportunity to object and the individual does not object; or

iii. Can be reasonably inferred from the circumstances, using its professional judgment, that the individual does not object to the disclosure.

c. If the individual is incapacitated or unable to consent due to emergency



1. The University may disclose only the information specified in a validly executed authorization.
2. In the absence of a validly executed authorization, the University must make reasonable effort to limit the use or disclosure of and requests for PHI to the

rule does not apply to the following circumstances:

- a. Disclosures to or requests by a health care provider for Treatment;

- a. Agency identification badge, credentials or other proof of status;
- b. Government letterhead, if request is made by letter;
- c. A written statement of the legal authority (or, if impracticable, an oral statement) under which the information is requested.
- d. If a request is made pursuant to a legal process, warrant, subpoena, order, or other legal process, it is presumed to constitute legal authority.
- e. For persons acting on behalf of the official, a written statement on governing letterhead or other evidence of documentation that establishes that the person is acting under the public official's authority (such as contract for services, memo of understanding).

In the event a request for disclosure is provided by a public official, the University's Workforce should forward all such requests to the Office of General Counsel for review and response.

- 3 Healthcare Component may rely on the exercise of professional judgment as to disclosures pursuant to persons involved in a patient's Treatment or Payment, and in relation to disaster relief as discussed in this Policy. As to disclosures regarding serious threats to health and safety, Healthcare Component shall exercise its judgment in accordance with Exhibit C.

VI. APPOINTMENT OF PRIVACY OFFICER

A. The President or his designee shall appoint a Privacy

Officer. B. The Privacy Officer is responsible for:

1. Maintaining the master copy of the Notice of privacy; and
2. In consultation with General Counsel, approving requested changes to the Notice by Healthcare Component.
3. Receiving questions and complaints regarding the Notice;
4. Coordinating the investigation of a Breach and any associated notice related to such Breach;

C. The Privacy Officer must document compliance with the Notice requirements of this policy by retaining copies of the original and any subsequent revisions of the Notice issued by the Healthcare Component for six years from the date of the creation of the Notice, or the date when it last was in effect, whichever is later.

VII. NOTICE OF PRIVACY

A. A form of Notice of Privacy Practices is attached as Exhibit E to this Policy and must be posted on the webpages for the Healthcare Components within the University's website

[REDACTED]

2 [REDACTED]

[REDACTED]

B. Revisions to Notice of Privacy Practices:

1. Healthcare Component must, in accordance with HIPAA, revise and distribute its

[REDACTED]

to obtain the acknowledgement as soon as reasonably practical after the emergency treatment situation is resolved.

5 A copy of the Notice must be posted in prominent locations at each Healthcare

[REDACTED]

- 1 Healthcare Component shall provide individuals an opportunity inspect and copy their PHI, unless an exception applies, including but not limited to:
 - a. psychotherapy notes; and
 - b. information compiled in reasonable anticipation of, or for use in, a civil, criminal or administrative action or proceeding

- 2 Healthcare Component may deny an individual access if the individual has given a right to have such denial reviewed by the Privacy Officer and the following

[REDACTED]

circumstances are present:

- a. The access requested is reasonably likely to endanger the life or physical safety of the individual or another person.
- b. The PHI makes reference to another person and the access requested is reasonably likely to cause substantial harm to such other person.
- c. The request for access is made by the individual's personal representative and access is reasonably likely to cause substantial harm to the individual

[REDACTED]

or another person.

B. Responsibilities:

- 1 If an individual has been denied access to records and has requested a review of a denial, the Healthcare Component in possession of the records shall, in accordance with HIPAA, designate, and refer the request to the Privacy Officer to review the decision to deny access. The Privacy Officer, within a reasonable period of time but not to exceed 90 days, must determine whether or not to deny access based on the standards put forth in this Policy. Privacy Officer shall, in

request for access is maintained in more than one designated record set or at more than one location, Healthcare Component shall only produce the PHI once in response to a request for access.

b. Provide access in the form requested.

i. Healthcare Component shall provide the individual with access to the PHI in the form or format requested by the individual, if it is readily producible in such form or format; or in a readable hard

copy. If the Healthcare Component cannot provide the PHI in the form or format requested by the individual, the Healthcare Component shall provide the PHI in a readable hard copy.

[REDACTED]

Component and the individual.

11. Notwithstanding the preceding paragraph, if the PHI that is the subject of a request for access is maintained in one or more designated record sets electronically and if the individual requests an electronic copy of such information, the Healthcare Component

[REDACTED]

iii. If the individual requests a copy of the PHI or agrees to a summary or explanation of information, Healthcare Component may impose

i.

ii.

REQUESTS FOR RESTRICTION OF USE AND DISCLOSURE OF PHI

- a. uses and disclosures of PHI to carry out TPO; and
 - b. disclosures related to involvement in Treatment.
- 2. Healthcare Component may, however, deny the request.
 - 3 All requests for restrictions and termination of the agreement to restrict must be in writing.
 - 4 All requests made for restrictions to PHI must be made to the individual designated by the Healthcare Component within the Health Care Component to receive such requests.

B. Responsibilities:

A Healthcare Component must permit individuals to request and must accommodate reasonable requests by individuals to receive communications of

PHI from the Healthcare Component by alternative means or at alternative locations. Healthcare Component must review all requests that are made by individuals to restrict use and disclosure of the individuals PHI; however, it shall not be required to agree to the restrictions requested if it determines that the restrictions would interfere with Treatment, Payment or Health Care Operations. If restricted PHI is disclosed to a health care provider for emergency treatment, the Healthcare Component must request that such health care provider not further use or disclose the information.

- 2 If Healthcare Component agrees to an individual's restriction request, the restriction must be appropriately documented and such documentation be retained by the Healthcare Component. Also, the restriction must be communicated in a manner as to assure that anyone accessing the information becomes aware of the restriction.

[REDACTED]

[REDACTED]

[REDACTED]

[REDACTED]

[REDACTED]

5 In the event that Healthcare Component, for any of the above mentioned reasons, terminates the agreement for restriction, the termination is only effective with respect to PHI created or received after it has so informed the individual.

X. AMENDMENT OF PHI

A. Healthcare Component shall maintain a process to enable its patients to request an amendment of their Individual Health Information held by the Healthcare Component by

[REDACTED]

Healthcare Component

a. Within a reasonable time frame, make reasonable efforts to provide the

[REDACTED]

[REDACTED]

[REDACTED]

[REDACTED]

[REDACTED]

[REDACTED]

[REDACTED]

[REDACTED]

[REDACTED]

function. Appropriate sanctions, up to and including termination, will be applied against members of the workforce who fail to comply with this

[REDACTED]

[REDACTED]

[REDACTED]

[REDACTED]

[REDACTED]

case basis and may require consideration of factors in addition to those included in

the following:

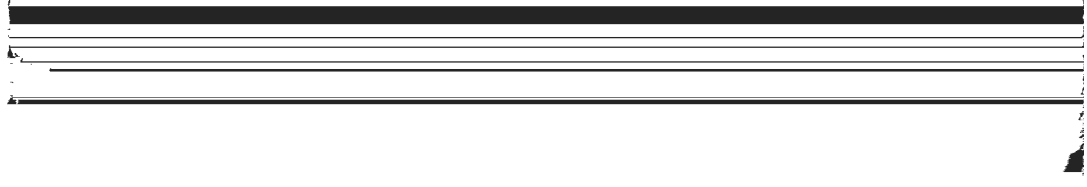
[REDACTED]

make this determination, Healthcare Component will document each
~~intermittent~~ acquisition, access, use, and disclosure and the risk

[REDACTED]

iv A description of what Healthcare Component is doing to investigate and mitigate the Breach and to prevent future Breaches; and

v ~~Instructions for the individual to contact Healthcare~~



Component.

e. In the case where there is insufficient or out-of-date contact information:

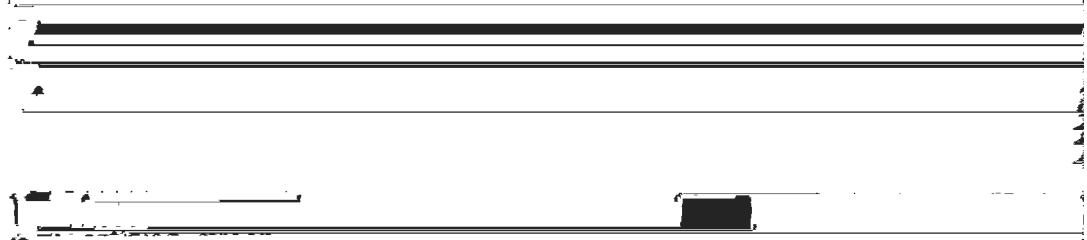
For less than ten (10) individuals, a substitute form of notice shall be provided, such as a telephone call.

11. In the case that there are ten (10) or more individuals for which there is insufficient or out-of-date contact information and contact information is not obtained, Healthcare Component will:

(a) Post a conspicuous notice for 90 days on the homepage of its website that includes a toll-free number; or

(b) Provide notice in major print or broadcast media in the geographic area where an affected individual can learn whether or not his or her Unsecured PHI is possibly included in the Breach. A toll-free number will be included in the notice.

f. ~~If Healthcare Component determines that the affected individual~~



and Human Services (HHS) in the manner specified on the HHS website if a single Breach event affects 500 or more individuals.

- b If a Breach affects fewer than 500 individuals, Healthcare Component will maintain a log of the Breach occurrences in any given calendar year and annually will submit the log to HHS in the

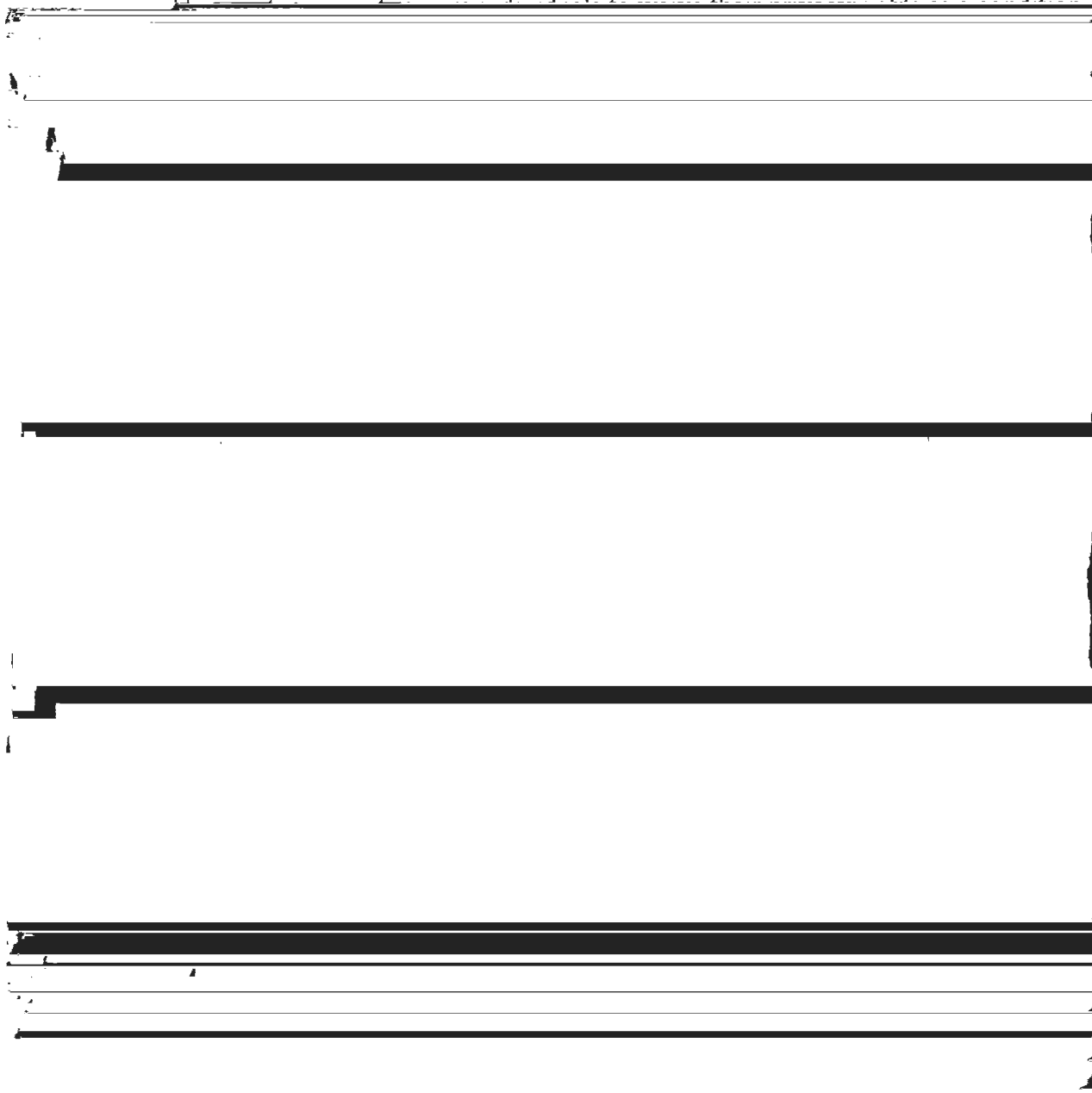
[REDACTED]

end of the calendar year.

- 4. **Maintenance of Breach Information/Log.** The investigation, report and notice of Breach shall be retained in accordance with this Policy's record retention requirements.
- 5 **Business Associate Responsibilities.** The Business Associate of the Healthcare Component that accesses, maintains, retains, modifies, records, stores, destroys, or otherwise holds, uses, or discloses unsecured PHI shall, without unreasonable delay and in no case later than 10 calendar days after discovery of a Breach

[REDACTED]

d. **Retaliation.** No employee within the University may intimidate, threaten, coerce, discriminate against, or take other retaliatory action against any individual for the exercise by the individual of any privacy right granted by this Policy. The



of the provision of Treatment, Payment, enrollment in a health plan, or eligibility for benefits.

XII. ACCOUNTING DISCLOSURES OF PHI

A. Requirements

1. Healthcare Component must provide an individual with an accounting of disclosures in accordance with HIPAA.

is required. However, in as much as the statement was given orally, Healthcare Component must:

- a. Document the statement, including the identity of the agency or official making the statement;
 - b. Limit the temporary suspension to no longer than thirty (30) days from the date of the oral statement, unless a written statement is submitted during that time.
7. Requests made for accountings of disclosures of PHI must be made to the individual designated by the Healthcare Component to receive such requests.

D. Responsibilities:

[REDACTED]

[REDACTED]

[REDACTED]

a. A description of what happened, the date of the Breach, date of the

[REDACTED]

b. A description of the types of unsecured PHI that were involved in the breach (such as full name, Social Security Number, date of birth, home address, account number, etc.).

c. A description of the action taken with regard to notify individuals of the Breach.

d. Resolution of the Breach and steps taken to mitigate the Breach and prevent future occurrences.

7. PHI

Depends to how certain under HIPAA will be disclosed of personally in accordance with

the responsibility of the Healthcare Component to contact the Privacy Officer or his/her designee to determine whether the outside entity or person qualifies as a Business Associate.

- 2 If a determination is made that the third party is a Business Associate, the Healthcare Component should inquire if the third party will execute a Business Associate Agreement with the University in the form attached as Exhibit F. The Healthcare Component will be responsible for coordinating the execution of Business Associate Agreements. Any changes to the University's form of Business Associate Agreement shall be reviewed and approved by General Counsel.
- 3 If a Business Associate Agreement is required, the Business Associate Agreement must be signed by both parties before the Business Associate performs any services that involve the use and/or disclosure of PHI.

EXHIBIT A

The University of Central Arkansas is a public higher education institution created by the laws of Arkansas and is governed by its Board of Trustees. The University is a hybrid entity as defined by HUD A because a portion of its programs perform covered functions as defined



EXHIBIT B
LIST OF IDENTIFIERS AND DE-IDENTIFICATION PROCESS

- A. The University may use PHI where the information that can identify the individual is not present and where there is no reasonable basis to believe that information can be used to identify the individual. The University can create de-identified information by removing

[REDACTED]

[REDACTED]

[REDACTED]

[REDACTED]

[REDACTED]

[REDACTED]

[REDACTED]

[REDACTED]

[REDACTED]

EXHIBIT C
DISCLOSURE OF PHI

1. Public Health Activities

Healthcare Components may disclose PHI as follows:

1. To a public health authority that is authorized by law

[REDACTED]

[REDACTED]

[REDACTED]

[REDACTED]

- a. To collect or receive such information for the purpose of preventing or controlling disease, injury or disability;
- b. To receive reports of child abuse or neglect;

2. To persons subject to the jurisdiction of the Food and Drug Administration with respect to an FDA regulated product or activity for which that person has responsibility for the purpose of activities related to the quality, safety or effectiveness of same. Such purposes include:

To collect or report adverse events, product defects or problems, or biological

[REDACTED]

[REDACTED]

[REDACTED]

[REDACTED]

[REDACTED]

- product deviations;
- b. To track FDA regulated products:

- b. The school is required by State or other law to have such proof of immunization prior to admitting the individual; and
- c. The Healthcare Component obtains and documents the agreement to the disclosure from either (i) a parent, guardian, or other person acting for a minor

2. Victims of _____ Except for reports of child abuse or neglect permitted by Section 1 above,

Alaska Mandatory Healthcare Component - Alaska Division of Public Health



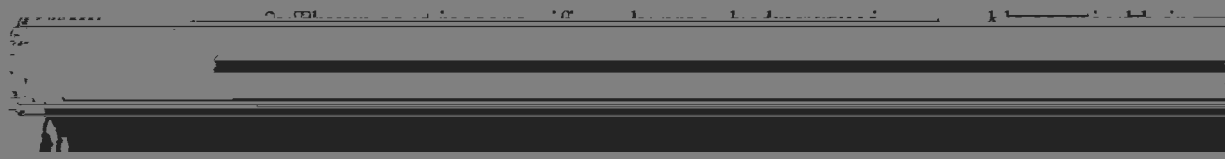
administrative proceedings
5. Law enforcement purposes

shall be referred to the Office of General Counsel. General Counsel will review the request and respond to the issuer of the request.

Healthcare Components may disclose PHI:

1. As required by law including laws that require the reporting of certain types of wounds or other physical injuries.
2. In compliance with and as limited by the relevant requirements of:
 - a. A court order, warrant, subpoena, or summons issued by a judicial officer;
 - b. A grand jury subpoena; or
 - c. An administrative request, including an administrative subpoena or summons, a civil investigative demand, or similar process authorized under law, provided that:

2. The information sought is relevant and material to a legitimate law enforcement inquiry;



	<p>b. The location of such crime or of the victims of such crime, and</p> <p>c. The identity, description and location of the perpetrator of such crime.</p> <p>9. If a medical emergency is the result of abuse, neglect or domestic violence of the individual in need of emergency care.</p>
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6. Deceased Individuals

The PHI of a deceased individual may be disclosed:

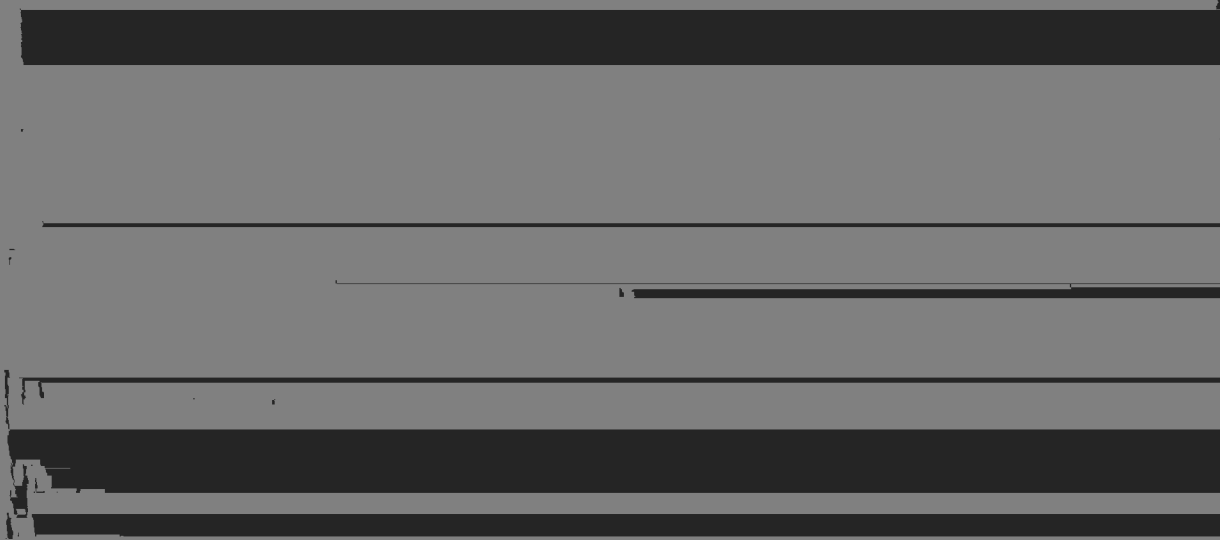
a. To a coroner or medical examiner for the purpose of identifying the deceased,



- b. To funeral directors to carry out their duties;
- c. To facilitate an organ donation.

7. Research

1. Healthcare Components may use or disclose PHI for research, regardless of the



- c. The alteration or waiver of authorization has been reviewed and approved under either normal or expedited review procedures as required by law.
- d. Approval is indicated by signature of the chair or other member as designated by the chair of the IRB.

8. Emergency Circumstances to Avert Threats to Safety

- 1. Healthcare Components may, consistent with applicable law and standards of ethical conduct and based on a reasonable belief that the use or disclosure is:
 - a. necessary to prevent or lessen a serious and imminent threat to the health or safety of an individual and is to a person reasonably able to prevent or less the threat, including target of the threat; or
 - b. necessary for law enforcement to identify or apprehend an individual based upon a statement by an individual admitting participation in a violent crime that the Healthcare Component reasonably believes may have caused serious physical harm to the victim or where it appears from the circumstances that the individual has escaped from a correctional institution or from lawful custody.
- 2. Disclosure of PHI may not be made if learned by Healthcare Component:
 - a. In the course of treatment to affect the propensity to commit the criminal conduct that is the basis for the disclosure; or
 - b. Through a request by the individual to initiate or to be referred for treatment, counseling or therapy.

9. Specialized Government Functions

- 3. Specific information that may be disclosed is limited by HIPAA. Disclosure of PHI may be made in connection with military and veteran activities, national security and intelligence activities, protective services for the President and others, medical suitability for the U.S. Department of State, to obtain security clearance, and correctional institutions and other law enforcement custodial situations, and to government programs providing benefits. In the event PHI is needed for such a purpose, the Privacy Officer must be

consulted prior to making such a disclosure, and any disclosure of PHI shall comply with HIPAA.

EXHIBIT D

AUTHORIZATION





THE U

201 Donaghey Avenue

[REDACTED]

Phone: (501) 450-3136
Fax: (501) 450-3370

PERMISSION FOR RELEASE OF INFORMATION

In compliance with the Health Insurance Portability and Accountability Act of 1996 (HIPAA), Student Health Clinic of the University of Central Arkansas requires your written consent before disclosing any personal information. Your consent to share this information may be withdrawn in writing at any time, as long as such documents are specific to

[REDACTED]

[REDACTED]

EXHIBIT E

NOTICE OF PRIVACY PRACTICES & ACKNOWLEDGMENT OF RECEIPT

[REDACTED]

[REDACTED]

[REDACTED]

[Insert PDF Form]



UCA Student

This notice describes the information we disclose and how we use it.

You have the right to:

- Get a copy of your records
- Request confidential information
- Ask us to limit the collection, use, or disclosure of your records
- Choose some or all of your records to be kept confidential
- File a complaint with the U.S. Department of Education

You have some choices:

- Tell family and friends about your records

Our Uses and Disclosures:

- We may use and disclose your records for the following purposes:
- Treat you
 - Help with public safety or law enforcement
 - Comply with the law
 - Respond to or assist in an emergency
 - Work with a national or international organization
 - Address work-related issues
 - Government or contractor records
 - Respond to law enforcement

Your Rights:

When it comes to your records, you have the right to:

This section explains your rights.

Get an electronic copy:

You can ask to receive your records in an electronic format, if we have them in that format. We will provide the records within 30 days of your request.

Request confidential information:

- You can ask to limit the collection, use, or disclosure of your records (by phone) or to send you a copy of your records.

Your Choice

Our Use and Privacy Measures

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 will use your health information to help us:

- Diagnose and treat your condition
- Coordinate your care with other health care providers
- Refer you to other health care providers
- Monitor your health and treatment
- Prevent, diagnose, and treat other conditions

Run our business

We will use your health information to help us:

- Manage our business operations
- Improve our services
- Conduct research
- Develop new services
- Communicate with you
- Contact you about your care
- Contact you about our services
- Contact you about our products
- Contact you about our events
- Contact you about our newsletters
- Contact you about our other communications

How else can we use or share your health information?

We are allowed to require you to share your health information in other ways – usually in ways that contribute to the public good, such as public health. We have to meet many conditions of the law before we can share your information for these purposes.

For more information see:

Help with

- We will use your health information to help us:
- Prevent, diagnose, and treat your condition
- Coordinate your care with other health care providers
- Refer you to other health care providers
- Monitor your health and treatment
- Prevent, diagnose, and treat other conditions

Comply with

We will use your health information to help us:

- Prevent, diagnose, and treat your condition
- Coordinate your care with other health care providers
- Refer you to other health care providers
- Monitor your health and treatment
- Prevent, diagnose, and treat other conditions

Respond to

We will use your health information to help us:

- Prevent, diagnose, and treat your condition
- Coordinate your care with other health care providers
- Refer you to other health care providers
- Monitor your health and treatment
- Prevent, diagnose, and treat other conditions

EXHIBIT F

BUSINESS ASSOCIATE AGREEMENT

This Business Associate Agreement is made effective on the _____ of _____, 20__ by and between _____ located at _____, herein after referred to as "Business Associate" and the Board of Trustees of the University of Central Arkansas located at 201 Donaghey Avenue, Conway, Arkansas 72035, hereinafter referred to as "Covered Entity" (collectively referred to as "Parties").

WHEREAS, Sections 261 through 264 of the federal Health Insurance Portability and Accountability Act of 1996, Public Law 104-191, known as "the Administrative Simplification provisions," direct the Department of Health and Human Services to develop standards to protect the security, confidentiality and integrity of health information; and pursuant to the Administrative Simplification provisions, the Secretary of Health and Human Services issued regulations under 45 CFR Parts 160 and 164 (the "HIPAA Security and Privacy Rule"); and

[REDACTED]

Except to the extent that a use or disclosure would violate the HIPAA Security and Privacy Rule if such use or disclosure were done by the Covered Entity, Business Associate may use or disclose PHI to the extent reasonably necessary and to the extent permitted by 45 CFR § 164.506(b) for the following purposes:

[Redacted]

[Redacted]

[Redacted]

[Redacted]

(b) to perform functions related to the business of the Covered Entity, as permitted by 45 CFR § 164.506(b)

[Redacted]

[Redacted]

(g) To the extent Business Associate maintains any PHI in a Designated Record Set, Business Associate agrees to

[REDACTED]

[REDACTED]

[REDACTED]

[REDACTED]

[REDACTED]

[REDACTED]

[REDACTED]

[REDACTED]

[REDACTED]

[REDACTED]

[REDACTED]

[Redacted text block]

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[Redacted text block]

(g) **Notices.** Notices permitted or required to be given hereunder shall be provided to:

Dr. Graham Gillis
UCA Privacy Officer
201 Donaghey Avenue; Wingo Hall Rm. 103
Conway, AR 72035
Fax: (501) 450-5088
Telephone: (501) 450-5051

(h) **University of Central Arkansas Contract Rider**

[REDACTED]

[REDACTED]

[REDACTED]

responsible or liable for any type of special or consequential damage to the other party, specifically including, but not