

**For Hospital Related Matters ONLY:**

1(800) 654-0323

[HUH\\_Compliance@HUHosp.org](mailto:HUH_Compliance@HUHosp.org)

**For all other Howard University Privacy Matters:**

Privacy@Howard.edu

# NOTICE OF PRIVACY PRACTICES

Effective Date: February 16, 2026



## Your Information. Your Rights. Our Responsibilities.

This notice describes how medical information about you may be used and disclosed and how you can get access to this information. The notice covers providers and staff at Howard University's healthcare organizations.

This Includes:

- Howard University Hospital
- Faculty Practice Plan (FPP) clinics operated by the College of Medicine
- Dental clinics operated by the College of Dentistry
- School of Communications Speech and Hearing Clinic

**Please review it carefully.**

### Your Rights

**When it comes to your health information, you have certain rights.** This section explains your rights and some of our responsibilities to help you.

Get an electronic or paper copy of your medical record

- You can ask to see or get an electronic or paper copy of the health information we have about you with limited exceptions. Ask us how to do this.
- We will provide a copy or a summary of your health information, usually within 30 days of your request. We may charge a reasonable, cost-based fee.

Ask us to correct your medical record

- You can ask us to correct health information about you that you think is incorrect or incomplete. Ask us how to do this.
- We may say "no" to your request, but we'll tell you why in writing within 60 days.

Request confidential communications

- You can ask us to contact you in a specific way (for example, home or office phone) or to send mail to a different address.
- We may say "yes" to all reasonable requests.

## Your Rights *continued*

### Ask us to limit what we use or share

- You can ask us **not** to use or share certain health information for treatment, payment or our operations.
  - \* We are not required to agree to your request, and we may say “no” if it would affect your care.
- If you pay for a service or health care item out-of-pocket in full, you can ask us not to share that information for the purpose of payment or our operations with your health insurer.
  - \* We will say “yes” unless a law requires us to share that information.

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### Get a list of those with whom we’ve shared information

- You can ask for a list (accounting) of the times we’ve shared your health information for six years prior to the date you ask, who we shared it with and why.
- We will include all the disclosures except for those about treatment, payment, and health care operations, and certain other disclosures (such as any you asked us to make). We’ll provide one accounting a year for free but will charge a reasonable, cost-based fee if you ask for another one within 12 months.

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### Copy of the Notice of Privacy Practices

- You can ask for a paper copy of this notice at any time, even if you have agreed to receive the notice electronically. We will provide you with a paper copy promptly. You may obtain a copy of this notice at any of our websites.

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### Choose someone to act for you

- If you have given someone medical power of attorney or if someone is your legal guardian, that person can exercise your rights and make choices about your health information.
- We will make sure the person has this authority and can act for you before we take any action.

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### File a complaint if you feel your rights are violated

- If you believe your privacy rights have been violated, you may file a complaint with us or the Secretary of the Department of Health and Human Services. To file a complaint with us, contact our Privacy Officer at the address listed on the first page. All complaints must be made in writing. You will not be penalized for filing a complaint. If you have any questions about this notice, please contact the Howard University Privacy Officer at **Privacy@Howard.edu**
- You can file a complaint with the U.S. Department of Health and Human Services Office for Civil Rights by sending a letter to:

U.S. Department of Health and Human Services  
Office for Civil Rights  
200 Independence Avenue, SW  
Washington, DC 20201  
1-877-696-6775  
**[www.hhs.gov/ocr/privacy/hipaa/complaints/](http://www.hhs.gov/ocr/privacy/hipaa/complaints/)**

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## Your Choices

**For certain health information, you can tell us your choices about what we share.** If you have a clear preference for how we share your information in the situations described below, talk to us. Tell us what you want us to do, and we will follow your instructions.

In these cases, you have both the right and choice to tell us to:

- Share information with your family, close friends, or others involved in your care
- Share information in a disaster relief situation
- Share your religious affiliation to ministers or other clergy
- Include your information in a hospital directory
- Contact you for fundraising efforts

If you are not able to tell us your preference, example if you are unconscious, we may go ahead and share your information if we believe it is in your best interest. We may also share your information when needed to lessen a serious and imminent threat to health or safety.

In these cases we never share your information unless you give us written permission:

- Marketing purposes
- Sale of your information
- Most sharing of psychotherapy notes

In the case of fundraising:

- We may contact you for fundraising efforts, but you can tell us not to contact you again

## Our Uses and Disclosures

**How do we typically use or share your health information?** We typically use or share your health information in the following ways:

To treat You

We can use your health information and share it with other professionals who are treating you.

**Example:** A doctor treating you for an injury asks another doctor about your overall health condition.

To run our Organization

- We can use and share your health information to run our practice, improve your care, and contact you when necessary.

**Example:** These activities may include quality assessment and improvement, care coordination, accreditation, licensing, auditing, legal services, business planning and general administrative activities to run our organization and provide care.

To bill for our services

- We can use and share your health information to bill and get payment from health plans or other entities.

**Example:** We give information about you to your health insurance plan so it will pay for your services.

For health related services

- We can use your health information to contact you about treatment choices, appointment reminders, or other services for you.

**Example:** We use health information to remind you of scheduled appointments

## Our Uses and Disclosures

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**How else can we use or share your health information.** We are allowed or required to share your information in other ways — usually in ways that contribute to the public good, such as public health and research. We have to meet many conditions in the law before we can share your information for these purposes. For more information see: [www.hhs.gov/ocr/privacy/hipaa/understanding/consumers/index.html](http://www.hhs.gov/ocr/privacy/hipaa/understanding/consumers/index.html).

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| Help with public Health and safety issues                                     | <ul style="list-style-type: none"><li>• We can share health information about you for certain situations such as:<ul style="list-style-type: none"><li>* Preventing disease</li><li>* Helping with product recalls</li><li>* Reporting adverse reactions to medications</li><li>* Reporting suspected abuse, neglect, or domestic violence</li><li>* Preventing or reducing a serious threat to anyone’s health or safety</li></ul></li></ul>   |
| Do research   | <ul style="list-style-type: none"><li>• We can use or share your information for health research.</li></ul>   |
| Health Information Exchange   | <ul style="list-style-type: none"><li>• We can share your health information to the Health Information Exchange (HIE) that includes participating hospitals and community health centers. Howard University has chosen to participate in the Chesapeake Regional Information System for our Patients (CRISP), a regional health information exchange serving Maryland and D.C. Only providers that are directly involved in your care and public health authorities will have access to the HIE. You can tell us not to send your information to the HIE when you register for care or at any later time. You may “opt-out” and disable access to your health information available through CRISP by calling 1-877-952-7477 or completing and submitting an Opt-Out form to CRISP by mail, fax or through their website at <a href="http://www.crisphealth.org">www.crisphealth.org</a></li></ul> |
| Comply with the law   | <ul style="list-style-type: none"><li>• We will share information about you if state or federal laws require it, including with the Department of Health and Human Services if it wants to see that we’re complying with federal privacy law.</li></ul>   |
| Respond to organ and tissue donation request                                  | <ul style="list-style-type: none"><li>• We can share health information about you with organ procurement organizations.</li></ul>   |
| Work with a medical examiner or funeral director                              | <ul style="list-style-type: none"><li>• We can share health information with a coroner, medical examiner, or funeral director when an individual dies.</li></ul>  |
| Address workers’ compensation, law enforcement, and other government requests | <ul style="list-style-type: none"><li>• We can use or share health information about you:<ul style="list-style-type: none"><li>* For workers’ compensation claims</li><li>* For law enforcement purposes or with a law enforcement official</li><li>* With health oversight agencies for activities authorized by law</li><li>* For special government functions such as military, national security, and presidential protective services</li></ul></li></ul>  |
| Respond to lawsuits and legal actions   | <ul style="list-style-type: none"><li>• We can share health information about in response to a court or administrative order, or in response to a subpoena or search warrant.</li></ul>   |
| Business Associates   | <ul style="list-style-type: none"><li>• To third parties referred to as “business associates” that provide services on our behalf, such as billing, software maintenance and legal services.</li></ul>  |

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## Our Uses and Disclosures

- How we may use and disclose **HIV/AIDS information**

We may use your medical records and information relating to HIV/AIDS so that we can provide you with care, assure payment for our services, and in administrative activities to assure the quality of our care and the safety of our workforce, physicians and other patients. We may disclose this information outside of Howard University Health Sciences only with your written consent, pursuant to a court order, or as required by law.

- How we may use or disclose **Reproductive Health Information**

We generally will not use or share your health information to investigate or penalize a person for seeking, obtaining, providing, or facilitating reproductive health care that is lawful where it was provided. 'Reproductive health information' includes for example, pregnancy care, contraception, miscarriage, fertility treatment, and abortion care. If someone requests medical records that may relate to reproductive health care, we may require the requester to sign an attestation stating that the request is not for the purpose of investigating or seeking to impose civil or criminal liability for that lawful care.

- How we may use or disclose **Substance Use Disorder Information**

Some treatment records related to substance use disorder treatment are specifically protected by Federal rules. If we receive or maintain such records, we limit how they are used and disclosed and will obtain any additional consent required before disclosure.

## Our Responsibilities

- We are required by law to maintain the privacy and security of your protected health information.
- We follow administrative, physical and technical safeguards designed to protect your information.
- We will let you know promptly if a breach occurs that may have compromised the privacy and security of your information.
- We must follow the duties and privacy practice described in this notice and give you a copy of it.
- We will not use or share your information other than as described here unless you tell us we can in writing. If you tell us we can, you may change your mind at any time. Let us know in writing if you change your mind.

For more information see: [www.hhs.gov/ocr/privacy/hipaa/understanding/consumers/noticepp.html](http://www.hhs.gov/ocr/privacy/hipaa/understanding/consumers/noticepp.html)

REDISCLASURE STATEMENT: Information disclosed under the terms of this Notice may be subject to redisclosure by the Recipient and may no longer be protected by the HIPAA Privacy rule, unless another law applies.

### Changes to the Terms of this Notice

We can change the terms of this notice, and the changes will apply to all information we have about you. The new notice will be available upon request, in our office, or on our web site.

## Available Languages

**The Notice of Privacy Practices is available in the following languages:**  
English, Spanish, Amharic \*Other languages may be available upon request.