

## NOTICE OF PRIVACY PRACTICES

### PURPOSE

This policy specifies the procedures to be followed in providing UCLA Health System patients with UCLA Health System's *Notice of Privacy Practices*, as required by the federal Health Insurance Portability and Accountability Act of 1996 (the "Privacy Rule").

### POLICY

The Privacy Rule requires that UCLA Health System give patients detailed information about UCLA Health System's privacy practices. A copy of UCLA Health System's current "*Notice of Privacy Practices*," attached hereto as Appendix 1, shall be given to all UCLA Health System patients upon admission or, in the case of outpatients, at the time of service. In addition, a separate notice addressing the uses and disclosures of mental health information will be provided to inpatient and outpatient psychiatric patients (Appendix 2).

### DEFINITIONS

**"Health Care Operations"** covers a broad range of activities such as quality assessment, patient education and training, student training, contracting for health care services, medical review, legal services, auditing functions, compliance, business planning and development, licensing and accreditation, business management and general administrative activities.

**"Payment"** can be defined as activities related to being paid for services rendered. These include eligibility determinations, billing, claims management, utilization review, etc. It also includes using debt collection and location agencies.

**"Protected health information" or "PHI"** is defined as any individually identifiable health information collected or created as a consequence of the provision of health care by a covered entity, in any form (including verbal communications).

**"Treatment"** means providing, coordinating, or managing a patient's care, and includes consultations between providers and referrals.

### PROCEDURE

#### I. Notice of Privacy Practices

- A. UCLA Health System must describe, in plain language, its privacy practices, including an individual's rights related to his or her PHI. This *Notice of Privacy Practices* ("Notice") must be made available to patients and be posted throughout

UCLA Health System facilities and on UCLA Health System's website. UCLA Health System must also make a good faith effort to obtain a written acknowledgement from the individual that he or she has received the Notice.

- B. The Notice must include the following elements:
1. **Header.** 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.
  2. **The uses and disclosures the provider will make of the PHI.** The Privacy Rule requires that the notice contain:
    - A description, including at least one example, of the types of uses and disclosures of information that the provider is permitted to make for each of the following purposes: treatment, payment, and health care operations. The description must include sufficient detail to place the individual on notice of the uses and disclosures that are permitted or required by state and federal law.
    - A description of each of the other purposes (other than Treatment, Payment or Health Care Operations) for which the provider is permitted or required to use or disclose PHI without the individual's written authorization.
    - A statement that other uses and disclosures will be made only with the individual's written authorization, and that the individual may revoke this authorization at any time in writing.
    - Providers must include a separate statement if they contact individuals for: (i) appointment reminders or to provide information regarding treatment alternatives or other health-related benefits or services that may be of interest to the individual; or (ii) fundraising.
  3. **Individual Rights.** The Notice must contain a statement of the individual's rights with respect to PHI and how he or she may exercise the right to:
    - Inspect and copy PHI.
    - Amend PHI.
    - Receive an accounting of disclosures of PHI.
    - Request restrictions on certain uses and disclosures of information including a statement that the provider is not required to agree to a requested restriction.
    - Receive confidential communications of PHI.
    - Obtain a paper copy of the notice upon request.

4. ***Provider Duties.*** The Notice needs to explain that providers, under the law, must:
  - Maintain the privacy of PHI and provide individuals with notice of its legal duties and privacy practices.
  - Abide by the terms of the Notice currently in effect.
  - State in the Notice that the provider reserves the right to change the terms of its Notice and to make the new Notice provisions effective for all PHI it maintains. The statement must also explain how the provider will provide individuals with a revised Notice.
5. ***Complaints.*** The Notice must explain that individuals may file a complaint with the provider and/or the Secretary of DHHS if they believe their privacy rights have been violated. A brief description of how to file a complaint with the provider must be included. The Notice must also include a statement that the individual will not be retaliated against for filing a complaint.
6. ***Contact Information.*** The Notice must contain the name, or title, and telephone number of a person or office to contact for further information.
7. ***Effective Date.*** The Notice must contain its effective date.
8. ***Font Size.*** California law requires that information produced by a hospital regarding patients' rights be printed in 12-point font or larger.

## II. Dissemination and Publication of the Notice of Privacy Practices

- A. UCLA Health System must provide the Notice to its patients no later than the date of the first service delivery by a direct care provider. The Notice may also be given to an individual by e-mail, if the individual agrees to such electronic notice. If UCLA Health System knows that the e-mail transmission has failed, it must provide a hard paper copy. If the first service is delivered electronically, UCLA Health System must send the notice electronically, automatically, and contemporaneously.
- B. UCLA Health System must make the Notice available for individuals to take with them. (When the patient is not physically present, the Notice may be sent by first class mail.)
- C. The Notice must be posted in a clear and prominent location where it is reasonable to expect patients to be able to read the Notice.
- D. The Notice shall be posted prominently on the UCLA Health System website <http://www.uclahealth.org> and shall be available electronically through the website.

- E. Patients will be informed of their right to restrict directory information. Requests for restrictions to the Facility Directory will be referred to the Director of Patient Access Services. Other requests for further restrictions as the use and disclosure of information will be referred to the Health Information Management Services Department for consideration.
- F. If revised, UCLA Health System must make the revised Notice available upon request and post the revised Notice.
- G. No Notice is required to be given to inmates who may receive treatment at a UCLA Health System facility.
- H. In the case of patients who are minors, the Notice should be given to the minor's parent or guardian.

### III. Acknowledgement of Notice of Privacy Practices

- A. Except in the case of an emergency treatment situation, UCLA Health System must make a good faith effort to obtain a written acknowledgement that the individual received UCLA Health System's Notice. A copy of UCLA Health System's "*Acknowledgement of Notice of Privacy Practices*" is attached as Appendix 3. If an individual refuses to sign the Acknowledgement, then UCLA Health System must document the good faith efforts taken and the reason why the Acknowledgement was not obtained.
- B. A "good faith effort" to obtain written acknowledgment is not required: (1) where emergency treatment / stabilization is required; or (2) when the Notice is mailed, and the patient does not return the acknowledgement form, no further effort need be made.
- C. Acknowledgement of the Notice will be completed during the registration process. The electronic ADT system flag will be updated to reflect the Acknowledgement has been signed or refused. The Acknowledgement form will be sent to the Health Information Management Services Department for scanning into the electronic Medical Record. If the form is not scanned within 30 calendar days from the date of signing, the electronic ADT system flag will revert back to its original state to reflect the Acknowledgment Notice has not been obtained. Upon the patient's next encounter the process will repeat until the signed or refused Acknowledgement is scanned.
- D. A separate ADT flag will be set when the Notice of Privacy Practices for Mental Health has been obtained, but the flag will only be visible to staff with access to the psychiatric registration and encountering system.

#### **IV. Revisions to the Notice of Privacy Practices**

UCLA Health System must promptly revise and distribute its Notice whenever there is a material change to the uses and disclosures, individual's rights, UCLA Health System's legal duties, or other privacy practices stated in the Notice. The revised Notice will be posted in the service delivery areas, and will be provided to patients upon request. The revised Notice will also be posted on the UCLA Health System website as indicated above.

#### **V. Record Retention**

All versions of UCLA Health System's approved "Notice of Privacy Practices" will be archived and maintained by the Compliance Office for a period no less than six (6) years.

### **ATTACHMENTS**

Appendix 1: Notice of Privacy Practices

Appendix 2: Notice of Privacy Practices (Mental Health)

Appendix 3: Acknowledgement of Notice of Privacy Practices

### **REFERENCES**

Health Insurance Portability and Accountability Act, 45 CFR 160-164

California Medical Information Act, California Civil Code Section 56 *et seq.*

### **REVISION HISTORY**

Approved: April 8, 2003

Effective Date: April 14, 2003

Revised: May 7, 2007, April 2008

### **APPROVAL**

HIPAA Committee

Carole A. Klove, RN, JD - Chief Compliance and Privacy Officer

APPENDIX 1

Effective Date: April 14, 2003

**NOTICE OF PRIVACY PRACTICE**

UNIVERSITY OF CALIFORNIA LOS ANGELES  
UCLA HEALTH SYSTEM

**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**

**UCLA HEALTH SYSTEM**

UCLA Health System is one of the health care components of the University of California. The University of California health care components consist of the UC medical centers, the UC medical groups, clinics and physician offices, the UC schools of medicine and other UC health professions schools, the student health service areas, employee health units, and the administrative and operational units that are part of the health care components of the University of California.

The University of California, including UCLA Health System, is a teaching and research institution. All patient care is overseen and supervised by an attending physician and provided by a team of health care professionals. Residents, fellows, students and graduate students of health care professions schools may participate in examinations or procedures and in the care of patients as a part of the health care education programs of the institution.

This Notice applies to information and records regarding your health care maintained at UCLA Health System.

**OUR PLEDGE REGARDING YOUR MEDICAL INFORMATION**

UCLA Health System is committed to protecting medical information about you. We create a record of the care and services you receive at UCLA Health System for use in your care and treatment.

This Notice tells you about the ways in which we may use and disclose medical information about you. It also describes your rights and certain obligations we have regarding the use and disclosure of your medical information.

We are required by law to:

- make sure that your medical information is protected;
- give you this Notice describing our legal duties and privacy practices with respect to medical information about you; and
- follow the terms of the Notice that is currently in effect.

### **HOW WE MAY USE AND DISCLOSE MEDICAL INFORMATION ABOUT YOU**

The following sections describe different ways that we may use and disclose your medical information. For each category of uses or disclosures we will describe them and give some examples. Some information such as certain drug and alcohol information, HIV information and mental health information is entitled to special restrictions related to its use and disclosure. UCLA Health System abides by all applicable state and federal laws related to the protection of this information. Not every use or disclosure will be listed. All of the ways we are permitted to use and disclose information, however, will fall within one of the following categories.

**For Treatment.** We may use medical information about you to provide you with medical treatment or services. We may disclose medical information about you to doctors, nurses, technicians, students, or other health system personnel who are involved in taking care of you in the health system. For example, a doctor treating you for a broken leg may need to know if you have diabetes because diabetes may slow the healing process. In addition, the doctor may need to tell the hospital's food service if you have diabetes so that we can arrange for appropriate meals. We may also share medical information about you with other UCLA Health System personnel or non-UCLA Health System providers, agencies or facilities in order to provide or coordinate the different things you need, such as prescriptions, lab work and x-rays. We also may disclose medical information about you to people outside UCLA Health System who may be involved in your continuing medical care after you leave UCLA Health System such as other health care providers, transport companies, community agencies and family members.

**For Payment.** We may use and disclose medical information about you so that the treatment and services you receive at UCLA Health System or from other entities, such as an ambulance company, may be billed to and payment may be collected from you, an insurance company or a third party. For example, we may need to give information to your health plan about surgery you received at UCLA Health System so your health plan will pay us or reimburse you for the surgery. We may also tell your health plan about a proposed treatment to determine whether your plan will cover the treatment.

**For Health Care Operations.** We may use and disclose medical information about you for UCLA Health System operations. These uses and disclosures are made for quality of care and medical staff activities, UCLA Health System health sciences education, and other teaching programs. Your medical information may also be used or disclosed to comply with law and regulation, for contractual obligations, patients' claims, grievances or lawsuits, health care contracting, legal services, business planning and development, business management and administration, the sale of all or part of UCLA Health System to another entity, underwriting and other insurance activities and to operate the health system. For example, we may review medical information to find ways to improve treatment and services to our patients. We may also disclose information to doctors, nurses, technicians, medical and other students, and other health system personnel for performance improvement and educational purposes.

**Appointment Reminders.** We may contact you to remind you that you have an appointment at UCLA Health System.

**Treatment Alternatives.** We may tell you about or recommend possible treatment options or alternatives that may be of interest to you.

**Health-Related Benefits and Services.** We may contact you about benefits or services that we provide.

**Fundraising Activities.** We may contact you to provide information about UCLA Health System sponsored activities, including fundraising programs and events. We would only use contact information, such as your name, address and phone number and the dates you received treatment or services at UCLA Health System.

**News Gathering Activities.** A member of your health care team may contact you or one of your family members to discuss whether or not you want to participate in a media or news story. News reporters often seek interviews with patients injured in accidents or experiencing particular medical conditions or procedures. For example, a reporter working on a story about a new cancer therapy may ask whether any of the patients undergoing that therapy might be willing to be interviewed.

**Hospital Directory.** If you are hospitalized, we may include certain limited information about you in the hospital directory. This is so your family, friends and clergy can visit you in the hospital and generally know how you are doing. This information may include your name, location in the hospital, your general condition (e.g., fair, stable, etc.) and your religious affiliation. The directory information, except for your religious affiliation, may also be released to people who ask for you by name. Your religious affiliation may be given to members of the clergy, such as ministers or rabbis, even if they don't ask for you by name. You may restrict or prohibit the use or disclosure of this information by notifying the Director of Patient Access Services.

**Individuals Involved in Your Care or Payment for Your Care.** We may release medical information to anyone involved in your medical care, e.g., a friend, family member, personal representative, or any individual you identify. We may also give

information to someone who helps pay for your care. We may also tell your family or friends about your general condition and that you are in the hospital.

**Disaster Relief Efforts.** We may disclose medical information about you to an entity assisting in a disaster relief effort so that your family can be notified about your condition, status and location.

**Research.** The University of California is a research institution. All research projects conducted by the University of California must be approved through a special review process to protect patient safety, welfare and confidentiality. Your medical information may be important to further research efforts and the development of new knowledge. We may use and disclose medical information about our patients for research purposes, subject to the confidentiality provisions of state and federal law.

On occasion, researchers contact patients regarding their interest in participating in certain research studies. Enrollment in those studies can only occur after you have been informed about the study, had an opportunity to ask questions, and indicated your willingness to participate by signing a consent form. When approved through a special review process, other studies may be performed using your medical information without requiring your consent. These studies will not affect your treatment or welfare, and your medical information will continue to be protected. For example, a research study may involve a chart review to compare the outcomes of patients who received different types of treatment.

**As Required By Law.** We will disclose medical information about you when required to do so by federal or state law.

**To Avert a Serious Threat to Health or Safety.** We may use and disclose medical information about you when necessary to prevent or lessen a serious and imminent threat to your health and safety or the health and safety of the public or another person. Any disclosure would be to someone able to help stop or reduce the threat.

**Organ and Tissue Donation.** If you are an organ donor, we may release medical information to organizations that handle organ procurement or organ, eye or tissue transplantation or to an organ donation bank, as necessary to facilitate organ or tissue donation and transplantation.

**Military and Veterans.** If you are or were a member of the armed forces, we may release medical information about you to military command authorities as authorized or required by law. We may also release medical information about foreign military personnel to the appropriate military authority as authorized or required by law.

**Workers' Compensation.** We may use or disclose medical information about you for Workers' Compensation or similar programs as authorized or required by law. These programs provide benefits for work-related injuries or illness.

**Public Health Disclosures.** We may disclose medical information about you for public health purposes. These purposes generally include the following:

- preventing or controlling disease (such as cancer and tuberculosis), injury or disability;
- reporting vital events such as births and deaths;
- reporting child abuse or neglect;
- reporting adverse events or surveillance related to food, medications or defects or problems with products;
- notifying persons of recalls, repairs or replacements of products they may be using;
- notifying a person who may have been exposed to a disease or may be at risk of contracting or spreading a disease or condition;
- notifying the appropriate government authority if we believe a patient has been the victim of abuse, neglect or domestic violence and make this disclosure as authorized or required by law.

**Health Oversight Activities.** We may disclose medical information to governmental, licensing, auditing, and accrediting agencies as authorized or required by law.

**Legal Proceedings.** We may disclose medical information to courts, attorneys and court employees in the course of conservatorship and certain other judicial or administrative proceedings.

**Lawsuits and Other Legal Actions.** In connection with lawsuits or other legal proceedings, we may disclose medical information about you in response to a court or administrative order, or in response to a subpoena, discovery request, warrant, summons or other lawful process.

**Law Enforcement.** If asked to do so by law enforcement, and as authorized or required by law, we may release medical information:

- To identify or locate a suspect, fugitive, material witness, or missing person;
- About a suspected victim of a crime if, under certain limited circumstances, we are unable to obtain the person's agreement;
- About a death suspected to be the result of criminal conduct;
- About criminal conduct at UCLA Health System; and

- In case of a medical emergency, to report a crime; the location of the crime or victims; or the identity, description or location of the person who committed the crime.

**Coroners, Medical Examiners and Funeral Directors.** In most circumstances, we may disclose medical information to a coroner or medical examiner. This may be necessary, for example, to identify a deceased person or determine cause of death. We may also disclose medical information about patients of UCLA Health System to funeral directors as necessary to carry out their duties.

**National Security and Intelligence Activities.** As authorized or required by law, we may disclose medical information about you to authorized federal officials for intelligence, counterintelligence, and other national security activities.

**Protective Services for the President and Others.** As authorized or required by law, we may disclose medical information about you to authorized federal officials so they may conduct special investigations or provide protection to the President, other authorized persons or foreign heads of state.

**Inmates.** If you are an inmate of a correctional institution or under the custody of law enforcement officials, we may release medical information about you to the correctional institution as authorized or required by law.

## **YOUR RIGHTS REGARDING MEDICAL INFORMATION ABOUT YOU**

**Your medical information is the property of UCLA Health System. You have the following rights, however, regarding medical information we maintain about you:**

**Right to Inspect and Copy.** With certain exceptions, you have the right to inspect and/or receive a copy of your medical information.

To inspect and/or to receive a copy of your medical information, you must submit your request in writing to the Health Information Management Services Department – Release of Information, UCLA Health System, 10833 Le Conte Avenue, Room CHS-BH265, Los Angeles, CA 90095-7305. If you request a copy of the information, there is a fee for these services.

We may deny your request to inspect and/or to receive a copy in certain limited circumstances. If you are denied access to medical information, in most cases, you may have the denial reviewed. Another licensed health care professional chosen by UCLA Health System 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 an Amendment or Addendum.** If you feel that medical information we have about you is incorrect or incomplete, you may ask us to amend the information

or add an addendum (addition to the record). You have the right to request an amendment or addendum for as long as the information is kept by or for UCLA Health System.

**Amendment.** To request an amendment, your request must be made in writing and submitted to the Health Information Management Services Department-Release of Information, UCLA Health System, 10833 Le Conte Ave, Room CHS BH265, Los Angeles, CA 90095-7305. In addition, you must provide a reason that supports your request.

We may deny your request for an amendment if it is not in writing or does not include a reason to support the request. In addition, we may deny your request if you ask us to amend information that:

- Was not created by UCLA Health System
- Is not part of the medical information kept by or for UCLA Health System;
- Is not part of the information which you would be permitted to inspect and copy; or
- Is accurate and complete in the record.

**Addendum.** To submit an addendum, the addendum must be made in writing and submitted to the Health Information Management Services Department-Release of Information, UCLA Health System, 10833 Le Conte Avenue, Room CHS BH265, Los Angeles, CA 90095-7305. An addendum must not be longer than 250 words per alleged incomplete or incorrect item in your record.

**Right to an Accounting of Disclosures.** You have the right to receive a list of certain disclosures we have made of your medical information.

To request this accounting of disclosures, you must submit your request in writing to the Health Information Management Services Department-Release of Information, UCLA Health System, 10833 Le Conte Avenue, Room CHS BH265, Los Angeles, CA 90095-7305. Your request must state a time period that may not be longer than the six previous years and may not include dates before April 14, 2003. You are entitled to one accounting within any 12-month period at no cost. If you request a second accounting within that 12-month period, there will be a charge for the cost of compiling the accounting. We will notify you of the cost involved and you may choose to withdraw or modify your request at that time before any costs are incurred.

**Right to Request Restrictions.** You have the right to request a restriction or limitation on the medical information we use or disclose about you for treatment, payment or health care operations. You also have the right to request a limit on the medical information we disclose about you to someone who is involved in your care or the

payment for your care, such as a family member or friend. For example, you could ask that we not use or disclose information to a family member about a surgery you had.

To request a restriction, you must make your request in writing to the Health Information Management Services Department - Release of Information, UCLA Health System, 10833 Le Conte Avenue, Room CHS BH265, Los Angeles, CA 90095-7305. In your request, you must tell us (1) what information you want to limit; (2) whether you want to limit our use, disclosure or both; and (3) to whom you want the limits to apply, for example, only to you and your spouse. *We are not required to agree to your request.* If we do agree, our agreement must be in writing, and we will comply with your request unless the information is needed to provide you emergency treatment.

**Right to Request Confidential Communications.** You have the right to request that we communicate with you about medical matters in a certain way or at a certain location. For example, you may ask that we contact you only at home or only by mail.

To request confidential communications, you must make your request in writing to the Health Information Management Services Department-Release of Information, UCLA Health System, 10833 Le Conte Avenue Room CHS BH265, Los Angeles, CA 90095-7305. We will accommodate all reasonable requests. Your request must specify how or where you wish to be contacted.

**Right to a Paper Copy of This Notice.** You have the right to a paper copy of this Notice. You may ask us to give you a copy of this Notice at any time. Even if you have agreed to receive this Notice electronically, you are still entitled to a paper copy of this Notice.

Copies of this Notice are available throughout UCLA Health System, or you may obtain a copy at our website, <http://www.uclahealth.org>.

### **CHANGES TO UCLA HEALTH SYSTEM'S PRIVACY PRACTICES AND THIS NOTICE**

We reserve the right to change UCLA Health System's privacy practices and this Notice. We reserve the right to make the revised or changed Notice effective for medical information we already have about you as well as any information we receive in the future. We will post a copy of the current Notice throughout UCLA Health System. The Notice will contain the effective date on the first page in the top right-hand corner. In addition, at any time you may request a copy of the current Notice in effect.

### **QUESTIONS OR COMPLAINTS**

If you have any questions about this Notice, please contact UCLA Health System, Patient Affairs, 757 Westwood Plaza, Suite 1107, Los Angeles, CA 90095-1731.

Ronald Reagan Medical Center at UCLA:	(310) 267-9114
Santa Monica-UCLA Medical Center and Orthopedic Hospital	(310) 319-4000
Stewart & Lynda Resnick Neuropsychiatric Hospital at UCLA	(310) 825-0511
Outpatient/Ambulatory Care Patients	(310) 794-1276

If you believe your privacy rights have been violated, you may file a complaint with UCLA Health System or with the Secretary of the Department of Health and Human Services. To file a written complaint with UCLA Health System contact: UCLA Health System, Patient Affairs, 757 Westwood Plaza, Suite 1107, Los Angeles, CA 90095-1731.

To file a written complaint with the Secretary of the Department of Health and Human Services, contact the: Office of Civil Rights, Region IX, U.S. Department of Health and Human Services, 90 7th Street, Suite 4-100, San Francisco, CA 94103-6705. (PHONE) (415) 437-8310, (FAX) (415) 437-8329, (TDD) (415) 437-8311.

You will not be penalized for filing a complaint.

### **OTHER USES OF MEDICAL INFORMATION**

Other uses and disclosures of medical information not covered by this Notice will be made only with your written permission. If you provide us permission to use or disclose medical information about you, you may revoke that permission, in writing, at any time. If you revoke your permission, we will no longer use or disclose medical information about you for the reasons covered by your written permission. You understand that we are unable to take back any disclosures we have already made with your permission, and that we will retain our records of the care provided to you as required by law.

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### Appendix 2

Effective Date: April 14, 2003



## **NOTICE OF PRIVACY PRACTICE**

UNIVERSITY OF CALIFORNIA LOS ANGELES  
UCLA HEALTH SYSTEM

**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.**

### **UCLA HEALTH SYSTEM**

UCLA Health System is one of the health care components of the University of California. The University of California health care components consist of the UC medical centers, the UC medical groups, clinics and physician offices, the UC schools of medicine and other UC health professions schools, the student health service areas, employee health units, and the administrative and operational units that are part of the health care components of the University of California.

The University of California, including UCLA Health System, is a teaching and research institution. All patient care is overseen and supervised by an attending physician and provided by a team of health care professionals. Residents, fellows, students and graduate students of health care professions schools may participate in examinations or procedures and in the care of patients as a part of the health care education programs of the institution.

This Notice applies to information and records regarding your health care maintained at UCLA Health System.

### **OUR PLEDGE REGARDING YOUR MENTAL HEALTH INFORMATION**

UCLA Health System is committed to protecting information regarding your mental health treatment and related health care services ("mental health information") about you. We create a record of the care and services you receive at UCLA Health System for use in your care and treatment.

This Notice tells you about the ways in which we may use and disclose your mental health information. It also describes your rights and certain obligations we have regarding the use and disclosure of your mental health information.

We are required by law to:

- make sure that your mental health information is protected;

- give you this Notice describing our legal duties and privacy practices with respect to mental health information about you; and
- follow the terms of the Notice that is currently in effect.

### **HOW WE MAY USE AND DISCLOSE MENTAL HEALTH INFORMATION ABOUT YOU**

The following sections describe different ways that we may use and disclose your mental health information. For each category of uses or disclosures we will describe them and give some examples. Some information such as certain drug and alcohol information and HIV information is entitled to special restrictions related to its use and disclosure. UCLA Health System abides by all applicable state and federal laws related to the protection of this information. Not every use or disclosure will be listed. All of the ways we are permitted to use and disclose information, however, will fall within one of the following categories.

**\*\*Please note that the sections marked with \*\* apply only to inpatient mental health information**

**For Treatment.** We may use mental health information about you to provide you with medical or psychological treatment or services. We may disclose mental health information about you to doctors, nurses, technicians, students, or other health system personnel who are involved in taking care of you in the health system. For example, a doctor treating you for a mental condition may need to know what medications you are currently taking, because the medications may affect what other medications may be prescribed for you. In addition, the doctor may need to tell the hospital's food service if you are taking certain medications so that we can arrange for appropriate meals that will not interfere or improperly interact with your medication. We may also share mental health information about you with other UCLA Health System personnel or non-UCLA Health System providers, agencies or facilities who are treating you for a medical or psychological condition, in order to provide or coordinate the different things you need, such as prescriptions or types of therapy. We also may disclose mental health information about you to people outside UCLA Health System who may be involved in your continuing mental health or medical care after you leave UCLA Health System such as other health care providers, transport companies, community agencies and family members.

**For Payment.** We may use and disclose mental health information about you so that the treatment and services you receive at UCLA Health System or from other entities, such as an ambulance company, may be billed to and payment may be collected from you, an insurance company or a third party. For example, we may need to give information to your health plan about therapy you received at UCLA Health System so your health plan will pay us or reimburse you for the therapy. We may also tell your health plan about a proposed treatment to determine whether your plan will cover the treatment.

**For Health Care Operations.** We may use and disclose mental health information about you for UCLA Health System operations. These uses and disclosures are made for quality of care and medical staff activities, UCLA Health System health sciences education, and other teaching programs. Your mental health information may also be used or disclosed to comply with law and regulation, for contractual obligations, patients' claims, grievances or lawsuits, health care contracting, legal services, business planning and development, business management and administration, the sale of all or part of UCLA Health System to another entity, underwriting and other insurance activities and to operate the health system. For example, we may review mental health information to find ways to improve treatment and services to our patients. We may also disclose information to doctors, nurses, technicians, medical and other students, and other health system personnel for performance improvement and educational purposes.

**Appointment Reminders.** We may contact you to remind you that you have an appointment at UCLA Health System.

**Treatment Alternatives.** We may tell you about or recommend possible treatment options or alternatives that may be of interest to you.

**Health-Related Benefits and Services.** We may contact you about benefits or services that we provide.

**Fundraising Activities.** We may contact you to provide information about UCLA Health System sponsored activities, including fundraising programs and events. We would only use contact information, such as your name, address and phone number and the dates you received treatment or services at UCLA Health System.

**\*\*Individuals Involved In Your Care:** We may tell your family about your general condition and that you are in the hospital unless you request we do not provide this information. Upon request of a family member, and with your consent, we may give the family member notification of your diagnosis, prognosis, prescribed medications, their side effects, and your progress. If your spouse, parent, child, or sibling makes a request for information, and you are unable to authorize the release of such information, we are required to give notification of your presence in the hospital, except to the extent prohibited by federal law. Upon your admission, we are required to make reasonable attempts to notify your next of kin or any other person designated by you, of your admission. Upon request of a family member, we are required to provide information regarding your release, transfer, serious illness, injury, or death, unless you request that this information not be provided.

**Research.** The University of California is a research institution. All research projects conducted by the University of California must be approved through a special review process to protect patient safety, welfare and confidentiality. Your mental health information may be important to further research efforts and the development of new

knowledge. We may use and disclose mental health information about our patients for research purposes, subject to the confidentiality provisions of state and federal law.

On occasion, researchers contact patients regarding their interest in participating in certain research studies. Enrollment in those studies can only occur after you have been informed about the study, had an opportunity to ask questions, and indicated your willingness to participate by signing a consent form. When approved through a special review process, other studies may be performed using your mental health information without requiring your informed consent. For example, a research study may involve a chart review to compare the outcomes of patients who received one medication to those who received another for the same condition.

**As Required By Law.** We will disclose mental health information about you when required to do so by federal or state law.

**To Avert a Serious Threat to Health or Safety.** We may use and disclose mental health information about you when necessary to prevent or lessen a serious and imminent threat to your health and safety or the health and safety of the public or another person. Any disclosure would be to someone able to help stop or reduce the threat.

**Organ and Tissue Donation.** If you are an organ donor, we may release mental health information to organizations that handle organ procurement or organ, eye or tissue transplantation or to an organ donation bank, as necessary to facilitate organ or tissue donation and transplantation.

**Public Health Disclosures.** We may disclose mental health information about you for public health purposes. These purposes generally include the following:

- preventing or controlling disease (such as cancer and tuberculosis), injury or disability;
- reporting vital events such as births and deaths;
- reporting child abuse or neglect;
- reporting adverse events or surveillance related to food, medications or defects or problems with products;
- notifying persons of recalls, repairs or replacements of products they may be using;
- notifying a person who may have been exposed to a disease or may be at risk for contracting or spreading a disease or condition;
- notifying the appropriate government authority if we believe a patient has been the victim of abuse or neglect and make this disclosure as authorized or required by law;
- notifying the coroner of a patient's death;
- notifying emergency response employees regarding possible exposure to HIV/AIDS, to the extent necessary to comply with state and federal law;
- notifying multidisciplinary personnel teams relevant to the prevention, identification, management, or treatment of an abused child and the child's parents or an abused elder or dependent adult.

**Health Oversight Activities.** We may disclose mental health information to governmental, licensing, auditing, and accrediting agencies as authorized or required by law.

**Lawsuits and Other Legal Actions.** In connection with lawsuits or other legal proceedings, we may disclose mental health information about you in response to a court or administrative order, or in response to a subpoena, warrant, summons or other lawful process.

**\*\*We may disclose mental health information to courts, attorneys and court employees in the course of conservatorship, writ and certain other judicial or administrative proceedings.**

**Law Enforcement.** We may release mental health information to law enforcement officials as follows:

- as needed for the protection of certain elected officials, others and their families, as required by law;
- for the protection of persons when necessary to protect them from a serious danger of violence [information may also be released to others who may be able to help stop or reduce the danger]
- **\*\*when requested at the time of a patient's involuntary hospitalization [information may also be released to the county mental health director/designee];**
- **\*\*when reporting that a patient, while hospitalized, has been a victim or perpetrator of certain specified crimes;**
- **\*\*when requested by an officer who lodges a warrant with the facility**
- **\*\*to identify or locate a suspect, fugitive, material witness, certain escapees and certain missing persons;**
- in response to a court order, subpoena, warrant, summons or similar process;

**Advocacy Groups.** We may release mental health information to Protection and Advocacy, Inc. with a patient or patient representative's authorization or for the purposes of certain investigations. We may release mental health information to the County Patients' Rights Office with a patient or patient representative's authorization, or for investigations resulting from reports required by law to be submitted to the Director of Mental Health.

**Protection of Elective Constitutional Officers.** We may disclose mental health information about you to government law enforcement agencies as needed for the protection of federal and state elective constitutional officers and their families.

**\*\*Department of Justice:** We may disclose limited information to the California Department of Justice for movement and identification purposes about certain criminal patients, or regarding persons who may not purchase, possess or control a firearm or deadly weapon.

**Senate and Assembly Rules Committees.** We may disclose your mental health information to the Senate or Assembly Rules Committee for the purpose of legislative investigation, as required by law.

**\*\*Inmates.** If you are an inmate of a correctional institution or under the custody of law enforcement officials, we may release mental health information about you to the correctional institution as authorized or required by law.

**PSYCHOTHERAPY NOTES:** *Psychotherapy notes* means notes recorded (in any medium) by a health care provider who is a mental health professional documenting or analyzing the contents of conversation during a private counseling session or a group, joint, or family counseling session and that are separated from the rest of the individual's medical record. *Psychotherapy notes* excludes medication prescription and monitoring, counseling session start and stop times, the modalities and frequencies of treatment furnished, results of clinical tests, and any summary of the following items: diagnosis, functional status, the treatment plan, symptoms, prognosis, and progress to date.

Psychotherapy notes may not be disclosed without your authorization except in certain limited circumstances:

- Use or disclosure in supervised mental health training programs for students, trainees, or practitioners;
- Use or disclosure by the covered entity to defend a legal action or other proceeding brought by the individual;
- A use or disclosure that is required by law
- A use or disclosure that is permitted:
  - for legal and clinical oversight of the psychotherapist who made the notes,
  - to prevent or lessen a serious and imminent threat to the health or safety of the public

## **YOUR RIGHTS REGARDING MENTAL HEALTH INFORMATION ABOUT YOU**

Your mental health information is the property of UCLA Health System. You have the following rights, however, regarding mental health information we maintain about you:

**Right to Inspect and Copy.** With certain exceptions, you have the right to inspect and/or receive a copy of your mental health information.

To inspect and/or to receive a copy of your mental health information, you must submit your request in writing to UCLA Neuropsychiatric Hospital, Medical Records Department, 760 Westwood Plaza, RNPH C7-439, Los Angeles, CA 90024. If you request a copy of the information, there is a fee for these services.

We may deny your request to inspect and/or to receive a copy in certain limited circumstances. If you are denied access to mental health information, in most cases, you may have the denial reviewed. Another licensed health care professional chosen by UCLA Health System 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 an Amendment or Addendum.** If you feel that mental health information we have about you is incorrect or incomplete, you may ask us to amend the information or add an addendum (addition to the record). You have the right to request an amendment or addendum for as long as the information is kept by or for UCLA Health System.

Amendment. To request an amendment, your request must be made in writing and submitted to the Health Information Management Services Department, UCLA Health System, 10833 Le Conte Avenue, Room CHS BH265, Los Angeles, CA 90095-7305. In addition, you must provide a reason that supports your request.

We may deny your request for an amendment if it is not in writing or does not include a reason to support the request. In addition, we may deny your request if you ask us to amend information that:

- Was not created by UCLA Health System;
- Is not part of the mental health information kept by or for UCLA Health System;
- Is not part of the information which you would be permitted to inspect and copy; or
- Is accurate and complete in the record.

Addendum. To submit an addendum, the addendum must be made in writing and submitted to the Health Information Management Services Department, UCLA Health System, 10833 Le Conte Avenue, Room CHS BH265, Los Angeles, CA 90095-7305. An addendum must not be longer than 250 words per alleged incomplete or incorrect item in your record.

**Right to an Accounting of Disclosures.** You have the right to receive a list of certain disclosures we have made of your mental health information.

To request this accounting of disclosures, you must submit your request in writing to the Health Information Management Services Department, UCLA Health System, 10833 Le Conte Avenue, Room CHS BH-265, Los Angeles, CA 90095-7305. Your request must state a time period that may not be longer than the six previous years and may not include dates before April 14, 2003. You are entitled to one accounting within any 12-month period at no cost. If you request a second accounting within that 12-month period, there will be a charge for the cost of compiling the accounting. We will notify you of the cost involved and you may choose to withdraw or modify your request at that time before any costs are incurred.

**Right to Request Restrictions.** You have the right to request a restriction or limitation on the mental health information we use or disclose about you for treatment, payment or health care operations. You also have the right to request a limit on the mental health information we disclose about you to someone who is involved in your care or the payment for your care, such as a family member or friend. For example, you could ask that we not use or disclose information to a family member about a surgery you had.

To request a restriction, you must make your request in writing to the Health Information Management Services Department, UCLA Health System, 10833 Le Conte Avenue, Room CHS BH265, Los Angeles, CA 90095-7305. In your request, you must tell us (1) what information you want to limit; (2) whether you want to limit our use, disclosure or both; and (3) to whom you want the limits to apply, for example, only to you and your spouse. *We are not required to agree to your request.* If we do agree, our agreement must be in writing, and we will comply with your request unless the information is needed to provide you emergency treatment.

**Right to Request Confidential Communications.** You have the right to request that we communicate with you about medical matters in a certain way or at a certain location. For example, you may ask that we contact you only at home or only by mail.

To request confidential communications, you must make your request in writing to UCLA Neuropsychiatric Hospital, Medical Records Department, 760 Westwood Plaza, RNPH C7-439, Los Angeles, CA. We will accommodate all reasonable requests. Your request must specify how or where you wish to be contacted.

**Right to a Paper Copy of This Notice.** You have the right to a paper copy of this Notice. You may ask us to give you a copy of this Notice at any time. Even if you have agreed to receive this Notice electronically, you are still entitled to a paper copy of this Notice.

Copies of this Notice are available throughout UCLA Health System, or you may obtain a copy at our website, <http://www.uclahealth.org>.

### **CHANGES TO UCLA HEALTH SYSTEMS' PRIVACY PRACTICES AND THIS NOTICE**

We reserve the right to change UCLA Health System's privacy practices and this Notice. We reserve the right to make the revised or changed Notice effective for mental health information we already have about you as well as any information we receive in the future. We will post a copy of the current Notice throughout UCLA Health System. The Notice will contain the effective date on the first page in the top right-hand corner. In addition, at any time you may request a copy of the current Notice in effect.

### **QUESTIONS OR COMPLAINTS**

If you have any questions about this Notice, please contact UCLA Neuropsychiatric Hospital, Quality Management Department, 760 Westwood Plaza, RNPH B8257, Los Angeles, CA 90024 (310) 825-6962.

If you believe your privacy rights have been violated, you may file a complaint with UCLA Health System or with the Secretary of the Department of Health and Human Services. To file a complaint with UCLA Health System contact: UCLA Neuropsychiatric Hospital, Quality Management Department, 760 Westwood Plaza, RNPH B8257, Los Angeles, CA 90024 (310) 825-6962.

To file a complaint with the Secretary of the Department of Health and Human Services, contact the: Department of Health and Human Services, Office of Civil Rights, 90 7th Street, Suite 4-100, San Francisco, CA 94103-6705 (PHONE) (415) 437-8310, (FAX) (415) 437-8329, (TDD) (415) 437-8311.

**You will not be penalized for filing a complaint.**

### **OTHER USES OF MENTAL HEALTH INFORMATION**

Other uses and disclosures of mental health information not covered by this Notice will be made only with your written permission. If you provide us permission to use or disclose mental health information about you, you may revoke that permission, in writing, at any time. If you revoke your permission, we will no longer use or disclose mental health information about you for the reasons covered by your written permission. You understand that we are unable to take back any disclosures we have already made with your permission, and that we will retain our records of the care provided to you as required by law.

### Appendix 3

**UCLA Health System**

(Patient address or label)

