

NOTICE OF PRIVACY PRACTICES
UNIVERSITY OF CALIFORNIA _____ 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

UC__ Health

UC__ Health 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 professional schools. The administrative and operational units supporting the provision of care at all locations listed are also health care components of the University of California.

Our Pledge Regarding Your Health information

UC__ Health is committed to protecting the privacy of your medical or health information. We are required by law to maintain the privacy of your health information. We will follow the legal duties and privacy practices described in this notice (“Notice”).

Your Rights Regarding Your Health information

You have the following rights regarding the health information we maintain about you:

Right to See and Copy. You have the right to see or get a copy of your health information, with certain exceptions. If we have the information in electronic format, you have the right to obtain your health information in an electronic format if possible. If not, we will work with you to find a way for you to receive the information electronically or as a paper copy.

Your request must be made in writing and submitted to [*Insert appropriate contact information for Health Information Management or Medical Records Office*]. If you request a copy of the information, there may be a reasonable, cost-based fee for these services. You may also request that a copy of your health information be released to a third party that you choose.

Right to Ask for a Correction. If you feel that your health information is incorrect or incomplete, you may ask us to change or add more information to complete your record. Your request must be made in writing and submitted to [*Insert appropriate contact information*]. We may say “no” to your request, but we’ll tell you why in writing.

Right to Know How We Have Shared Your Health Information. You have the right to request a list (accounting) of the times UC__ Health has shared your health information with others,

NOTICE OF PRIVACY PRACTICES
UNIVERSITY OF CALIFORNIA _____ HEALTH SYSTEM

such as to government agencies. The list will not include any disclosures made for treatment, payment, health care operations, or any disclosure you asked us to make. The request may be for a period covering up to six years before the date you ask for the list. Your request must be made in writing and submitted to *[Insert appropriate Health Information Management Services contact information]*. If you request an accounting more than once during a 12-month period, we may charge you a reasonable, cost-based fee.

Right to Ask for Restrictions. You have the right to ask us to limit how we use and share certain health information for treatment, payment, or health care operations. We are not required to agree to your request. If you pay for a service or healthcare item out-of-pocket in full, you can ask us not to share that information for purposes of payment or our operations. Your request must be made in writing and submitted to *[Insert contact information]*.

Right to Ask for Confidential Communications. You have the right to ask that we communicate with you about your health information 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. You must make your request in writing to *[Insert contact]*. We will agree to all reasonable requests.

Right to a Paper Copy of This Notice. You can ask for a paper copy of this Notice at any time, even if you have agreed to receive this Notice electronically. Copies of this Notice are available throughout UC__ Health locations, or you may obtain a copy at our website, *[Insert appropriate web link]*.

Right to be Notified of a Breach. You have the right to be notified if we discover a breach that may have compromised the privacy or security of your information.

How We May Use and Disclose Your Health information

We typically use and disclose your health information in the following ways.

For Treatment. We use your health information to provide you with treatment or services. We disclose your health information to doctors, nurses, technicians, medical and health sciences students, or other health system personnel involved in your care. We may also share your health information with other non-UC__ Health providers for care or treatment. For example, we may share your health information if you are being referred to another provider at a non-UC Health institution.

NOTICE OF PRIVACY PRACTICES
UNIVERSITY OF CALIFORNIA _____ HEALTH SYSTEM

For Payment. We use and share your health information to bill or get payment from health plans or other entities. For example, we give information to your health plan so it will pay us for your services.

For Health Care Operations. We use and share your health information to manage your treatment and services, run our business and teaching institution operations, improve your care, and contact you when necessary. For example, your health information may be used to review the quality and safety of our services, or for business planning, management and administrative services. We may also share your health information with an outside company performing services for us such as accreditation, legal, or auditing services. These companies are required by law to keep your health information confidential.

Other Ways We Share Your Health Information

We are permitted or required by law to share your health information in others ways – usually in ways that help the public, such as public health and research. We have to meet many conditions in the law before we can share your information for these reasons.

Hospital Directory. If you are hospitalized, we may include certain 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. You have the right to object to the release of directory information.

Individuals Involved in Your Care or Payment for Your Care. We may share health information with your family, close friends, or others involved in your care or payment for your care.

[May vary by location – Insert list of HIEs as appropriate or locations can provide all HIEs and single page can be updated at UCOP]

Health Information Exchanges. UC__ Health may participate in one or more health information exchanges (HIE), where we may share your health information, as allowed by law, to other health care providers or entities for coordination of your care. This allows health care providers at different facilities participating in your treatment to have the information needed to treat you. We currently participate in the HIEs listed here [Insert link/URL - local or UCOP TBD]

If you do not want UC __ Health to share your information in an HIE, you can opt out by completing an opt-out form and submitting it to *[Insert appropriate contact*

NOTICE OF PRIVACY PRACTICES
UNIVERSITY OF CALIFORNIA _____ HEALTH SYSTEM

information] or call [INSERT NUMBER]. UC__ Health will agree with your opt-out request as needed to comply with the laws that apply to us. Opting out stops UC __ Health from sharing your information with other health care providers through the HIE; it does not stop other health care providers from sharing your information with UC _____ Health, and it does not stop a health care provider that already received your information from keeping it. To stop other health care providers from sharing your information with UC __ Health, you must contact those providers directly. If you opt out, you can choose to resume participation by submitting a written request to *[Insert Contact Information for Health Records or Health Information Management office]*.

Research. UC_ Health is a research institution. In certain circumstances, we can use or share your information for research without obtaining your authorization. For example, we may use your health information without your authorization for certain research when the research goes through a special review process to protect patient safety, welfare, and confidentiality.

University of California researchers may contact you about your interest in participating in certain research studies. Researchers may only contact you if they have approval to do so under a special review process. *[Last sentence optional by location – Insert as appropriate]* If you would like to opt out of receiving information related to research opportunities, please contact [INSERT].

Organ and Tissue Donation. If you are an organ donor, we may share your health information with organ procurement organizations.

Coroners, Medical Examiners and Funeral Directors. We may share health information with a coroner, medical examiner, or funeral director when an individual dies. This may be necessary, for example, to identify a deceased person or determine cause of death.

Disaster Relief Efforts. We may share your health information to an entity assisting in a disaster relief effort so that others can be notified about your condition, status and location.

Fundraising Activities. We may use information you provided us to contact you about fundraising programs and events. You can opt out of receiving fundraising information for UC__ Health by contacting us at *[Insert appropriate contact email and phone number for location Records Manager]*.

NOTICE OF PRIVACY PRACTICES
UNIVERSITY OF CALIFORNIA _____ HEALTH SYSTEM

As Required By Law. We will disclose your health information when required to do so by federal or state law. For example, we may share your health information with the Department of Health and Human Services if it wants to see that we're complying with federal privacy law.

Respond to lawsuits and legal actions. We can share health information about you in response to a court or administrative order, or in response to a subpoena.

Military and Veterans. If you are or were a member of the armed forces, we may release your health information to military authorities as allowed or required by law.

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

Workers' Compensation. We may use or share your health information for Workers' Compensation or similar programs as allowed or required by law. These programs provide benefits for work-related injuries or illness.

Public Health and Safety. We may disclose your health information for certain situations such as:

- preventing or controlling disease (such as cancer and tuberculosis), injury or disability
- reporting vital events such as births and deaths
- reporting suspected abuse, neglect, or domestic violence
- preventing or reducing a serious threat to anyone's health or safety
- reporting adverse events or surveillance related to food, medications or defects or problems with products
- notifying people 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
- providing limited information to your employer for legally required reporting of an employee's serious injury or death that occurs in the workplace
- providing limited information to your employer for legally required reporting related to medical surveillance of the workplace or work-related illness or injury, including infectious disease prevention and control.

Health Oversight Activities. We may share your health information with governmental, licensing, auditing, and other agencies as allowed or required by law.

NOTICE OF PRIVACY PRACTICES
UNIVERSITY OF CALIFORNIA _____ HEALTH SYSTEM

Law Enforcement. As allowed or required by law, when certain conditions are met, we may release your health information to law enforcement.

National Security and Intelligence Activities. As required by law, we may share your health information for special government functions such as national security and presidential protective services.

Marketing or Sale of Health information. Most uses and sharing of your health information for marketing purposes or any sale of your health information are strictly limited and require your written authorization.

Other Uses and Disclosures of Health Information. Other ways we share and use your health information not covered by this Notice will be made only with your written authorization. If you authorize us to use or disclose your health information, you may cancel that authorization, in writing, at any time. However, the cancellation will not apply to information we have already used and disclosed based on the earlier authorization.

Special laws apply to certain kinds of health information considered particularly private or sensitive to a patient. This sensitive information includes psychotherapy notes, sexually transmitted diseases, drug and alcohol abuse treatment records, mental health records, and HIV/AIDS information. When required by law, we will not share this type of information without your written permission. In certain circumstances, a minor's health information may receive additional protections.

Changes to UC__ Health's Privacy Practice and This Notice

We may change the terms of this Notice at any time, and the changes will apply to all health information we have about you. The current Notice will be available upon request, at our locations, and on our website.

[May vary by location – Insert as appropriate]

Organized Healthcare Arrangements. UC__ Health participates in an Organized Healthcare Arrangement (OHCA) with other healthcare providers. Within the OHCA, member organizations may share your health information for treatment, payment or operations related

NOTICE OF PRIVACY PRACTICES
UNIVERSITY OF CALIFORNIA _____ HEALTH SYSTEM

to the OHCA. For a list of UC__ Health's current OHCA participants, click here ___<URL>___ or call XXX-XXX-XXXX.

Questions or Complaints

If you have any questions or concerns about this Notice, please contact UC_____ Health [insert contact information]. If you feel your rights have been violated, you may file a complaint with [insert contact information]. You may also file a complaint with the Secretary of the U.S. Department of Health and Human Services, Office for Civil Rights. You will not be retaliated against for filing a complaint.

Effective Date: TBD

ADDITIONAL INFORMATION

[May vary by location – Insert as appropriate]

Notice of Privacy Practices – Other Languages

- a. English
- b. Spanish
- c. Chinese
- d. Vietnamese
- e. Tagalog
- f. Korean
- g. Armenian
- h. Persian (Farsi)
- i. Russian
- j. Japanese
- k. Arabic
- l. Punjabi
- m. Mon-Khmer, Cambodian
- n. Hmong
- o. Hindi
- p. Thai