

Notice of Privacy Practices

THIS NOTICE DESCRIBES HOW MEDICAL INFORMATION ABOUT YOU MAY BE USED AND DISCLOSED AND HOW YOU CAN ACCESS THIS INFORMATION. PLEASE REVIEW IT CAREFULLY.

Our Pledge Regarding Your Health Information

We understand that information about you and your health is confidential. We are committed to protecting the privacy of this information. Each time you contact Hollywood Presbyterian Medical Center (“HPMC”) or access care, treatment, and services we provide, we create a record of this care. We need this record to provide you with quality care and to comply with certain legal requirements. This notice applies to all of the records of your care that we keep on your behalf. This notice tells you about the ways in which we may use and disclose health information about you, as well as certain obligations we have regarding the use and disclosure of health information. It also describes your rights regarding your health information.

Our Responsibilities

Our primary responsibility is to safeguard your health information. We must give you this notice of our privacy practices, and follow the terms of the notice currently in effect. We will notify you in the event we become aware of an unauthorized access, use or disclosure of your protected health information (PHI).

Changes to this notice: We reserve the right to change this notice. We reserve the right to make the revised or changed notice effective for health information we already have about you as well as any information we receive in the future. You may view a copy of the current version of this notice which is publicly available on our web site www.HollywoodPresbyterian.com or it may be requested by calling a representative in our Health Information Management Department at **(323) 913-4960**.

How We May Use and Disclose Health Information about You

The following categories describe different ways that we use your health information within HPMC and disclose your health information to persons and entities outside of HPMC. We have not listed every use or disclosure within the categories below, but all permitted uses and disclosures will fall within one of the following categories. In addition, there are some uses and disclosures that require your specific authorization.

Treatment: We use and disclose your PHI to provide, coordinate or manage your health care and any related services. We may disclose health information about you to doctors, nurses, technicians, medical students, interns or other allied health personnel who are involved in taking care of your medical or pastoral needs during your stay or visit with us. We may communicate information to another non-HPMC care provider for the purposes of coordinating your continuing care, and may make that information available electronically. If you call us to seek information for your care, we may use and disclose the information you provide to us to another team member to assist in providing you with quality health care.

Payment: We may use and disclose your information to bill for services provided by HPMC and to obtain payment from you, an insurance company, a third party or a collection agency. This may include the disclosure of health information to obtain prior authorization for treatment and procedures from your insurance plan.

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Health Care Operations: Uses and disclosures of health information are necessary to operate our health care facility and to make sure all of our patients receive quality care. We may use and disclose relevant health information about you for health care operations. Examples include quality assurance activities, post-discharge telephone calls to follow up on your health status, medical staff credentialing, administrative activities including HPMC financial and business planning and development, customer service activities including patient satisfaction surveys, investigation of complaints and certain marketing activities such as health education options for treatment and services.

Business Associates: HPMC provides services through contracts with business associates. Examples of business associates include accreditation agencies, management consultants, quality assurance reviewers and billing and claims administrators. We disclose your health information to our business associates so they can perform the job we've asked them to do. To protect your health information, we require our business associates to sign a contract or written agreement that states they will appropriately safeguard your information.

Special Situations that Do Not Require Your Authorization

State or federal law permits the following disclosures of your health information without verbal or written permission from you. This list is not exhaustive.

Organ and Tissue Donation: We may release health information to organizations that handle organ, eye or tissue procurement or transplantation.

Research: We may disclose health information about you if you participate in a research project.

Military and Veterans: If you are a member of the armed forces, we may release health information about you as required by military command authorities.

Workers' Compensation: We may release health information about you for workers' compensation or similar benefit programs if you have a work-related injury.

Averting a Serious Threat to Health or Safety: We may use and disclose health information about you, when necessary, to prevent a serious threat to your health or safety or the health and safety of another person or the public. These disclosures are made only to someone able to help prevent the threat.

Health Oversight Activities: We disclose health information to health oversight agencies for activities authorized by law. These oversight activities include audits, investigations, inspections and licensure. These activities are necessary for the government and accreditation agencies to monitor the health care system, government programs and compliance with state and federal law.

Public Health Activities: We may disclose health information about you for public health activities:

1. To prevent or control disease, injury or disability.
2. To report births and deaths.
3. To report child and adult abuse or neglect.
4. To report reactions to medications, problems with products or other adverse events.

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5. To notify people of recalls of products they may be using.
6. To notify a person who may have been exposed to a disease or may be at risk for contracting or spreading a disease or condition.

Victims of Abuse, Neglect or Domestic Violence: Your PHI may be disclosed to a governmental authority, including a social service or protective services agency, authorized by law to receive reports of such abuse, neglect, or domestic violence if there is a reasonable belief that an individual is a victim of abuse, neglect or domestic violence.

Lawsuits and Disputes: If you are involved in a lawsuit or a dispute, we may disclose health information about you in response to a court or administrative order. We may disclose health information about you in response to a subpoena, discovery request or other lawful process by someone else involved in the dispute.

Law Enforcement: We may disclose health information if asked to do so by law enforcement officials:

1. In response to a court order, subpoena, warrant, summons or similar process
2. To identify or locate a suspect, fugitive, material witness or missing person.
3. To identify the victim of a crime if, under certain circumstances, we are unable to obtain the person's authorization.
4. To release information about a death we believe may be the result of criminal conduct.
5. To investigate criminal conduct at HPMC.
6. Emergency circumstances, 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 Mortuaries: We may disclose health information to a coroner or medical examiner. This may be necessary to identify a deceased person or determine the cause of death of a person.

National Security and Intelligence Activities: We may disclose health information about you to authorized federal officials for intelligence, counterintelligence and other national security activities authorized by law.

Inmates: If you are an inmate of a correctional institution or under custody of a law enforcement official, we may disclose health information about you to the correctional institution or the law enforcement official. This is necessary for the correctional institution to provide you with health care, to protect your health and safety and the health and safety of others or for the safety and security of the correctional institution.

Legal Requirements: We disclose health information about you without your permission when required to do so by federal, state or local law.

Situations Requiring Your Verbal Agreement

Directory Information: The hospital has a "directory" of information about currently hospitalized patients available to anyone who asks for a patient by name. The directory information includes four items: 1) patient name; 2) location; 3) general condition (e.g., serious, fair, good, etc.); and 4) religious affiliation (available to clergy only). This directory information allows visitors to find your room and florists to deliver flowers to you.

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You will be asked to agree to have all or part of this information included in the directory each time you come to HPMC. If you choose to have your information excluded from the directory, we will not be able to reveal your presence or your location in the hospital to your family or friends.

Individuals Involved in Your Care or Payment for Your Care: We may disclose health information about you to a family member or friend who is involved in your medical care, if (1) your written authorization is obtained; (2) you do not object to the disclosure after being provided an opportunity to object; or (3) it can be reasonably inferred that you do not object to the disclosure. At HPMC, we may disclose health information about you to an entity assisting in a disaster relief effort (such as the Red Cross) so that your family can be notified about your condition, status and location.

If you do not have the opportunity to agree or object to use or disclosure because of your incapacity or an emergency circumstance, HPMC staff may exercise their professional judgment to determine whether a disclosure is in your best interests. If information is disclosed to a family member or friend, HPMC will disclose only information believed to be directly relevant to that person's involvement in your health care or payment related to your health care.

Situations Requiring Your Express Authorization

If there are reasons we need to use your information that have not been described in the sections above, we will obtain your written permission. This permission is described as an "authorization." If you authorize us to use or disclose health information about you, you may revoke that authorization in writing at any time. If you revoke your authorization, we will no longer use or disclose health information about you for the reasons stated in your written authorization. Please understand that we are unable to take back any disclosures we have already made with your permission, and we are required to retain our records of the care we provide to you. Listed below are some typical disclosures that require your authorization.

Special Categories of Treatment Information: In most cases, federal or state law requires your written authorization or the written authorization of your representative, for disclosure of drug and alcohol abuse treatment, testing and treatment for Human Immunodeficiency Virus (HIV) and Acquired Immune Deficiency Syndrome (AIDS), testing & treatment for Sexually Transmitted Diseases (STDs), reproductive health services, genetic information, and mental health treatment.

Sale of Health Information: It is not HPMC's practice to sell your health information. Sale of your health information would require your written authorization.

Research: When a research study involves your treatment, or, in certain circumstances, records research, we may disclose your health information to researchers only after you have signed a specific written authorization. In addition, an Institutional Review Board (IRB) will already have reviewed the research proposal, established appropriate protocols to ensure the privacy of your health information and approved the research. You do not have to sign the authorization, but if you refuse you cannot be part of the research study and may be denied research-related treatment.

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Marketing: Under most circumstances, we obtain your authorization for HPMC related marketing activities.

Fundraising: For fundraising purposes, we will obtain your authorization. You may opt out of receiving such communication at any time, and may opt back in at any time. If you receive a request for fundraising, information on how to opt-out will be made available and posted publicly on the HPMC website at www.HollywoodPresbyterian.com.

Your Rights Regarding Medical Information About You

You have the following rights regarding medical information we maintain about you. To obtain additional information and instructions for exercising the following rights, you may contact a Health Information Management representative at **(323) 913-4960**.

Obtain a copy of our Notice of Privacy Practices: Upon your request, we will provide a paper copy of this Notice, which is also available online at www.HollywoodPresbyterian.com.

Right to name a Personal Representative: You may name another person to act as your personal representative. Your representative will be allowed access to your PHI, to communicate with the healthcare professionals and facilities providing your care, and to exercise all other privacy rights on your behalf. Depending on the authority you grant your representative, he or she may also have the right to make healthcare decisions on your behalf. We will always verify that a person has authority to act on your behalf or receive your information before any action is taken.

Revoke your authorization: You have the right to revoke the designation of a personal representative or your authorization for the disclosure of your health information, except to the extent that your information has already been disclosed, consistent with the authorization.

Request Confidential Communications: You may ask to receive HPMC communications containing PHI about “Sensitive Services” by alternative means or at alternative locations. “Sensitive Services” can mean the care or treatment you receive for sexual and reproductive care, mental health care, a sexual assault or domestic violence, or substance abuse disorders (this is not a complete list). As required by law, and whenever feasible, we will accommodate reasonable requests. We may require that you make your request in writing. If your request involves a minor child, we may ask you to provide legal documentation to support your request.

Inspect and Request a copy of your Health Record: You may ask to inspect or to receive a copy of certain PHI that we maintain about you in a “designated record set.” This includes, for example, records of treatment and services, payments, claims, and case management records. If you would like to request a copy of your records, please obtain a record request form and submit the completed form to the Health Information Management Department. Whenever possible, and as required by law, we will provide you with a copy of your PHI in the form (paper or electronic) and format you request. If you request a copy of your PHI, we may charge you a reasonable, cost-based fee for preparing, copying, and/or mailing it to you. In certain limited circumstances permitted by law, we may deny you access to a portion of your records. If you are a parent or legal guardian of a minor, certain portions of the minor patient’s medical record may not be accessible to you. For example,

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records pertaining to health care services for which a minor can lawfully give consent and therefore, for which the minor has the right to designate who may access their PHI related to those services.

Request to amend your health record: You have the right to ask us to correct or amend the PHI that we maintain about you in a designated record set. Your request must be made in writing and explain why you want your PHI amended. If we determine that the PHI is inaccurate or incomplete, we will correct it if permitted by law. If a doctor or another healthcare facility created the PHI that you want to change, you should ask them to amend the information. If HPMC denies your request for an amendment, you may submit a written addendum that may not exceed 250 words. If you request in writing that the addendum be made part of your medical record, upon review and approval by HPMC, we will include the addendum as part of your medical record.

Obtain an accounting of disclosures to others of your health information: Upon your written request, we will provide you with a list of the disclosures we have made of your PHI for a specified time period, up to six years prior to the date of your request. However, the list will exclude: disclosures you have authorized; disclosures made earlier than six years before the date of your request; disclosures made for treatment, payment, and healthcare operations purposes, except when required by law; or certain other disclosures that we are allowed by law to exclude from the accounting. If you request an accounting more than once during any 12-month period, we will charge you a reasonable, cost-based fee for each accounting report after the first one.

Complain about any aspect of our health information practices to HPMC or to the Department of Health and Human Services: Complaints about this notice or how HPMC handles your health information should be directed in writing to the HPMC Privacy Officer at the address below. There will be no retaliation against you if you file a complaint with us. You also may submit a formal complaint in writing to the Secretary of the US Department of Health and Human Services, Office for Civil Rights:

U.S. Department of Health and Human Services

200 Independence Avenue, S.W.
Washington, D.C. 20201

If you have questions about this notice, contact the HPMC Privacy Officer at **(323) 913-4960**.

Mailing Address:

CHA Hollywood Presbyterian Medical Center

ATTN: Privacy Officer
1300 North Vermont Avenue
Los Angeles, CA 90027