

# CHLA NOTICE OF PRIVACY PRACTICES

***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.***

## WHAT IS THIS NOTICE ABOUT AND WHY IS IT IMPORTANT?

This notice is required by the U.S. Department of Health and Human Services in order for you to be informed of how your health information will be used, disclosed, and protected, and about your rights regarding your health information.

## WHAT DOES THIS NOTICE COVER?

This Notice covers the following types of information:

- > Information about your health condition, health care treatment, or payment for health care treatment that could reasonably identify who you are.
- > Information in the possession of any CHLA department or service area wherever it may be. It also applies to all CHLA employees, volunteers, contractors, or anyone working at CHLA who might have access to your health information. In accordance with Title 45 of the Code of Federal Regulations §164.501, Childrens Hospital Los Angeles, including members of its Medical Staff, University Childrens Medical Group, and University of Southern California, legally separate covered entities, designate themselves as an Organized Health Care Arrangement for the sole purpose of complying with the Privacy Regulations of the Health Insurance Portability and Accountability Act of 1996. These entities will share information necessary for the joint health care activities of the Organized Health Care Arrangement.

## HOW CHLA WILL USE YOUR HEALTH INFORMATION

CHLA is permitted to use your health information or to disclose to others outside CHLA without permission from you for three basic types of activities:

- **Treatment** – We are permitted to use your health information or disclose it to others outside CHLA in order to provide proper medical care to you. This means we can provide your health information to nurses, technicians, doctors, medical students, or outside laboratories involved in your care. For example, the dietitian may need to know your condition if it requires special meals; x-ray and laboratory technicians may need to know your condition in order to conduct the proper test; other physicians may need to have your information in order to advise those providing you care.
- **Payment** – We are permitted to use your health information or disclose it to others outside CHLA in order to submit bills for the care and services you received. For example, information about your care or services may be sent to your insurance company, a government insurance program, or another company that process the information and submits it for payment. We may also send information to your health plan about treatment you may receive so they may approve or disapprove whether you are covered for that care.
- **Health care operations** – We are also permitted to use your health information or disclose it to others outside CHLA in order run the hospital and assure high quality care. For example, we may use your information to review how we provide care to you; we may disclose it to consultants to help us improve how we operate the hospital; we may also disclose it to certain organizations to meet compliance or licensing requirements.

CHLA may also use your information or disclose it to others outside CHLA without your permission under certain other specific circumstances as described below:

- **Appointment Reminders** – We may use or disclose your health information to send you reminders that you have an appointment for treatment or medical care.
- **Treatment Alternatives** – We may use or disclose your health information to tell you about or recommend possible treatment-related options, activities, or alternatives that may be helpful to you.
- **Health-Related Benefits and Services** – We may use or disclose your health information to tell you about health-related benefits or services that may be of interest to you.
- **Fundraising Activities** – We may use or disclose certain health information (such as your name, address, phone number, age, gender, and dates you received treatment at the hospital) to contact you in the future to raise funds for CHLA. The money raised will be used to expand and improve the services and programs we provide the community.
- **Hospital Directory** – We may include certain limited information about you in the hospital directory while you are a patient at the hospital such as your name, location in the hospital, general condition (e.g., fair, stable, etc.), and your religious affiliation. This directory information, except for your religious affiliation, may also be disclosed to people who ask for you by name. Your religious affiliation may be given to a member of the clergy. **During admission you will be given an opportunity to withhold your information from the CHLA patient directory.**
- **Individuals Involved in Your Care or Payment for Your Care** – During times of treatment, we disclose your health information only to your personal representative. We may also disclose your health information to an entity assisting in a disaster relief effort so that your family can be notified about your condition, status, and location.
- **Research** – Under certain circumstances, we may use and disclose your health information for research purposes. For example, we may, disclose your information to researchers preparing to conduct an investigation to help them look for patients with specific medical conditions. But, in nearly all other cases, we will need your written authorization for research.
- **As Required By Law** – We will disclose your information when required by law.
- **To Avoid a Serious Threat to Health or Safety** – We may use and disclose your health information to prevent a serious threat to your health and safety or the health and safety of the public or another person. Any disclosure, however, would only be to someone able to help prevent 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 to support the process.

#### YOUR RIGHTS REGARDING YOUR HEALTH INFORMATION

- **Authorization to Use Your Information** – In order for us to use or disclose your information, other than as described above, we will nearly always need to obtain your written authorization which you may revoke at any time to stop any future uses and disclosures.
- **Right to Have Access to Your Information** – In most cases, you have the right to look at or have a copy of your health information that we have. Your request for a copy of your health information must be in writing. A nominal fee will be charged for copying costs.
- **Right to Amend Your Information** – If you believe the information we have about you is incorrect or if important information is missing, you have the right to request that we correct the existing information or add the missing information.

- **Right to Request Your Information be Provided in Certain Way** – You may request that when we send your information to you, we do so in a specific way that is convenient for you. We are not required to follow your request, but we will make every reasonable effort to do so or find a mutually satisfactory alternative.
- **Right to an Accounting of Our Disclosures of Your Information** – You also have the right to receive a list of instances where we have disclosed your health information to others for reasons other than treatment, payment or health care operations.
- **Right to Limit Our Use or Disclosure of Your Information** – You may request in writing that we not use or disclose your information for treatment, payment operations, or any other purpose except when specifically authorized by you, when required by law, or in emergency circumstances. We will consider your request and respond, but we are not legally required to accept it.

#### CHLA's DUTIES REGARDING YOUR HEALTH INFORMATION

We are required to protect the privacy of your information, establish Policies and Procedures that do so, provide this notice about our privacy practices, and to follow the practices described in this Notice.

We reserve the right to change our Policies and Procedures for protecting health information. When we make a significant change in how we use or disclose your health information, we will also change this Notice and post the new Notice in the waiting and admissions areas. You can also request a written copy of the most recent version of this Notice at any time.

#### HOW TO MAKE A COMPLAINT ABOUT HOW YOUR INFORMATION IS USED

If you believe we have not properly protected your privacy, violated your privacy rights, or you disagree with a decision we made about access to your records, you may contact the CHLA Privacy Officer at the address listed below. You also may send a written complaint to the U.S. Department of Health and Human Services, Office of the Secretary, Federal Office Building, 50 United Nations Plaza, Room 322, San Francisco, California 94102. We will not retaliate against you if you file a complaint with us or the U.S. Department of Health and Human Services.

#### HOW TO GET MORE INFORMATION ABOUT CHLA's PRIVACY PRACTICES

To act on any of the information provide in this Notice or for more information about our privacy practices, you may contact the CHLA Privacy Officer: Phone: (323) 669-2302; Fax: (323) 669-7948; e-mail: [mrobin@chla.usc.edu](mailto:mrobin@chla.usc.edu); or mail: Mike Robin, CHLA Privacy Officer, Childrens Hospital Los Angeles, 4650 Sunset Boulevard, MS #52, Los Angeles, California 90027.