

# 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.**

## **I. Who Presents this Notice**

This Notice describes the privacy practices of USC University Hospital, which does business as USC University Hospital (“**Hospital**”), the Hospital’s workforce and University of Southern California (“**University**”), including University’s faculty physicians (“**University Physicians**”), and other members of Hospital’s medical and allied health staff who are not University Physicians (“**Hospital Providers**”). The Hospital, University, University Physicians and Hospital Providers together are sometimes called “**the Hospital, University and Providers**” in this Notice). While the Hospital, University and Providers engage in many joint activities and provide services in a clinically integrated care setting, the Hospital, University and Providers each are separate legal entities. This Notice applies to services furnished to you at 1500 San Pablo Street, Los Angeles, California as a Hospital inpatient or outpatient or any other services provided to you in a Hospital-affiliated program involving the use or disclosure of your health information.

## **II. Privacy Obligations**

The Hospital, University and Providers each are required by law to maintain the privacy of your health information maintained by the Hospital, as well as health information used by University that relates to services furnished to you, at 1500 San Pablo Street, Los Angeles, California as a Hospital inpatient or outpatient. This information is referred to as “**Hospital Protected Health Information**” or “**Hospital PHI**.” The Hospital, University and Providers each are required to provide you with this Notice of legal duties and privacy practices with respect to your Hospital PHI. When the Hospital, University and Providers use or disclose your Hospital PHI, the Hospital, University and Providers are required to abide by the terms of this Notice (or other notice in effect at the time of the use or disclosure). Special privacy obligations, described in Section IV.D, apply to you if you are admitted to the Hospital’s psychiatric unit or chemical dependency treatment center.

## **III. Permissible Uses and Disclosures Without Your Written Authorization**

In certain situations, which are described in Section IV below, your written authorization must be obtained in order to use and/or disclose your Hospital PHI. However, the Hospital, University and Providers do not need any type of authorization from you for the following uses and disclosures:

**A. Uses and Disclosures For Treatment, Payment and Health Care Operations.** Your Hospital PHI, but not your “Highly Confidential Information” (defined in Section IV.C below), may be used and disclosed in order to treat you, obtain payment for services provided to you and conduct “health care operations” as detailed below:

- **Treatment.** Your Hospital PHI may be used and disclosed to provide treatment and other services to you--for example, to diagnose and treat your injury or illness. In addition, you may be contacted to provide you appointment reminders or information about treatment alternatives or other health-related benefits and services that may be of interest to you. The Hospital, University and Providers each may also disclose Hospital PHI to other providers (including each other) involved in your treatment.
- **Payment.** Your Hospital PHI may be used and disclosed to obtain payment for services provided to you--for example, disclosures to claim and obtain payment from your health insurer, HMO, or other company that arranges or pays the cost of some or all of your health care (“**Your Payor**”) to verify that Your Payor will pay for health care. Your Hospital PHI may also be disclosed to other providers for them to obtain payment.
- **Health Care Operations.** Your Hospital PHI may be used and disclosed for health care operations, and may be shared between the Hospital, University and Providers for joint health care activities, which include internal administration and planning and various activities that improve the quality and cost effectiveness of the care delivered to you. For example, your Hospital PHI may be used to evaluate the quality and competence of physicians, nurses and other health care workers, or to train students, residents and fellows. Your Hospital PHI may be disclosed to the Hospital Privacy Office in order to resolve any complaints you may have and ensure that you have a comfortable visit in the Hospital.

Your Hospital PHI also may be disclosed to your other health care providers when such Hospital PHI is required for them to treat you, receive payment for services they render to you, or conduct certain health care operations, such as quality assessment and improvement activities, reviewing the quality and competence of health care professionals, or for health care fraud and abuse detection or compliance. In addition, your Hospital PHI may be shared with business associates who perform treatment, payment and health care operations services on behalf of the Hospital, University and Providers.

**B. Use or Disclosure for Directory of Individuals in the Hospital.** The Hospital may include your name, location in the Hospital, general health condition and religious affiliation in a patient directory without obtaining your authorization unless you object to inclusion in the directory. Information in the directory may be disclosed to anyone who asks for you by name or members of the clergy; provided, however, that your religious affiliation will only be disclosed to members of the clergy.

C. Disclosure to Relatives, Close Friends and Other Caregivers. Your Hospital PHI may be disclosed to a family member, other relative, a close personal friend or any other person identified by you when you are present for, or otherwise available prior to, the disclosure, if (1) your agreement 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.

If you are not present, or the opportunity to agree or object to a use or disclosure cannot practicably be provided because of your incapacity or an emergency circumstance, the Hospital, University and/or Providers may exercise professional judgment to determine whether a disclosure is in your best interests. If information is disclosed to a family member, other relative or a close personal friend, the Hospital, University and Providers would disclose only information believed to be directly relevant to the person's involvement with your health care or payment related to your health care. Your Hospital PHI also may be disclosed in order to notify (or assist in notifying) such persons of your location or general condition.

D. Fundraising Communications. The Hospital will not use your Hospital PHI for fundraising. University may use basic information about you (such as name, address, dates of service and the like) to contact you to raise funds for University. If you are contacted by University for fundraising purposes, you will be given the opportunity by University to opt out of receiving future fundraising communications.

E. Public Health Activities. Your Hospital PHI may be disclosed for the following public health activities: (1) to report health information to public health authorities for the purpose of preventing or controlling disease, injury or disability; (2) to report child abuse and neglect to public health authorities or other government authorities authorized by law to receive such reports; (3) to report information about products and services under the jurisdiction of the U.S. Food and Drug Administration; (4) to alert a person who may have been exposed to a communicable disease or may otherwise be at risk of contracting or spreading a disease or condition; and (5) to report information to your employer as required under laws addressing work-related illnesses and injuries or workplace medical surveillance.

F. Victims of Abuse, Neglect or Domestic Violence. Your Hospital 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 you are a victim of abuse, neglect or domestic violence.

G. Health Oversight Activities. Your Hospital PHI may be disclosed to a health oversight agency that oversees the health care system and is charged with responsibility for ensuring compliance with the rules of government health programs such as Medicare or Medicaid.

H. Judicial and Administrative Proceedings. Your Hospital PHI may be disclosed in the course of a judicial or administrative proceeding in response to a legal order or other lawful process.

I. Law Enforcement Officials. Your Hospital PHI may be disclosed to the police or other law enforcement officials as required or permitted by law or in compliance with a court order or a grand jury or administrative subpoena.

J. Decedents. Your Hospital PHI may be disclosed to a coroner or medical examiner as authorized by law.

K. Organ and Tissue Procurement. Your Hospital PHI may be disclosed to organizations that facilitate organ, eye or tissue procurement, banking or transplantation.

L. Research. The Hospital and University engage in important research activities. Your Hospital PHI may be important to further research efforts and the development of new knowledge. Your Hospital PHI may be used or disclosed without your authorization, if an Institutional Review Board or Privacy Board reviews the research protocol and approves a waiver of authorization for disclosure. Your Hospital PHI may be used or disclosed without your authorization to a researcher who is preparing a research protocol.

M. Limited Data Set. Limited health information about you (not including your name, address or other direct identifiers) may be provided for research, public health or health care operations, but only if the recipient of such information signs an agreement to protect the information and not use it to identify you.

N. Health or Safety. Your Hospital PHI may be used or disclosed to prevent or lessen a serious and imminent threat to a person's or the public's health or safety.

O. Specialized Government Functions. Your Hospital PHI may be disclosed to units of the government with special functions, such as the U.S. military or the U.S. Department of State under certain circumstances.

P. Workers' Compensation. Your Hospital PHI may be disclosed as authorized by and to the extent necessary to comply with California law relating to workers' compensation or other similar programs.

Q. As Required by Law. Your Hospital PHI may be used and disclosed when required to do so by any other law not already referred to in the preceding categories.

#### **IV. Uses and Disclosures Requiring Your Written Authorization**

A. Use or Disclosure with Your Authorization. For any purpose other than the ones described above in Section III, your Hospital PHI may be used or disclosed only when you provide your written authorization on an authorization form ("**Your Authorization**"). For instance, you will need to execute an authorization form before your Hospital PHI can be sent to your life insurance company or to the attorney representing the other party in litigation in which you are involved.

B. Marketing. Your written authorization ("**Your Marketing Authorization**") also must be obtained prior to using your Hospital PHI to send you any marketing materials. (However, marketing materials can be provided to you in a face-to-face encounter without obtaining Your Marketing Authorization. The Hospital, University and/or Providers are also permitted to give you a promotional gift of nominal value, if they so choose, without obtaining Your Marketing Authorization.) In addition, the Hospital, University and/or Providers may communicate with you about products or services relating to your treatment, case management or care coordination, or alternative treatments, therapies, providers or care settings without Your Marketing Authorization, and such Hospital PHI may be shared between the Hospital, University and Providers to enable communications with you about joint health care activities.

C. Uses and Disclosures of Your Highly Confidential Information. In addition, federal and state law require special privacy protections for certain highly confidential information about you ("**Highly Confidential Information**"), including the subset of your Hospital PHI that: (1) is maintained in psychotherapy notes; (2) is about mental health and developmental disabilities services; (3) is about alcohol and drug abuse prevention, treatment and referral; (4) is about HIV/AIDS testing, diagnosis or treatment; (5) is about communicable disease(s); (6) is about genetic testing; (7) is about child abuse and neglect; (8) is about domestic or elder abuse; or (9) is about sexual assault. In order for your Highly Confidential Information to be disclosed for a purpose other than those permitted by law, your written authorization is required.

D. Use and Disclosure of Information Upon Admission to a Psychiatric Unit or Chemical Dependency Treatment Center. Information regarding your care in the Hospital's psychiatric unit or chemical dependency treatment center is subject to special protections under state and federal law. The terms of this Notice shall apply to your PHI unless otherwise described in this Section IV.D.

- Psychiatric Treatment. Your Hospital PHI will be disclosed to Hospital personnel and other qualified mental health professionals who have medical or psychological responsibility for your treatment, or in the course of a conservatorship proceeding. Your Authorization will be obtained prior to disclosing your Hospital PHI to other treatment providers who do not have medical or psychological responsibility for your care. To the extent necessary, your Hospital PHI will be disclosed to obtain payment for services rendered to you, as for example, to your insurance company. On occasion, your Hospital PHI may be used for health care operations but, to the extent possible, your personally identifiable information will be removed.

Reasonable attempts will be made to notify your next of kin or any other person designated by you of your admittance for inpatient care, your release, transfer, serious illness or injury, unless you object to such disclosures. Your Hospital PHI will not be disclosed to your family members or any other person designated by you seeking information about your diagnosis, prognosis, medications and your progress without your written Authorization. The Hospital, University and Providers will not respond to other inquiries about your treatment and will not disclose information revealing that you are a patient of the psychiatric unit to other unauthorized individuals who call the Hospital to seek information without your written Authorization. If you are a minor or have a personal representative (such as a guardian or person authorized under a power of attorney), you will be consulted prior to sharing information with such person. If you refuse to grant permission or are unable to grant permission, information may be shared with your personal representative only to the extent permitted or required by state law.

The Hospital, University and Providers will comply with California law in reporting your Hospital PHI for public health activities or health oversight activities. If you disclose information related to child abuse or other types of actual or threatened abuse, the Hospital, University and/or Providers may be required to report such information to governmental authorities responsible to investigate such abuse. If you commit a crime on the premises, your Hospital PHI may be used to report the crime. To the extent possible, you will be notified or a protective order will be sought prior to disclosing information to a judicial proceeding. Your Hospital PHI will not be used for marketing.

- Chemical Dependency Treatment. If you are a recipient of chemical dependency treatment, your Hospital PHI is protected by federal confidentiality laws (42 U.S.C. 290dd-3, 290ee-3 and 42 CFR Part 2) and California law. Violations of these laws is a crime and may be reported to appropriate authorities. Your Hospital PHI will be disclosed to Hospital personnel within the chemical dependency treatment program and certain organizations providing services to the program that have a need to know your Hospital PHI to perform their job duties or to medical personnel in the event of a medical emergency. Your authorization must be obtained prior to disclosing any Hospital PHI to obtain payment for services rendered to you, such as for example, to your insurance company. On occasion, your Hospital PHI may be used for health care operations but your identifying information will be removed. The Hospital, University and Providers will not respond to inquiries about your treatment and will not disclose information revealing that you are a patient of the chemical dependency center to unauthorized individuals who call the Hospital to seek information. If you are twelve years of age or older, your Hospital PHI will not be disclosed to a family member, relative or any other person seeking information about your care unless your written Authorization is obtained, except as permitted or required by state law. If you are a minor less than twelve years of age or have a personal representative (such as a guardian or person authorized under a power of attorney), you will be consulted prior to sharing information about your care. If you refuse to grant permission or are unable to grant permission, information may be shared with your personal representative only to the extent permitted or required by state law. The Hospital, University and Providers will comply with federal and California law in reporting your Hospital PHI for public health activities or health oversight activities. If you disclose information related to child abuse, the Hospital, University and/or Providers may be required to report such information to governmental authorities responsible to investigate such abuse. If you commit a crime on the premises, your Hospital PHI may be used to report the crime. To the extent possible, you will be notified or a protective order will be sought prior to disclosing information in connection with a judicial proceeding. Your Hospital PHI will not be used for marketing.



## V. Your Rights Regarding Your Protected Health Information

A. For Further Information; Complaints. If you desire further information about your privacy rights, are concerned that your privacy rights have been violated or disagree with a decision made about access to your Hospital PHI, you may contact the Hospital Privacy Office at the location identified below. The Hospital will notify the University, as appropriate, regarding your concerns. You may also file written complaints with the Director, Office for Civil Rights of the U.S. Department of Health and Human Services. Upon request, the Hospital Privacy Office will provide you with the correct address for the Director. The Hospital, University and Providers will not retaliate against you if you file a complaint with the Hospital Privacy Office or the Director.

B. Right to Request Additional Restrictions. You may request restrictions on the use and disclosure of your Hospital PHI (1) for treatment, payment and health care operations, (2) to individuals (such as a family member, other relative, close personal friend or any other person identified by you) involved with your care or with payment related to your care, or (3) to notify or assist in the notification of such individuals regarding your location and general condition. While all requests for additional restrictions will be carefully considered, the Hospital, University and Providers are not required to agree to a requested restriction. If you wish to request additional restrictions, please obtain a request form from the Hospital Privacy Office and submit the completed form to the Hospital Privacy Office. A written response will be sent to you.

C. Right to Receive Confidential Communications. You may request, and the Hospital, University and/or Providers will accommodate, any reasonable written request for you to receive your Hospital PHI by alternative means of communication or at alternative locations. The Hospital will notify the University, as appropriate, regarding such matters.

D. Right to Revoke Your Authorization. You may revoke Your Authorization, Your Marketing Authorization or any written authorization obtained in connection with your Highly Confidential Information, except to the extent that the Hospital, University and/or Providers have taken action in reliance upon it, by delivering a written revocation statement to the Hospital Privacy Office identified below. Hospital will communicate revocations, as appropriate, to University. A form of Written Revocation is available upon request from the Hospital Privacy Office.

E. Right to Inspect and Copy Your Health Information. You may request access to your medical record file and billing records maintained by Hospital in order to inspect and request copies of the records. Under limited circumstances, Hospital may deny you access to a portion of your records. You should take note that, if you are a parent or legal guardian of a minor, certain portions of the minor's medical record will not be accessible to you (for example, records pertaining to health care services for which the minor can lawfully give consent and therefore for which the minor has the right to inspect or obtain copies of the record (e.g., abortion or mental health treatment); or the health care provider determines, in good faith, that access to the patient records requested by the representative would have a detrimental effect on the provider's professional relationship with the minor patient or on the minor's physical safety or psychological well-being. If you desire access to your records, please obtain a record request form from the Hospital Privacy Office and submit the completed form to the Hospital Privacy Office. If you request copies, you will be charged in accordance with state and federal law and any reasonable costs, not exceeding actual costs, incurred in providing copies of x-rays or tracings derived from electrocardiography, electroencephalography or electromyography or pathology slides. You also will be charged for the postage costs, if you request that the copies be mailed to you.

F. Right to Amend Your Records. You have the right to request that Hospital PHI maintained by Hospital in your Hospital medical record file or billing records be amended. If you desire to amend your records, please obtain an amendment request form from the Hospital Privacy Office and submit the completed form to the Hospital Privacy Office. Your request will be accommodated unless the Hospital, University and/or Providers believe that the information that would be amended is accurate and complete or other special circumstances apply.

G. Right to Receive An Accounting of Disclosures. Upon request to the Hospital, you may obtain an accounting of certain disclosures of your Hospital PHI made for purposes other than treatment, payment, or health care operations during any period of time prior to the date of your request provided such period does not exceed six years and does not apply to disclosures that occurred prior to April 14, 2003. If you request an accounting more than once during a twelve (12) month period, you will be charged **\$15.00 per request** of the accounting statement.

H. Right to Receive Paper Copy of this Notice. Upon request, you may obtain a paper copy of this Notice, even if you have agreed to receive such notice electronically.

## VI. Effective Date and Duration of This Notice

A. Effective Date. This Notice is effective on December 8, 2003.

B. Right to Change Terms of this Notice. The terms of this Notice may be changed at any time. If this Notice is changed, the new notice terms may be made effective for all Hospital PHI that the Hospital, University and/or Providers maintain, including any information created or received prior to issuing the new notice. If this Notice is changed, the new notice will be posted in waiting areas around the Hospital and on the Hospital's Internet site at [www.uscu.com](http://www.uscu.com). You also may obtain any new notice by contacting the Hospital Privacy Office.

## VII. Hospital Privacy Office You may contact the Hospital Privacy Office at:

Privacy Office-Health Information Management Department  
**USC University Hospital**  
**1500 San Pablo Street**  
**Los Angeles, CA 90033**  
Telephone Number: (323) 442-8786  
E-Mail: [USC-Privacyofficer@Tenethealth.com](mailto:USC-Privacyofficer@Tenethealth.com)

Corporate Privacy Office  
Tenet HealthSystem  
13737 Noel Road, Suite 100  
Dallas, TX 75240  
E-mail: [PrivacySecurityOffice@tenethealth.com](mailto:PrivacySecurityOffice@tenethealth.com)  
Ethics Action Line (EAL) 1-800-8-ETHICS