



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 Hollywood Presbyterian Medical Center (the "Hospital"), as well as the members of its workforce, the physician members of the medical staff, and allied health professionals who practice at the Hospital. The Hospital and the individual health care providers together are sometimes called "the Hospital and Health Professionals" in this Notice. While the Hospital and Health Professionals engage in many joint activities and provide services in a clinically integrated care setting, the Hospital and Health Professionals each are separate legal entities. This Notice applies to services furnished to you at Hollywood Presbyterian Medical Center 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

Each time you visit the Hospital, a physician, or other healthcare provider, a record of your visit is made. Typically, this record contains personal identifying information, your medical history, your symptoms, examination and test results, diagnoses, treatment, a plan for future care or treatment, and billing-related information "Protected Health Information" or "PHI". The Hospital and Health Professionals are required by law to maintain the privacy of your Protected Health Information and to provide you with this Notice of legal duties and privacy practices with respect to your Protected Health Information. When the Hospital and Health Professionals use or disclose your Protected Health Information, the Hospital and Health Professionals are required to abide by the terms of this Notice (or other notice in effect at this time of the use or disclosure).

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 PHI. However, the Hospital and Health Professionals 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 PHI, but not your "Highly Confidential Information" (defined in Section IV.C below), may be used to treat you, obtain payment for services provided to you and conduct "health care operation" as detailed below:

Treatment. Your PHI may be used and disclosed to provide treatment, follow-up care, 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. Your PHI may also be disclosed to other providers involved in your treatment. Different departments of the Hospital also may share health information about you in order to coordinate the different things you may need, such as prescriptions, lab work, meals, and x-rays.

Payment. Your 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.

Health Care Operations. Your PHI may be used and disclosed for health care operations, which include internal administration and planning and various activities that improve the quality and cost effectiveness of the care delivered to you. For example, PHI may be used to evaluate the quality and competence of physicians, nurses and other health care workers. PHI may be disclosed to the Hospital Privacy Officer in order to resolve any complaints you may have and ensure that you have a comfortable visit.

Your PHI also may be disclosed to your other health care providers when such 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, PHI may be shared with business associates who perform treatment, payment and health care operations services on behalf of the Hospital and Health Professionals.



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 or are located in a specific ward, wing or unit the identification of which would reveal that you are receiving treatment for (1) mental health and developmental disabilities; (2) alcohol and drug abuse; (3) HIV/AIDS; (4) communicable disease(s); (5) genetic testing; (6) child abuse and neglect; (7) domestic and elder abuse or (8) sexual assault. Information in the directory may be disclosed to anyone who asks for you by name or members of the clergy; provided, however, that religious affiliation will only be disclosed to members of the clergy.

C. Disclosure to Relatives, Close Friends and Other Caregivers. Your 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 use or disclosure cannot practicably be provided because of your incapacity or an emergency circumstance, the Hospital and Health Professionals 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 and Health Professionals 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 PHI also may be disclosed in order to notify (or assist in notifying) such persons of your location or general condition.

D. Public Health Activities. Your 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.

E. 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 you are a victim of abuse, neglect or domestic violence.

F. Health Oversight Activities. Your 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.

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

H. Law Enforcement Officials. Your 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.

I. Decedents. Your PHI may be disclosed to a funeral director, a coroner or medical examiner as authorized by law.

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

K. Research. Your PHI may be disclosed without your consent or authorization if an Institutional Review Board approves a waiver of authorization for disclosure.

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

M. Specialized Government Functions. Your 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.

N. Worker's Compensation. Your PHI may be disclosed as authorized by and to the extent necessary to comply with California law relating to worker's compensation or other similar programs.

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

P. Future Communications. We may communicate to you via newsletters, mail outs or other means regarding treatment options, health related information, disease-management programs, wellness programs, fundraising or other community based initiatives or activities our facility is participating in. Upon request, you may opt out of receiving fundraising communications. Opt out form is provided by the Privacy Officer.

NOTICE OF PRIVACY PRACTICES





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 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 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. Subject to certain limited exceptions, your written authorization is required in cases where Hospital receives any direct or indirect financial remuneration in exchange for making the communication to you which encourages you to purchase a product or service or for a disclosure to a third party who wants to market their products or services to you.

C. Sale of PHI. Subject to certain limited exceptions, disclosures that constitute a sale of PHI require your written authorization.

D. Uses and disclosures of Your Highly Confidential Information. In addition, federal and California law requires special privacy protections for certain highly confidential information about you ("Highly Confidential Information"), including the subset of your 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 and 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.

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 PHI, you may contact the Hospital Privacy Officer. You may also file written complaints with the Director of the Office for Civil Rights of the U.S. Department of Health and Human Services. Upon request, the Hospital Privacy Officer will provide you with the correct address for the Director. The Hospital and Health Professionals will not retaliate against you if you file a complaint with the Hospital Privacy Officer or the Director.

B. Right to Request Additional Restrictions. You may request restrictions on the use and disclosure of your 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 and Health Professionals 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 Officer 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 and Health Professionals will accommodate, any reasonable written request for you to receive your PHI by alternative means of communication or at alternative locations.

D. Right to Revoke Your Authorization. You may revoke your authorization, or any written authorization obtained in connection with your Highly Confidential Information, except to the extent that the Hospital and Health Professionals have taken action in reliance upon it, by delivering a written revocation statement to the Hospital Privacy Officer. A form of Written Revocation is available upon request from the Privacy Officer.

E. Right to Inspect and Copy Your Health Information. You may request access to your medical record file and billing records maintained by the Hospital and Health Professionals in order to inspect and request copies of the records. Under limited circumstances, you may be denied access to a portions of your records. You should take note that, if you are a parent or legal guardian of a minor, certain portions of the minors 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 (i.e. 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 Officer or the Health Information Management Department and submit the completed form to the Health Information Management Department. If you request copies, you will be charged the reasonable cost of copies in accordance with federal and state law. 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 PHI maintained in your 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 Officer and submit the completed form to the Hospital Privacy Officer. Your request will be accommodated unless the Hospital and Health Professionals 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, you may obtain an accounting of certain disclosures of your PHI made 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 January 1, 2005. If you request an accounting more than once during a twelve (12) month period, you will be charged \$0.25 per page of the accounting statement.

H. Right to Get Notice of a Breach. You have the right to be notified when a breach of your unsecured Protected Health Information have occurred.

I. Right to Request Restrictions to a Health Plan. You have the right to request a restriction on disclosure of your PHI to a health plan (for purposes of payment or health care operations) in cases where you paid out of pocket, in full, for the items received or services rendered.

J. 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 September 23, 2013.

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 PHI that the Hospital and Health Professionals 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.hollywoodpresbyterian.com. You also may obtain any new notice by contacting the Hospital Privacy Officer.

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

Privacy Officer
Hollywood Presbyterian Medical Center
1300 North Vermont Avenue
Los Angeles, CA 90027
Telephone Number: (213) 413-3000