**NOTICE OF PRIVACY PRACTICES**

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

Children’s Hospital Los Angeles Medical Group (CHLAMG) is committed to protecting the privacy of health information we create or receive about you. Health information that identifies you includes your health records and other information relating to your care or payment for your care.

**OUR RESPONSIBILITIES.** The law requires that we:

* Record the care we provide to you;
* Keep your health information private as required by law;
* Give you this notice to let you know how we use and share your information;
* Tell you about your rights to your health information;
* Inform you if there is a breach of your health information;
* Let you know of any changes to this notice; and,
* Follow the notice that is currently in effect.

**WHO FOLLOWS THIS NOTICE?** The privacy practices in this notice apply to our:

* CHLAMG Providers and Allied Health Practitioners
* All CHLAMG workforce members such as employees, contracted staff, volunteers and other persons working under the control of CHLAMG
* Business associates with whom we share health information

**COPY OF THIS NOTICE.** We will ask you to sign a statement that you received this notice. This statement does not mean you agree with the notice, only that you received it. We will treat you even if you do not sign the statement.

**CHANGES TO THE NOTICE.** We may make changes to our notice of privacy practices which will cover all health information we hold. If our practices change, we will post the new notice and its effective date on our website and in our clinics. You may also ask us for a copy of the new notice.

**YOUR RIGHTS**

You have certain rights over how your health information is used and shared, including the rights listed below. We must ask for your written permission if we want to share your health information for any other reason that is not listed in this notice. If you want more information about these rights, contact the CHLAMG Privacy Officer at (323) 361-2173.

**RIGHT TO INSPECT AND COPY**

You can look at or ask for a paper or electronic copy of your health record, billing records and other records we use to make decisions about your care. This request must be in writing. You may also ask us to give a copy of your health information to another person or entity. Sometimes there is a small fee to cover the cost of making copies. We can say no to your request in limited circumstances. If we don’t provide you with a copy of your health information, you can ask for a review of our decision. A different doctor will review your request. We will follow that decision.

**RIGHT TO REQUEST A CHANGE**

You can ask us in writing to make a change to your health information if we created the information and we agree it is wrong or incomplete. If we do not agree to make the change, you can add a statement to your health information to say why you think it should be changed. This statement will be included when we share your record.

**RIGHT TO ASK WHO HAS RECEIVED YOUR HEALTH INFORMATION.** You can ask us to tell you with whom we shared your health information. To ask us for this information, send a letter to the Privacy Officer listed at the end of this notice. The list we give you will include:

* When we used or shared your information for your medical care;
* When we used or shared your information to receive payment;
* When we used or shared your information for our own business purposes; or,
* When we shared your information because you asked us to share it with you or with other people.

**RIGHT TO ASK THAT WE NOT SHARE YOUR INFORMATION.** You can ask us not to share your health information. If you do not want us to share information in your health record, contact us in writing and tell us:

* The information that you do not want us to share;
* How you want us to limit the sharing of your health record;
* Who you do not want to see your health record.

We do not have to agree to your request. If we do agree with your request, we will not share your information unless we have to for emergency or legal reasons. You can decide to let us start sharing your information again at any time by telling us in writing.

If you pay, or another person pays, for your medical services out of pocket in full, you can ask us not to share information about those health services with your health insurer. We must agree not to share this information unless the law requires us to share it.

**RIGHT TO REQUEST CONFIDENTIAL COMMUNICATIONS.** You can request in writing that we contact you in a certain way or at a certain place. For example, you can ask that we contact you only at home or by mail.

**RIGHT TO RECEIVE NOTICE ABOUT A BREACH.** If we find out your health information has been improperly used or shared (called a “breach”), we will send you a notice following all requirements under state and federal law.

**RIGHT TO RECEIVE A COPY OF THIS NOTICE.** You can ask for a copy of this notice at the place you receive care from a CHLAMG provider. You can also print this notice from our website at: <https://www.chla.org/childrens-hospital-los-angeles-medical-group>. If you need a copy of this notice in an alternate format because of a disability, let us know.

**HOW WE MAY SHARE YOUR HEALTH INFORMATION.** This section describes some of the ways we may share your health information. We do not need to ask your permission to share information as described in this section.

**TREATMENT.** We use and share your health information to provide you with medical treatment and services. We can talk to other providers about your care. Your information can also be shared to coordinate and manage your care.

**PAYMENT.** We use and share your health information to get payment for the services we provide to you. For example, we may contact your health insurer to find out if it will pay for a treatment or procedure. You may ask us not to share your health information with your health insurer if you or another person pays for your medical services out of pocket in full. We must agree with this request unless the law requires us to share it.

**OPERATE OUR MEDICAL GROUP.** We share your health information to improve the quality of your care and for our business needs, such as improving the services we offer.

**BUSINESS ASSOCIATES.** We may share your health information with other businesses that provide services to the medical group when they need this information, such as billing or auditing services. Our business associates are required to protect the privacy and security of your health information under state and federal laws.

**APPOINTMENT REMINDERS**. We may use and share your health information to contact you as a reminder that you have an appointment for care in our clinics. Unless you tell us not to, we may use the contact information you provide to communicate general information about your care such as appointment location and time.

**FUNDRAISING.** We may use or share your information for fundraising purposes. You can ask us not to send you information about fundraising. If you receive a request, it will contain information on how you can tell us not to send future requests to you. You can change your mind and receive this information again at any time.

**SERIOUS THREAT TO HEALTH AND SAFET**Y. We may use and share your information when necessary to prevent a serious threat to your health and safety or the health and safety of others. We will only share your information with someone who is able to prevent or respond to the threat such as law enforcement or a potential victim.

**OTHER SHARING OF YOUR HEALTH INFORMATION.** The law allows us to share your health information with:

* Public health agencies to prevent or control diseases; to provide health statistics; to report at-risk behaviors; and to report defects with products or reactions to medications;
* Government agencies or law enforcement when we suspect abuse, neglect or domestic violence;
* An employer for the evaluation of work-related illnesses or injuries under workers’ compensation laws;
* A school for proof of a student’s immunization;
* Health oversight agencies for the purposes of inspections, audits, and compliance with laws;
* Government agencies for special government functions such as military, national security and intelligence activities, and protection of the President;
* Disaster relief agencies like the Red Cross so your family can be notified about your condition, status and location.

**FOR LEGAL PROCEEDINGS AND TO LAW ENFORCEMENT**. We may share your health information with law enforcement:

* In response to a court or administrative order, a subpoena or a search warrant;
* To provide limited information to identify or locate a suspect;
* To provide information on victims of crime;
* To report a death that we believe may be the result of criminal conduct;
* To report criminal conduct occurring in one of our clinics or service sites;
* To report in emergencies when it appears likely a crime occurred.

**TO RESPOND TO ORGAN AND TISSUE DONATION REQUESTS**. We can share information with an organization to assist with organ, eye or tissue donation.

**CORONER, MEDICAL EXAMINER OR FUNERAL DIRECTOR**. We can share health information with a coroner or medical examiner for identification purposes, determining the cause of death or other legally required duties, and to a funeral director.

**RESEARCH.** We may provide statistical health information about you (not including your name, address or other identifying information) for research, public health or health care operations. Other research activities require your permission to use your health

information. Research conducted without your permission must go through an independent review process to make sure the research poses minimal risk to your privacy.

**IF YOU ARE A MINOR**. We may share your information with your parent or guardian except where state law limits the sharing of your health information with your parents, guardians or other persons in similar status.

**FAMILY MEMBERS AND FRIENDS**. Unless you tell us not to, we may share your health information with a family member, other relative, close friend, or any other person who is involved in your care or payment for your care.

**WHEN WE NEED YOUR PERMISSION TO SHARE YOUR HEALTH INFORMATION**. For the reasons other than listed above, we cannot share your health information without your permission.

**MARKETING**. We can use your information to tell you about our own health care services, and for some other limited purposes. For all other marketing, we need your permission.

**SPECIAL HEALTH INFORMATION**. There may be special privacy protections under state and federal laws that limit how certain health information may be used and disclosed. This includes (1) mental health records; (2) substance use disorder treatment; (3) HIV tests (4) genetic testing; and (5) sexually transmitted diseases. When required by law, we will obtain your permission to share this information before it is released.

**YOUR PERMISSION TO SHARE INFORMATION**. If you give us permission to share your health information by completing an authorization form, you may cancel the authorization in writing at any time. This will not affect any information that has already been shared.

**QUESTIONS AND COMPLAINTS**. If you want more information about our privacy practices or have questions or concerns, we encourage you to contact us.

If you think we may have violated your privacy rights, or you disagree with a decision we made about access to your medical information, we encourage you to speak or write to our Privacy Officer:

**Meg Grimaldi, Director of Compliance**

**3701 Wilshire Blvd, Suite 600 (East Tower)**

**Los Angeles, CA 90010**

**Phone: (323) 361-2173**

**Email: mgrimaldi@chla.usc.edu**

You may also file a complaint with the Office for Civil Rights, U.S. Department of Health and Human Services. We will provide you with contact information upon request. Filing a complaint will not affect the health care treatment or coverage that you receive.

*Effective Date: October 12, 2018*