
NOTICE OF PRIVACY PRACTICES

This Notice of Privacy Practices is provided to you pursuant to the Health Insurance Portability and Accountability Act of 1996 and its implementing regulations ("HIPAA"). It is designed to tell you how we may, under federal law, use or disclose your Protected Health Information.

PLEASE REVIEW IT CAREFULLY.

Who/What is Covered by this Notice?

This Notice of Privacy Practices covers all Childrens Hospital Los Angeles Medical Group (CHLAMG) facilities, programs, employees, volunteers, medical residents, and participating members of the physician staff and allied health professionals. This Notice applies to all Protected Health Information maintained by CHLAMG. This includes records of your care generated by CHLAMG, whether created by CHLAMG employees, your physician, consulting physicians or others participating in this agreement. This record of your medical care generated by CHLAMG is referred to as Protected Health Information.

How We May Use or Disclose Your Protected Health Information

Federal and State Law Implications

HIPAA is a federal law, which places limitations on the types of uses and disclosures health care providers, and others may make of Protected Health Information. At times, State or other regulations may be more stringent than HIPAA. CHLAMG will abide by the most stringent of the regulations as they pertain to Protected Health Information.

Uses and Disclosures Under HIPAA

- 1. We May Use or Disclose Your Protected Health Information for Purposes of Treatment, Payment or Healthcare Operations without Obtaining Your Prior Authorization and Here is One Example of**
- 2. Each:**

Your Protected Health Information may be provided to physicians, nurses, medical technicians, clerks and others, for purposes of providing care and services. This includes medical staff members and other health care

workers not members of the medical staff and who do not work for, or at, CHLAMG.

The billing department will access Protected Health Information - and send relevant information to insurance companies and third party payers so that payment can be made for the services provided.

We may access or send your information to our attorneys, accountants, or other personnel in the event we need the information in order to address one of our own business functions.

Protected Health Information will be provided to third party "business associates" that perform various activities and services (e.g., billing, transcription, and medical equipment) on behalf of CHLAMG. In such situations, CHLAMG will have a written contract in place that restricts the ability of the business associate to use or disclose your Protected Health Information in accordance with HIPAA requirements.

For maternity patients this Notice covers the use or disclosure of Protected Health Information related to both you and your child/children.

3. Protected Health Information Will Also Be Used Without Prior Authorization Under the Following Circumstances:

To Notify and/or Communicate with your Family — Unless you inform us of your objection in writing, we will use or disclose your Protected Health Information in order to notify your family or assist in notifying your family, your personal representative or another person responsible for your care about your location, your condition or of your death. We will also discuss your health care with your family and to the extent that they are involved in your care with your friends. If you are unable or unavailable to agree or object to our discussing these matters with your family and/or friends, our health professionals will use their judgment as to whether any communications with your family or others are necessary and/or appropriate.

For Facility Directories — Unless you inform us of your objection in writing, we will use and disclose in our facility directory your name, location at which you are receiving care, condition (in general terms), and your religious affiliation. All of this information, except for religious affiliation, will be disclosed to people that ask for you by name. Only members of the clergy will be told your religious affiliation.

As Required by Law — Protected Health Information will be used and disclosed, to the extent that law requires such use or disclosure. Examples of just a few such requirements are communicable disease reporting, incidence of cancer, burns, seizures, gun shots, abuse, organ

donations, product recalls, product failures, birth/deaths, and/or birth defects. Examples of just a few of the authorities/agencies to which Protected Health Information may be disclosed include: New Jersey Department of Health and Senior Services, the Division of Motor Vehicles, Local and/or State Police, the Medical Examiner and County Prosecutor, the Perinatal Co-operative, Organ Procurement Agencies, the Drug Enforcement Administration, the Ombudsman, the Office of Civil Rights, the Centers for Medicare and Medicaid Services and/or Peer Review Organizations.

For Public Health Purposes — Protected Health Information will be provided to local, state or federal public health authorities, as required by law to prevent or control disease, injury or disability; to report child abuse or neglect; report domestic violence; report to the Food and Drug Administration problems with products and reactions to medications; and report disease or infection exposure.

For Health Oversight Activities — Protected Health Information will be used and disclosed to health agencies during the course of audits, investigations, surveys, accreditation, certification and other proceedings.

In Response to Subpoenas or for Judicial and Administrative Proceedings — In general, Protected Health Information will be used and disclosed in the course of an administrative or judicial proceeding. However, we will attempt to ensure that you have been made aware of the use or disclosure of your protect health information prior to its release.

To Law Enforcement Personnel — Protected Health Information will be used and disclosed to law enforcement officials to identify or locate a suspect, fugitive, material witness or missing person, or, in some cases, to comply with a court order or subpoena and for other law enforcement purposes.

To Coroners or Funeral Directors — Protected Health Information may be disclosed for purposes of communicating with coroners, medical examiners and funeral directors.

For Purposes of Organ Donation — Protected Health Information will be used and disclosed for purposes of communicating to organizations involved in procuring, banking or transplanting organs and tissues.

For Research — Protected Health Information may be used and disclosed to researchers if an Institutional Review Board has approved the waiver of an Authorization and certain other assurances are met.

For Public Safety — Protected Health Information will be used and disclosed in order to prevent or lessen a serious and imminent threat to the health or safety of a particular person or the general public.

To Aid Specialized Government Functions — Protected Health Information may be used and disclosed for military or national security purposes. Protected Health Information of patients who are Armed Forces personnel may be used and disclosed: (1) for activities deemed necessary by appropriate military command authorities; (2) for the purpose of a determination by the Department of Veterans Affairs of your eligibility for benefits; or (3) to a foreign military authority if you are a member of that foreign military service. Protected Health Information may be used and disclosed to authorized federal officials for conducting national security and intelligence activities.

For Worker's Compensation — Protected Health Information may be used and disclosed as necessary to comply with worker's compensation laws.

To Correctional Institutions or Law Enforcement Officials — If you are an inmate, Protected Health Information may be disclosed to the correctional institution or law enforcement officials.

4. Required Uses and Disclosures:

Under the law, disclosures must be made to you, upon your request (unless medically contraindicated) and when required by the Secretary of the Department of Health and Human Services to investigate or determine compliance with HIPAA regulations.

5. For All Other Circumstances, We May Only Use or Disclose Your Protected Health Information After You Have Signed an Authorization. If you authorize us to use or disclose your Protected Health Information for another purpose, you may revoke your authorization in writing at any time. However, the revocation will not be effective to the extent that CHLAMG has taken action in reliance on the use or disclosure allowed by the Authorization.

6. We May Also Use or Disclose Your Protected Health Information for the Following Purposes:

Appointment Reminders - To contact you with appointment reminders or to provide information on other treatments or health-related benefits and services that may be of interest to you.

Fund Raising - We may contact you to participate in fund-raising activities for CHLAMG.

Change of Ownership - In the event that one or more of the CHLAMG entities is sold or merged with another organization, your Protected Health Information will become the property of the new owner.

Your Rights with Respect to Your Protected Health Information

1. You have the right to request restrictions on the uses and disclosures of your Protected Health Information. This means you may ask us not to use or disclose any part of your Protected Health Information for treatment, payment, or healthcare operations. You may also request that any part of your Protected Health Information not be disclosed to family members or friends who may be involved in your care or for notification purposes as described in this Notice. Your request must be in writing, be addressed to the Privacy Officer and state the specific restriction requested and to whom you want the restriction to apply. However, we are not required to comply with your request.
2. You have the right to request your Protected Health Information through confidential means. However, we may condition this accommodation by asking you for information as to how payment will be handled or a specification of an alternative address or other method of contact. We will not request an explanation from you as to the basis for the request. Your request must be in writing, be addressed to the Privacy Officer and state the specific alternate means or location.
3. You have the right to inspect your Protected Health Information. You may also obtain a copy of your Protected Health Information (unless medically contraindicated). CHLAMG will charge a reasonable fee for the copying of records. This means you may inspect and obtain a copy of your Protected Health Information that is contained in CHLAMG's designated record set for you. A "designated record set" is the HIPAA term for medical and billing records and any other records that CHLAMG uses for making health care decisions about you. You have a right to request that we amend the Protected Health Information contained in your designated record set if you believe it is incorrect or incomplete. However, we are not required to make any such amendments. If we deny a request, we will provide you with information about our denial and explain how you can disagree with the denial by filing a statement of disagreement with us. We may then prepare a rebuttal to your statement and will provide you with a copy of any such rebuttal. All of these documents will be placed in the appropriate part of your designated record set.
4. You have a right to receive an accounting of disclosures of your Protected Health Information made by us, except that we do not have to account for disclosures: made prior to April 14, 2003; authorized by you; made for treatment, payment, health care operations; provided in response to an Authorization; made in order to notify and communicate with family; for certain government functions, and/or disclosures provided to you, to name a few. The right to receive an accounting is subject to exceptions, restrictions, and limitations.
5. You have a right to a paper copy of this Notice of Privacy Practices upon request, even if you have agreed to accept the Notice electronically.

6. If you would like to have a more detailed explanation of these rights or if you would like to exercise one or more of these rights, contact the Patient Representative or the Privacy Officer.

Our Duties to You

We are required by law to maintain the privacy of your Protected Health Information and to provide you with a copy of this Notice.

We are also required to abide by the terms of this Notice.

We reserve the right to amend this Notice at any time in the future and to make the new Notice provisions applicable to all your Protected Health Information - even if it was created prior to the change in the Notice. If such amendment is made, we will immediately display the revised Notice at our office, and on our Web Site at www.CHLAMG.org. We will also provide you with a copy, at any time, upon request.

How You May Complain to the Government About our Privacy Practices

You may make complaints to the Secretary of the Department of Health and Human Services if you believe your rights have been violated. You may contact the DHHS at:

The U.S. Department of Health and Human Services
200 Independence Avenue, S.W.
Washington, D.C. 20201
202-619-0257 or toll-free 1-877-696-6775

We promise not to retaliate against you for any complaint you make to a governmental agency pertaining to our privacy practices.

How You May Contact us About our Privacy Practices

You may contact us about our privacy practices by calling the Privacy Officer at 323.361.2173 or e-mailing jsutton@chla.usc.edu. *E-mails received Monday through Friday during business hours should receive a response within 48 hours. E-mails received Saturday and Sunday should receive a response on Monday.*

Effective: April 14, 2004
Revised: January 01, 2010