

Effective Date: September 23, 2013

NOTICE OF PRIVACY PRACTICE

**UNIVERSITY OF CALIFORNIA
DAVIS HEALTH**

THIS NOTICE DESCRIBES HOW HEALTH INFORMATION ABOUT YOU MAY BE USED AND DISCLOSED AND HOW YOU CAN GET ACCESS TO THIS INFORMATION.

PLEASE REVIEW IT CAREFULLY.

UC DAVIS HEALTH

UC Davis Health is one of the health care components of the University of California. The University of California health care components consist of the UC medical centers, the UC medical groups, clinics and physician offices, the UC schools of medicine and other health professions schools, the student health service areas on some campuses, employee health units on some campuses, and the administrative and operational units that are part of the health care components of the University of California.

This notice applies to information and records regarding the health care services you receive from the UC Davis Health.

OUR PLEDGE REGARDING YOUR HEALTH INFORMATION

UC Davis Health is committed to protecting medical, mental health and personal information about you ("Health Information"). We are required by law to maintain the privacy of your Health Information, provide you information about our legal duties and privacy practices, inform you of your rights, and let you know about the ways we may use Health Information and disclose it to other entities and persons.

HOW WE MAY USE AND DISCLOSE HEALTH INFORMATION ABOUT YOU

The following sections describe different ways that we may use and disclose your Health Information. Some information, such as certain alcohol and drug information, HIV information, genetic information, and mental health information has special restrictions related to its use and disclosure. Not every use or disclosure will be listed. All of the ways we are permitted to use and disclose information, however, will fall within one of the following categories. Other uses and disclosures not described in this Notice will be made only if we have your written authorization.

For Treatment. We may use Health Information about you to provide you with medical and mental health treatment or services. We may disclose Health Information about you to doctors, nurses, technicians, students, or other individuals involved in your care, including individuals or agencies that are involved in your care outside of UC Davis Health. The disclosure of your Health Information to non-UC Davis Health providers may be done electronically through a health information exchange or other technology that allows providers involved in your care to access some of your UC Davis Health records to coordinate services for you.

For Payment. We may use and disclose Health Information about you so that the treatment and services you receive at UC Davis Health or from other entities, such as an ambulance company, may be billed to and payment may be collected from you, an insurance company, or a third party. For example, we may need to give information to your health plan about surgery or therapy you received at UC Davis Health so your health plan will pay us or reimburse you for the surgery or therapy. We may also tell your health plan about a proposed treatment to determine whether your plan will pay for the treatment.

For Health Care Operations. We may use and disclose Health Information about you for our business operations. For example, your Health Information may be used to review the quality and safety of our services, or for business planning, management and administrative services. We may also use and disclose your health information to an outside entity that performs services for us such as maintaining a health care registry, or performing accreditation, legal, computer or auditing services. These outside companies are called “business associates” and are required by law to keep your Health Information confidential. We may also disclose information to doctors, nurses, technicians, students, and other health system personnel for performance improvement and educational purposes.

Healthcare Information and Appointment Reminders. We may contact you to remind you that you have an appointment at UC Davis Health. We may also contact you about alternative treatment options for you or about other benefits or services we provide.

Fundraising Activities. We may contact you to provide information about UC Davis Health sponsored activities, including fundraising programs and events. You may opt-out of receiving fundraising information from the UC Davis Health by calling 916-734-9400 or writing to: Health Sciences Development, 4900 Broadway, Suite 1150, Sacramento, CA 95820.

Hospital Directory. If you are hospitalized, we may include certain limited information about you in the hospital directory. This is so your family, friends, and clergy can visit you in the hospital and generally know how you are doing. This information may include your name, location in the hospital, your general condition (e.g., fair, stable, etc.), and your religious affiliation. The directory information, except for your religious affiliation, may also be released to people who ask for you by name. Your religious affiliation may be given to members of the clergy, such as ministers or rabbis, even if they don’t ask for you by name. You have the opportunity to limit the release of directory information by telling a UC Davis Health staff member at any time.

Individuals Involved in Your Care or Payment for Your Care. We may release Health Information to anyone involved in your medical care, e.g., a friend, family member, personal representative, or any individual you identify. We may also give information to someone who helps pay for your care. We may also tell your family or friends about your general condition and that you are in the hospital.

Disaster Relief Efforts. We may disclose Health Information about you to an entity assisting in a disaster relief effort so that others can be notified about your condition, status, and location.

Research. UC Davis Health is a research institution. We may disclose Health Information about you for research purposes, subject to the confidentiality provisions of state and federal law. For example, your Health Information may be reviewed to determine if you are eligible to participate in a research study. In addition to disclosing Health Information for research, researchers may contact patients regarding their interest in participating in certain research studies. You will only become a part of one of these research projects if you agree to do so and sign a specific permission form called an Authorization.

As Required By Law. We will disclose Health Information about you when we are required to do so by federal or state law.

To Prevent a Serious Threat to Health or Safety. We may use and disclose Health Information about you when necessary to prevent or lessen a serious and imminent threat to your health and safety or the health and safety of the public or another person. Any disclosure would be to someone able to help stop or reduce the threat.

Organ and Tissue Donation. If you are an organ donor, we may release your Health Information to organizations that obtain, bank or transplant organs, eyes, or tissue, as necessary to facilitate organ or tissue donation and transplantation.

Military and Veterans. If you are or were a member of the armed forces or a foreign military, we may release Health Information about you to military command authorities as authorized or required by law.

Workers' Compensation. We may use or disclose Health Information about you for Workers' Compensation or similar programs as authorized or required by law. These programs provide benefits for work-related injuries or illness.

Public Health Disclosures. We may disclose Health Information about you for public health activities such as:

- preventing or controlling disease (such as cancer and tuberculosis), injury, or disability;
- reporting vital events such as births and deaths;
- reporting abuse, neglect, or domestic violence;
- reporting adverse events or surveillance related to food, medications, or defects or problems with products;

- notifying persons of recalls, repairs, or replacements of products they may be using;
- notifying a person who may have been exposed to a disease or may be at risk of contracting or spreading a disease or condition.

Health Oversight Activities. We may disclose Health Information to governmental, licensing, auditing, and accrediting agencies as authorized or required by law.

Lawsuits and Other Legal Actions. We may disclose Health Information to courts, attorneys and court employees in the course of conservatorship and certain other judicial or administrative proceedings. We may also disclose Health Information about you in response to a court or administrative order, or in response to a subpoena, discovery request, warrant, or other lawful process.

Law Enforcement. If asked to do so by law enforcement, and as authorized or required by law, we may release Health Information:

- to identify or locate a suspect, fugitive, material witness, certain escapees, or missing person;
- about a suspected victim of a crime if, under certain limited circumstances, we are unable to obtain the person's agreement;
- about a death suspected to be the result of criminal conduct;
- about criminal conduct at UC Davis Health; and
- in case of a medical emergency, to report a crime, the location of the crime or victims; or the identity, description, or location of the person who committed the crime.

Coroners, Medical Examiners and Funeral Directors. We may disclose medical information to a coroner or medical examiner. This may be necessary, for example, to identify a deceased person or determine cause of death. We may also disclose medical information about patients of UC Davis Health to funeral directors as necessary to carry out their duties.

National Security and Intelligence Activities. As required by law, we may disclose Health Information about you to authorized federal officials for intelligence, counterintelligence, and other national security activities.

Protective Services for the President and Others. As required by law, we may disclose Health Information about you to authorized federal officials so they may conduct special investigations or provide protection to the President, other authorized persons, or foreign heads of state.

Inmates. If you are an inmate of a correctional institution or under the custody of law enforcement officials, we may release Health Information about you to the correctional institution as authorized or required by law.

YOUR RIGHTS REGARDING YOUR HEALTH INFORMATION

Your Health Information is the property of UC Davis Health. You have the following rights regarding the Health Information we maintain about you:

Right to Inspect and Copy. With certain exceptions, you have the right to inspect and/or receive a copy of your Health Information. If we have the information in electronic format, you have the right to receive your Health Information in electronic format if it is possible for us to do so.

To inspect and/or to receive a copy of your Health Information, you must submit your request in writing by filling out an "Authorization for Release of Health Information" form. A copy of the form can be obtained by contacting:

Health Information Management
2315 Stockton Blvd., MRB#12
Sacramento, CA 95817

A copy of this form can also be found online at:
<http://www.ucdmc.ucdavis.edu/him/roi/pdf/authorization.pdf>

If you request a copy of your health information, there is a fee for these records.

We may deny your request to inspect and/or to receive a copy of your health information in certain limited circumstances. If you are denied access to Health Information, in most cases, you may have the denial reviewed. Another licensed health care professional chosen by UC Davis Health will review your request and the denial. The person conducting the review will not be the person who denied your request. We will comply with the outcome of the review.

Right to Request an Amendment or Addendum. If you feel that Health Information we have about you is incorrect or incomplete, you may ask us to amend the information (change or correct the record) or include an addendum (add information to the record). You have the right to request an amendment or addendum for as long as the information is kept by or for UC Davis Health.

Amendment. To request an amendment, your request must be made in writing and submitted to:

Health Information Management
2315 Stockton Blvd., MRB#12
Sacramento, CA 95817

The form to request an amendment can also be found online at:
<http://www.ucdmc.ucdavis.edu/him/roi/pdf/amend.pdf>

We may deny your request for an amendment if it is not in writing, we cannot determine from the request the information you are asking to be changed or corrected, or your request does not include a reason to support the change or addition. In addition, we may deny your request if you ask us to amend information that:

- was not created by UC Davis Health, unless the person or entity that created the information is no longer available to make the amendment;
- is not part of the Health Information kept by or for UC Davis Health;
- is not part of the information which you would be permitted to inspect and copy; or
- UC Davis Health believes to be accurate and complete.

Addendum. To submit an addendum, the addendum must be made in writing and submitted to:

Health Information Management
2315 Stockton Blvd., MRB#12
Sacramento, CA 95817

An addendum must not be longer than 250 words per alleged incomplete or incorrect item in your record.

Right to an Accounting of Disclosures. You have the right to receive a list of certain disclosures we have made of your Health Information.

To request this accounting of disclosures, you must submit your request in writing to:

Health Information Management
2315 Stockton Blvd., MRB#12
Sacramento, CA 95817

The form to request an Accounting of Disclosures can be found online at: <http://www.ucdmc.ucdavis.edu/him/roi/pdf/accounting.pdf>

Your request must state a time period that may not be longer than the six previous years. You are entitled to one accounting within any 12-month period at no cost. If you request a second accounting within that 12-month period, there will be a charge for the cost of compiling the accounting. We will notify you of the cost involved and you may choose to withdraw or modify your request at that time before any costs are incurred.

Right to Request Restrictions. You have the right to request a restriction or limitation on the Health Information we use or disclose about you for treatment, payment or health care operations. You also have the right to request a limit on the Health Information we disclose about you to someone who is involved in your care or the payment for your care, such as a family member or friend.

To request a restriction, you must make your request in writing and submit it to:

Health Information Management
2315 Stockton Blvd., MRB#12
Sacramento, CA 95817

The form to request a restriction can be found online at:
<http://www.ucdmc.ucdavis.edu/him/roi/pdf/restriction.pdf>

In your request, you must tell us (1) what information you want to limit; (2) whether you want to limit our use, disclosure, or both; and (3) to whom you want the limits to apply, for example, only to you and your spouse. *We are not required to agree to your request* except in the limited circumstance described below. If we do agree, our agreement must be in writing, and we will comply with your request unless the information is needed to provide you emergency care.

We are required to agree to a request not to share your information with your health plan if the following conditions are met:

1. We are not otherwise required by law to share the information;
2. The information would be shared with your insurance company for payment purposes; and
3. You pay the entire amount due for the health care item or service out of your own pocket or someone else pays the entire amount for you.

Right to Request Confidential Communications. You have the right to request that we communicate with you about your Health Information in a certain way or at a certain location. For example, you may ask that we contact you only at home or only by mail.

To request confidential medical communications, you must make your request in writing and submit it to:

Health Information Management
2315 Stockton Blvd., MRB#12
Sacramento, CA 95817

We will accommodate all reasonable requests. Your request must specify how and where you wish to be contacted.

Right to be Notified of a Breach. You have the right to be notified if we or one of our Business Associates discovers a breach of unsecured Health information about you.

Right to a Paper Copy of This Notice. You have the right to a paper copy of this Notice. You may ask us to give you a copy of this Notice at any time. Even if you have agreed to receive this Notice electronically, you are still entitled to a paper copy of this Notice.

Copies of this Notice are available throughout UC Davis Health, or you may obtain a copy at our website: <http://www.ucdmc.ucdavis.edu/compliance/pdf/notice.pdf>.

CHANGES TO UC DAVIS HEALTH'S PRIVACY PRACTICES AND THIS NOTICE

We reserve the right to change UC Davis Health's privacy practices and this Notice. We reserve the right to make the revised or changed Notice effective for Health Information we already have about you as well as any information we receive in the

future. We will post a copy of the current Notice throughout UC Davis Health. In addition, at any time you may request a copy of the current Notice in effect.

QUESTIONS OR COMPLAINTS

If you have any questions about this Notice, please contact the UC Davis Health Privacy Program, Compliance Department at (916) 734-8808.

If you believe your privacy rights have been violated, you may file a complaint with UC Davis Health or with the Secretary of the Department of Health and Human Services, Office for Civil Rights. To file a complaint with UC Davis Health contact:

Compliance Hotline: (877) 384-4272

Mailing Address: UC Davis Health
Compliance Department
2315 Stockton Blvd
Sherman Way Bldg., Suite 3100
Sacramento, CA, 95817.

You will not be penalized for filing a complaint.