



**COUNTY OF LOS ANGELES – DEPARTMENT OF HEALTH SERVICES**  
**NOTICE OF PRIVACY PRACTICES**

Effective Date: April 14, 2003

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**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.**

**WHO WILL FOLLOW THIS NOTICE**

This Notice describes the practices of Los Angeles County Department of Health Services (LACDHS), and that of:

- All employees, staff and other LACDHS personnel
- Any member of a volunteer group we allow to help you while you are in the facility.

**OUR PLEDGE REGARDING YOUR MEDICAL INFORMATION**

We understand that medical information about you and your health is personal. We are committed to protecting medical information about you. We create a record of the care and services you receive at the facility. We need this record to provide you with quality care and to comply with certain legal requirements. This Notice applies to all of the records of your care furnished to you at this facility. As required and when appropriate, we will ensure that the minimum necessary information is released in the course of our duties.

This Notice will tell you about the ways in which we may use and disclose medical information about you. We also describe your rights and certain obligations regarding the use and disclosure of medical information.

We are required by law to:

- Keep your medical information, also known as “protected health information” or “PHI,” private;
- Give you this Notice of our legal duties and privacy practices with respect to your PHI; and
- Follow the terms of the Notice that is currently in effect. LACDHS agrees to abide by the terms of the Notice.

## **HOW WE MAY USE AND DISCLOSE YOUR PROTECTED HEALTH INFORMATION WITHOUT YOUR AUTHORIZATION**

The following categories describe different ways that we use and disclose protected health information. For each category of uses or disclosures we will explain what we mean and try to give some examples. Not every use or disclosure in a category will be listed. However, all of the ways we are permitted to use and disclose information will fall within one of the categories.

### For Treatment

We create a record of the treatment and services you receive at our facilities. We may use your PHI to provide you with medical treatment or services. We may disclose your PHI to doctors, nurses, technicians, medical students, or other facility personnel who are involved in taking care of you at the facility. For example, a doctor treating you for diabetes may need to know if you have problems with your heart because some medications affect your blood pressure. We may share your PHI in order to coordinate the different things you need, such as prescriptions, blood pressure checks and lab tests, and to determine a correct diagnosis. We also may disclose your PHI to people outside the facility who may be involved in your treatment, such as your case manager, or other persons for coordination and management of your health care.

### For Payment

We may use and disclose your PHI in order to get paid for the treatment and services we have provided you. For example, we may need to give your health plan information about a medication, visit, or treatment session you received at the facility so your health plan will pay us. We may also tell your health plan about a treatment you are going to receive to obtain prior approval or to determine whether your plan will cover the treatment. We may also disclose your PHI to other health care providers for their payment purposes.

### For Health Care Operations

We may use and disclose your PHI to carry out activities that are necessary to run our operations and to make sure that all of our patients receive quality care. For example, we may use medical information to review our treatment and services and to evaluate the performance of our staff in caring for you. We may also combine medical information about many facility patients to decide what additional services the facility should offer, what services are not needed, and whether certain new treatments are effective. We may also disclose information to doctors, nurses, technicians, medical students, and other facility personnel for review and learning purposes. We may also share your PHI with other health care providers for certain health care operations such as quality assurance and compliance, and for health care operations of LACDHS.

### Appointment Reminders

We may use and disclose your PHI to contact you as a reminder that you have an appointment for treatment or medical care at the facility.

### Treatment Alternatives and Health-Related Products and Services

We may use and disclose your PHI to recommend possible treatment options or alternatives that may be of interest to you. Additionally, we may use and disclose PHI to tell you about health-related benefits or services that may be of interest to you (for example, Medi-Cal eligibility or Social Security benefits).

### Fundraising Activities

We may use your PHI to contact you in an effort to raise money for the hospital and its operations. We may disclose medical information to a foundation related to the hospital so that the foundation may contact you in raising money for the hospital. We only would release contact information, such as your name, address and telephone number and the dates you received treatment or services at the hospital. If you do not want the hospital to contact you for fundraising efforts, you must notify the facility in writing and state that you do not want this information released.

### Hospital Directory

We may include your PHI to a limited extent in the hospital directory while you are an in-patient at the hospital, provided that you agree to this, or we give you an opportunity to object or restrict the inclusion of your PHI in the hospital directory. This information may include your name, location in the hospital, your general condition (e.g., fair, stable, critical, etc.) and your religious affiliation. Unless there is a specific written request from you asking us not to do this, this directory information, except for your religious affiliation, may also be released to people who ask for you by name. Your religious affiliation (e.g., Catholic, Protestant, Buddhist, Jewish, etc.) may be given to a member of the clergy, such as a priest or rabbi, even if they don't ask for you by name. This information is released so your family, friends and clergy can visit you in the hospital and generally know how you are doing.

### Individuals Involved in Your Care or Payment for Your Care

We may disclose your PHI to a friend or family member who is involved in your medical care or payment related to your health care, provided that you agree to this disclosure, or we give you an opportunity to object to this disclosure. However, under appropriate circumstances, including emergencies, we will use our professional judgment to decide whether this disclosure is in your best interests or to infer that you do not object.

### Disaster Relief Purposes

We may disclose your PHI to an entity assisting in a disaster relief effort so that your family can be notified about your condition, status and location. We will give you the opportunity to agree to this disclosure or object to this disclosure, unless we decide that we need to disclose your PHI in order to respond to the emergency circumstances.

### Research

We may disclose your PHI without your authorization for certain purposes. For Example, in limited circumstances, we may disclose your information to researchers preparing a research protocol or if our Institutional Review Board committee (which is charged with ensuring the protection of human subjects in research) determines that an authorization is not necessary. We also may provide limited health information about you (not including your name, address, or other direct identifiers) 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.

### As Required By Law

We will disclose your PHI when required to do so by federal, state or local law.

### To Avert a Serious Threat to Health and Safety

We may use and disclose your PHI when necessary to prevent a serious threat to your health and safety or the health and safety of the public or another person. Any disclosure, however, would be to someone able to help prevent the threat.

### Workers' Compensation

We may release your PHI for workers' compensation or similar programs. These programs provide benefits for work-related injuries or illness.

### Public Health Risks

We may disclose medical information about you for public health activities, such as those aimed at preventing or controlling disease, preventing injury or disability, and reporting the abuse or neglect of children, elders and dependent adults.

### Organ and Tissue Donation

We may release your PHI to organizations that handle organ procurement or organ, eye or tissue transplantation or to an organ donation bank, as necessary to facilitate organ or tissue donation and transplantation.

### Military and Veterans

If you are a member of the armed forces, we may release your PHI as required by military command authorities. We may also release medical information about foreign military personnel to the appropriate foreign military authority.

### Health Oversight Activities

We may disclose your PHI to a health oversight agency for activities authorized by law. These oversight activities include, for example, audits, investigations, inspections, and licensure. These activities are necessary for the government to monitor the health care system, government programs, and compliance with civil rights laws.

### Lawsuits and Disputes

If you are involved in a lawsuit or a dispute, we may disclose your PHI in response to a court or administrative order. We may also disclose your PHI in response to a subpoena, discovery request, or other lawful process by someone else involved in the dispute, but only if efforts

have been made to tell you about the request (which may include written notice to you) or to obtain an order protecting the PHI requested.

#### Law Enforcement

We may disclose PHI to government law enforcement agencies in the following circumstances:

- In response to a court order, warrant, subpoena, summons or similar process issued by a court.
- To identify or locate a suspect, fugitive, material witness or missing person.
- If you are a victim of a crime, under certain limited circumstances, and we are unable to obtain your agreement.
- About a death that may be the result of criminal conduct.
- About criminal conduct at the facility.
- In emergency circumstances to report a crime; the location of the crime or victims; or the identity, description, or location of the person who committed the crime.
- If we believe you, while hospitalized, have committed or have been a victim of a crime. Such disclosures must be limited to information that constitutes evidence of criminal conduct that occurred on the premises, and must not include any information that relates to your health or the circumstances of your treatment.
- To report your discharge, if you were involuntarily detained after a peace officer initiated a 72-hour hold for evaluation and requested notification.
- In certain circumstances, if you have been admitted to a facility, and have disappeared or have been transferred.

#### Coroners, Medical Examiners and Funeral Directors

We may release PHI to a coroner or medical examiner. This may be necessary, for example, to identify a deceased person or determine the cause of death. We may also release medical information about patients of the facility to funeral directors as necessary to carry out their duties.

#### Specialized Government Functions

We may disclose your PHI to authorized federal officials for intelligence, counterintelligence, and other national security activities authorized by law.

We may disclose your PHI to authorized federal officials so they may provide protection to the President, other authorized persons or foreign heads of state or conduct special investigations.

#### Inmates

If you are an inmate or under the custody of a law enforcement official, we may release your PHI to the correctional institution or law enforcement official. This release would be necessary (1) for the institution to provide you with health care; (2) to protect your health and safety or the health and safety of others; or (3) for the safety and security of the correctional institution.

### Other Uses of Your Medical Information

Other uses and disclosures of your PHI not covered by this Notice or the laws that apply to us will be made only with your written authorization. If you provide us authorization to use or disclose your PHI, you may revoke that authorization, in writing, at any time. If you revoke your authorization, we will no longer use or disclose your PHI for the reasons covered by the authorization, except that, we are unable to take back any disclosures we have already made when the authorization was in effect, and we are required to retain our records of the care that we provided to you. For example, if we have already used or disclosed your PHI for a research study pursuant to your authorization, we are not required to destroy PHI that was collected, nor take back PHI that was disclosed in order to preserve the integrity of the research.

## **RIGHTS REGARDING YOUR PHI**

You have the following rights regarding your PHI in our records:

### Right to Inspect and Copy

With certain exceptions, you have the right to inspect and copy your PHI from our records. Usually, this includes treatment and billing records. To inspect and copy PHI that may be used to make decisions about you, you must complete and submit your request in writing on the *Request for Access to Health Information* form. If you request a copy of your PHI, we may charge a fee for the costs of copying, mailing or other supplies associated with your request. We may deny your request to inspect and copy in certain circumstances. If you are denied the right to inspect and copy your PHI in our records, you may request that the denial be reviewed. With the exception of a few circumstances that are not subject to review, another licensed health care professional within LACDHS, who was not involved in the denial, will review the decision. We will comply with the outcome of the review.

### Right to Request Amendment

If you feel that your PHI in our records is incorrect or incomplete, you may ask us to amend the information. You have the right to request an amendment for as long as we keep the PHI. To request an amendment, you must complete and submit a *Request to Amend Protected Health Information*. You must provide a reason that supports your request. We may deny your request for an amendment if it is not in writing or does not include a reason to support the request. In addition, we may deny your request if you ask us to amend PHI that:

- Was not created by us, unless you can provide us with a reasonable basis to believe that the person or entity that created the PHI is no longer available to make the amendment;
- Is not part of the PHI kept by or for the facility;
- Is not part of the PHI which you would be permitted to inspect and copy; or
- Is accurate and complete.

Even if we deny your request for amendment, you have the right to submit a *Request for Review of Denial of Access* form, with a description not to exceed 250 words, with respect to any item or statement in your record you believe is incomplete or incorrect. If you clearly indicate in writing that you want this form to be made part of your medical record, we will attach it to your records and include it whenever we make a disclosure of the item or statement you believe to be incomplete or incorrect.

### Right to an Accounting of Disclosures

You have the right to request an “accounting of disclosures.” This is a list of the disclosures we made of your PHI other than our own uses for treatment, payment and health care operations, (as those functions are described above) or pursuant to your authorization and with other exceptions pursuant to the law.

To request this list or accounting of disclosures, you must complete and submit a *Request for an Accounting of Disclosures* form. Your request must state a time period that may not be longer than six years and may not include dates before April 14, 2003. The first list you request within a 12-month period will be free. For additional lists, we may charge you for the costs of providing the list. 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 that we follow additional, special restrictions when using or disclosing your PHI for treatment, payment or health care operations. You also have the right to request that we follow additional, special restrictions when using or disclosing your PHI to someone who is involved in your care or the payment for your health care, like a family member or friend. For example, you could ask that we not use or disclose that you are receiving services at this facility. We are not required to agree to your request. If we do agree, we will comply with your request unless the information is needed to provide you emergency treatment. To request restrictions, you must complete and submit a *Request for Additional Restrictions on Use or Disclosure of Protected Health Information* form. 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, disclosures to your spouse.

### Right to Request Confidential Communications

You have the right to request that we communicate with you about your appointments or other matters related to your treatment in a specific way or at a specific location. For example, you can ask that we only contact you at work or by mail. To request confidential communications, you must complete and submit a *Request to Receive Confidential Communications by Alternative Means or at Alternative Locations* form. Your request must specify how or where you wish to be contacted. We will not ask you the reason for your request. We will accommodate all reasonable requests.

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. You may obtain a copy of this Notice at the DHS website: [www.dhs.co.la.ca.us](http://www.dhs.co.la.ca.us).

**CHANGES TO THIS NOTICE**

We reserve the right to change the terms of this Notice. We reserve the right to make the revised or changed Notice effective for medical 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 in the facility. The Notice will contain on the first page, in the top right-hand corner, the effective date. If we change our Notice, you may obtain a copy of the revised Notice by requesting one from our staff or by visiting the [www.dhs.co.la.ca.us](http://www.dhs.co.la.ca.us) website.

**COMPLAINTS**

If you believe your privacy rights have been violated, you may file a complaint with Los Angeles County or the Federal Government. All complaints must be submitted in writing. **You will not be penalized or retaliated against for filing a complaint.** To file a complaint, or if you have comments or questions regarding our privacy practices, contact facility administration or any of the following offices:

**Los Angeles County Department of Health Services (LACDHS)  
Privacy Officer  
313 N. Figueroa Street, Room 708  
Los Angeles, CA 90012  
(800) 711-5366**

**Los Angeles County Chief Information Office  
Chief Information Privacy Officer  
500 West Temple Street, Suite 493  
Los Angeles, CA 90012  
(213) 974-2164  
Email: [CIPO@cio.co.la.ca.us](mailto:CIPO@cio.co.la.ca.us)**

To file a complaint with the Federal Government, contact:

**Region IX, Office of Civil Rights  
US Department of Health and Human Services  
50 United Nations Plaza, Room 322  
San Francisco, CA 94102  
(415) 437-8310  
(415) 437-8329 (Fax)  
(415) 437-8311 (TDD)**

**LOS ANGELES COUNTY**  
**DEPARTMENT OF HEALTH SERVICES**  
**NOTICE OF PRIVACY PRACTICES**

Effective Date: April 14, 2003

**ACKNOWLEDGEMENT OF RECEIPT**

By signing this form, you acknowledge receipt of the *Notice of Privacy Practices* between Los Angeles County Department of Health Services (LACDHS). Our *Notice of Privacy Practices* provides information about how we may use and disclose your protected health information. We encourage you to review it carefully. Our *Notice of Privacy Practices* is subject to change. If we change our Notice, you may obtain a copy of the revised Notice by visiting the website at [www.dhs.co.la.ca.us](http://www.dhs.co.la.ca.us) or on request from our Staff.

I acknowledge receipt of the *Notice of Privacy Practices* of LACDHS.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_  
*(patient/parent/conservator/guardian)*

**INABILITY TO OBTAIN ACKNOWLEDGEMENT**

To be completed only if no signature is obtained. If it is not possible to obtain the individual's acknowledgement, describe the good faith efforts made to obtain the individual's acknowledgement, and the reasons why the acknowledgement was not obtained:

Signature of Staff Member: \_\_\_\_\_ Date: \_\_\_\_\_

**Reasons why the acknowledgement was not obtained:**

- Patient refused to sign
- Other Reason or Comments:

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