

Effective Date: April 14, 2003

## **NOTICE OF PRIVACY PRACTICES**

### **UNIVERSITY OF CALIFORNIA [CAMPUS] HEALTH SYSTEM**

**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.**

#### **UC HS**

The UC [campus] Health System (UC\_HS) 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 UC health professions schools, the student health service areas, employee health units, and the administrative and operational units that are part of the health care components of the University of California.

The University of California, including UC\_HS, is a teaching and research institution. All patient care is overseen and supervised by an attending physician and provided by a team of health care professionals. Residents, fellows, students and graduate students of health care professions schools may participate in examinations or procedures and in the care of patients as a part of the health care education programs of the institution.

This Notice applies to information and records regarding your health care maintained at UC\_HS.

#### **OUR PLEDGE REGARDING YOUR MENTAL HEALTH INFORMATION**

UC\_HS is committed to protecting information regarding your mental health treatment and related health care services (“mental health information”) about you. We create a record of the care and services you receive at UC\_HS for use in your care and treatment.

This Notice tells you about the ways in which we may use and disclose your mental health information. It also describes your rights and certain obligations we have regarding the use and disclosure of your mental health information.

We are required by law to:

- make sure that your mental health information is protected;
- give you this Notice describing our legal duties and privacy practices with respect to mental health information about you; and
- follow the terms of the Notice that is currently in effect.

#### **HOW WE MAY USE AND DISCLOSE MENTAL HEALTH INFORMATION ABOUT YOU**

The following sections describe different ways that we may use and disclose your mental 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 will be listed. All of the ways we are permitted to use and disclose information, however, will fall within one of the following

categories.

**For Treatment.** We may use mental health information about you to provide you with medical or psychological treatment or services. We may disclose mental health information about you to doctors, nurses, technicians, students, or other health system personnel who are involved in taking care of you in the health system. For example, a doctor treating you for a mental condition may need to know what medications you are currently taking, because the medications may affect what other medications may be prescribed for you. In addition, the doctor may need to tell the hospital's food service if you are taking certain medications so that we can arrange for appropriate meals that will not interfere or improperly interact with your medication. We may also share mental health information about you with other UC\_HS personnel or non-UC\_HS providers, agencies or facilities who are treating you for a medical or psychological condition, in order to provide or coordinate the different things you need, such as prescriptions or types of therapy. We also may disclose mental health information about you to people outside UC\_HS who may be involved in your continuing mental health or medical care after you leave UC\_HS such as other health care providers, transport companies, community agencies and family members.

**For Payment.** We may use and disclose mental health information about you so that the treatment and services you receive at UC\_HS 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 therapy you received at UC\_HS so your health plan will pay us or reimburse you for the therapy. We may also tell your health plan about a proposed treatment to determine whether your plan will cover the treatment.

**For Health Care Operations.** We may use and disclose mental health information about you for UC\_HS operations. These uses and disclosures are made for quality of care and medical staff activities, UC\_HS health sciences education within UC\_HS, and teaching programs. Your mental health information may also be used or disclosed to comply with law and regulation, for contractual obligations, patients' claims, grievances or lawsuits, health care contracting, legal services, business planning and development, business management and administration, the sale of all or part of UC\_HS to another entity, underwriting and other insurance activities and to operate the health system. For example, we may review mental health information to find ways to improve treatment and services to our patients. We may also disclose information to doctors, nurses, technicians, medical and other students, and other health system personnel for performance improvement and educational purposes.

**Appointment Reminders.** We may contact you to remind you that you have an appointment at UC\_HS.

**Treatment Alternatives.** We may tell you about or recommend possible treatment options or alternatives that may be of interest to you.

**Health-Related Benefits and Services.** We may contact you about benefits or services that we provide.

**Fundraising Activities.** We may contact you to provide information about UC\_HS sponsored activities, including fundraising programs and events. We would only use contact information, such as your name, address and phone number and the dates you received treatment or services at UC\_HS.

**Individuals Involved In Your Care:** We may tell your family about your general condition and that you are in the hospital unless you request we do not provide this information. Upon request of a family member and with your consent, we may give the family member notification of your diagnosis, prognosis, medications prescribed and their side effects and progress. If a request for information is made by your spouse, parent, child, or sibling and you are unable to authorize the release of such information, we are required to give notification of your presence in the hospital, except to the extent prohibited by federal law. Upon your admission, we are required to make reasonable attempts to notify your next of kin or any other person designated you, of your admission, and of your release, transfer, serious illness, injury, or death only upon request of the family member, unless you request that this information not be provided.

**Research.** The University of California is a research institution. All research projects conducted by the University of California must be approved through a special review process to protect patient safety, welfare and confidentiality. Your mental health information may be important to further research efforts and the development of new knowledge. We may use and disclose mental health information about our patients for research purposes, subject to the confidentiality provisions of state and federal law.

On occasion, researchers contact patients regarding their interest in participating in certain research studies. Enrollment in those studies can only occur after you have been informed about the study, had an opportunity to ask questions, and indicated your willingness to participate by signing a consent form. When approved through a special review process, other studies may be performed using your mental health information without requiring your informed consent. For example, a research study may involve a chart review to compare the outcomes of patients who received one medication to those who received another for the same condition.

**As Required By Law.** We will disclose mental health information about you when required to do so by federal or state law.

**Public Health Disclosures.** We may disclose mental health information about you for public health purposes. These purposes generally include the following:

- preventing or controlling disease (such as cancer and tuberculosis), injury or disability;
- 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 for contracting or spreading a disease or condition;
- notifying the appropriate government authority if we believe a patient has been the victim of abuse or neglect and make this disclosure as authorized or required by law;
- notifying the coroner of a patient's death.

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

**Lawsuits and Other Legal Actions.** In connection with lawsuits or other legal proceedings, we may disclose mental health information about you in response to a court or administrative order, or in response to a subpoena, warrant, summons or other lawful process. We may disclose mental health information to courts, attorneys and court employees in the course of conservatorship, writ and certain other judicial or administrative proceedings.

**Law Enforcement.** We may release mental health information to law enforcement officials as follows:

- as needed for the protection of certain elected officials, others and their families, as required by law;
- for the protection of persons when necessary to protect them from a serious danger of violence [information may also be released to others who may be able to help stop or reduce the danger]
- when requested at the time of a patient's involuntary hospitalization [information may also be released to the county mental health director/designee];
- when reporting that a patient, while hospitalized, has been a victim or perpetrator of certain specified crimes;
- when requested by an officer who lodges a warrant with the facility
- to identify or locate a suspect, fugitive, material witness, certain escapes and certain missing person
- in response to a court order, subpoena, warrant, summons or similar process;

**Advocacy Groups.** We may release mental health information to Protection and Advocacy, Inc. with a patient or patient representative's authorization or for the purposes of certain investigations. We may release mental health information to the County Patients' Rights Office with a patient or patient representative's authorization, or for investigations resulting from reports required by law to be submitted to the Director of Mental Health.

**Coroners and Medical Examiners..** We may report the death of a patient to a coroner or medical examiner.

**Protection of Elective Constitutional Officers.** .We may disclose mental health information about you to government law enforcement agencies as needed for the protection of federal and state elective constitutional officers and their families.

**Emergency Response Worker.** We may disclose mental health information to emergency response employees regarding possible exposure to HIV/AIDS, to the extent necessary to comply with state and federal law.

**Department of Justice:** We may disclose limited information to the California Department of Justice for movement and identification purposes about certain criminal patients, or regarding persons who may not purchase, possess or control a firearm or deadly weapon.

**Multidisciplinary Personnel Teams:** We may disclose mental health information to a multidisciplinary personnel team relevant to the prevention, identification, management, or treatment of an abused child and the child's parents or an abused elder or dependent adult.

**Senate and Assembly Rules Committees.** We may disclose your mental health information to the Senate or Assembly Rules Committee for purpose of legislative investigation, as required by law

**Psychologist or Psychiatrist Representing an Employer.** We may disclose your mental health information to a psychiatrist or psychologist representing your employer, upon your request, unless we believe the release is contrary to your best interests.

**Inmates.** If you are an inmate of a \_\_\_\_\_ correctional institution or under the custody of

law enforcement officials, we may release mental health information about you to the correctional institution as authorized or required by law.

**PSYCHOTHERAPY NOTES:** *Psychotherapy notes* means notes recorded (in any medium) by a health care provider who is a mental health professional documenting or analyzing the contents of conversation during a private counseling session or a group, joint, or family counseling session and that are separated from the rest of the individual's medical record. *Psychotherapy notes* excludes medication prescription and monitoring, counseling session start and stop times, the modalities and frequencies of treatment furnished, results of clinical tests, and any summary of the following items: diagnosis, functional status, the treatment plan, symptoms, prognosis, and progress to date.

Psychotherapy notes may not be disclosed without your authorization except in certain limited circumstances:

- Use or disclosure in supervised mental health training programs for students, trainees, or practitioners;
- Use or disclosure by the covered entity to defend a legal action or other proceeding brought by the individual;
- A use or disclosure that is required by law
- A use or disclosure that is permitted:
  - for legal and clinical oversight of the psychotherapist who made the notes,
  - to prevent or lessen a serious and imminent threat to the health or safety of the public

## **YOUR RIGHTS REGARDING MENTAL HEALTH INFORMATION ABOUT YOU**

Your mental health information is the property of UC\_HS. You have the following rights, however, regarding mental 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 mental health information.

To inspect and/or to receive a copy of your mental health information, you must submit your request in writing to \_\_\_\_\_ Department, UC\_HS, \_\_\_\_\_ (address). If you request a copy of the information, there is a fee for these services.

We may deny your request to inspect and/or to receive a copy in certain limited circumstances. If you are denied access to mental health information, in most cases, you may have the denial reviewed. Another licensed health care professional chosen by UC\_HS 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 mental health information we have about you is incorrect or incomplete, you may ask us to amend the information or add an addendum (addition 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\_HS.

Amendment. To request an amendment, your request must be made in writing and submitted to \_\_\_\_\_ Department, UC\_HS, \_\_\_\_\_

\_\_\_\_\_ (address). In addition, 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 information that:

- Was not created by UC\_HS;
- Is not part of the mental health information kept by or for UC\_HS;
- Is not part of the information which you would be permitted to inspect and copy; or
- Is accurate and complete in the record.

**Addendum.** To submit an addendum, the addendum must be made in writing and submitted to \_\_\_\_\_ Department, UC\_HS, \_\_\_\_\_ (address). 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 mental health information.

To request this accounting of disclosures, you must submit your request in writing to \_\_\_\_\_ Department, UC\_HS, \_\_\_\_\_ (address). Your request must state a time period that may not be longer than the six previous years and may not include dates before April 14, 2003. 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 mental 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 mental 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. For example, you could ask that we not use or disclose information to a family member about a surgery you had.

To request a restriction, you must make your request in writing to \_\_\_\_\_ Department, UC\_HS, \_\_\_\_\_ (address). 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.* 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 treatment.

**Right to Request Confidential Communications.** You have the right to request that we communicate with you about medical matters 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 communications, you must make your request in writing to \_\_\_\_\_ Department, UC\_HS, \_\_\_\_\_ (address). We will accommodate all reasonable

requests. Your request must specify how or where you wish to be contacted.

**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\_HS, or you may obtain a copy at our website, [http://\\_\\_\\_\\_\\_](http://_____) (specify website).

### **CHANGES TO UC HS' PRIVACY PRACTICES AND THIS NOTICE**

We reserve the right to change UC\_HS' privacy practices and this Notice. We reserve the right to make the revised or changed Notice effective for mental 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 at UC\_HS. The Notice will contain the effective date on the first page in the top right-hand corner. 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 \_\_\_\_\_ [title or office], UC [campus] Health System, [address; telephone number].

If you believe your privacy rights have been violated, you may file a complaint with UC\_HS or with the Secretary of the Department of Health and Human Services. To file a complaint with UC\_HS, contact \_\_\_\_\_ Department, UC\_HS,

\_\_\_\_\_ (address), telephone number \_\_\_\_\_.

**You will not be penalized for filing a complaint.**

### **OTHER USES OF MENTAL HEALTH INFORMATION**

Other uses and disclosures of mental health information not covered by this Notice will be made only with your written permission. If you provide us permission to use or disclose mental health information about you, you may revoke that permission, in writing, at any time. If you revoke your permission, we will no longer use or disclose mental health information about you for the reasons covered by your written permission. You understand that we are unable to take back any disclosures we have already made with your permission, and that we will retain our records of the care provided to you as required by law.