

# NOTICE OF PRIVACY PRACTICES

EFFECTIVE 11/13/15



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**THIS NOTICE DESCRIBES HOW HEALTH INFORMATION ABOUT YOUR CHILD MAY BE USED AND DISCLOSED AND HOW YOU CAN GET ACCESS TO THIS INFORMATION. PLEASE REVIEW IT CAREFULLY.**

**When we refer to your child in this notice we also mean you, if you are the patient.**

**If you have any questions about this notice, please contact the UCSF Benioff Children's Hospital Oakland Privacy Officer at 510-428-3446.**

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## WHO DOES THIS NOTICE COVER?

This notice describes our hospital's practices and that of:

- All employees, staff, volunteers and other personnel whose work is under direct control of UCSF Benioff Children's Hospital Oakland.
- All departments and units of the hospital and any health care professional authorized to enter information into your child's medical record.
- All affiliated physicians who provide care to our patients.
- Any clinics including satellite clinics and other off-campus sites operated by UCSF Benioff Children's Hospital Oakland.

## OUR PLEDGE REGARDING HEALTH INFORMATION

We understand that information about your child and your child's health is personal. We are committed to protecting medical information about you and your child.

We create a record of the care and services your child receives at the hospital. We need this record to provide your child with quality care and to comply with certain legal requirements.

This notice applies to all of the records of your child's care generated by the hospital, whether made by hospital personnel or your child's personal doctor. Your child's personal doctor may have different policies or notices regarding the doctor's use and disclosure of your child's medical information created in the doctor's office or clinic.

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

## OUR DUTIES

We have a duty and responsibility to safeguard your child's medical information. We are required by law to maintain the privacy of your child's personal medical information and to give you this notice of our duties and our privacy practices. We must follow the terms of our notice that are currently in effect.

**Changes to this notice:** We reserve the right to change our Policies and Procedures, as described in this Notice, at any time. We reserve the right to apply these changes to any medical information, which we already have, as well as to any medical information we receive in the future. We will post a copy of the current notice in prominent locations throughout the hospital and on our web site at [www.childrenshospitaloakland.org](http://www.childrenshospitaloakland.org). The new notice will include an effective date.

**Complaints:** If you believe you/your child's privacy rights have been violated, you may file a complaint with the hospital. Complaints must be made in writing to: UCSF Benioff Children's Hospital Oakland, Privacy Officer, 747 52nd Street, Oakland, California, 94609. Your child's care and treatment will not be affected and you will not be penalized for filing a complaint. You also have the right to file a complaint directly with the Secretary of the U.S. Department of Health and Human Services, at the Office for Civil Rights.

## HOW WE MAY USE OR DISCLOSE YOUR HEALTH INFORMATION

The following categories describe different ways that we use and disclose information. For each category of uses or disclosures we will explain what we mean and 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 will use information about your child to provide him/her with medical treatment or services. This means we will disclose medical information about your child to doctors, nurses, technicians, medical students, or other hospital personnel who are involved in taking care of your child at the hospital. For example, your child's pediatrician may refer your child to the Pulmonology Clinic for care of your child's asthma. The pediatrician may need to share medical information with the pulmonologist. Different departments of the hospital also may share medical information about your child in order to coordinate the different services that your child needs, such as prescriptions, lab work and xrays. We may share information about your child to individuals outside the hospital who may need it in order to provide him/her with medical treatment or services after your child leaves the hospital. This may include, but is not limited to primary care physicians, referring physicians or home health agencies. The disclosure of your health information to medical professionals may be done electronically through a health information exchange that allows providers involved in your care to access some of your UCSF Benioff Children's Hospital Oakland records to coordinate services to you or your child.

**For Payment.** We may use and disclose your child's medical information, as necessary, to obtain payment for the services we provide to your child. For example, we may need to provide medical information about surgery that your child received at the hospital so your health plan will pay us or reimburse you for the surgery. We may also tell your health plan about a treatment your child is going to receive to obtain prior approval or to determine whether your plan will cover the treatment.

**For Health Care Operations.** We use and disclose your child's medical information for activities that are necessary to run the hospital and 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. We may also combine medical information about many

hospital patients to decide what additional services the hospital 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 hospital personnel for review and learning purposes. We may also combine the medical information we have with medical information from other hospitals to compare how we are doing and to see where we can make improvements in the care and services we offer.

**Business Associates:** Some of the services or activities in our organization are provided through contracts with business associates. For example, we may contract with accreditation agencies, management consultants, quality assurance reviewers, billing and collection services and accountants to provide services on our behalf. We may disclose your medical information to our business associates so that they can perform the service on our behalf. To protect your medical information, we require our business associates to sign a written agreement to protect your medical information.

**News Gathering Activities:** A member of your child's health care team may contact you or one of your family members to discuss whether or not you want to participate in a media or new story. New reports often seek interviews with patients injured in accidents or experiencing particular medical conditions or procedures. For example, a reporter working on a story about a new cancer therapy may ask whether any of the patients undergoing that therapy might be willing to be interviewed.

**Fundraising.** We may use demographic information from your or your child's medical record to contact you to raise money for our hospital and its activities. We may disclose this information to our foundation so that our foundation may contact you. If we do so, we will only release your or your child's name, address, phone number, date of birth, physician name, outcome of care, department where you or your child receive services, and the dates you or your child received services at the hospital. You may opt out of receiving fund raising information by contacting us at: UCSF Benioff Children's Hospital Oakland Foundation, 2201 Broadway, Suite 600, Oakland, CA 94612 or at (510) 428-3891. If you receive a fund raising notice from us, you will be told how you can stop any future fund raising notices if you so desire.

**Hospital Directory.** We may list your child in our hospital directory if your child is a patient at the hospital. The listing includes your child's name, location in the hospital, his/her general condition (e.g., fair, stable, etc.). We will also list your child's religion in the directory, but will disclose that information only to members of the clergy. Except for members of the clergy, we will only disclose the information in the directory to individuals who ask for your child by name. If you ask, we will not list your child in the directory, or we will omit any information you ask us to omit.

**Individuals Involved in Your Child's Care or Payment for Your Child's Care.** We may release medical information about your child to a friend or family member who is involved in your child's medical care or who helps pay for your child's care. In addition, we may disclose health information about your child to an entity assisting in a disaster relief effort so that your family can be notified about your child's conditions, status and location.

We may also participate in activities with your child where volunteers may be involved with the care of your child. These volunteers may know that your child is at the hospital. This may include volunteers through our hospital guilds.

**Research.** UCSF Benioff Children's Hospital Oakland (CHRCO) is a research institution. All research projects conducted by CHRCO must be approved through a special review process to protect patient safety, welfare and confidentiality. Your child's medical information may be important to further research efforts and the development of new knowledge. We may use and disclose medical 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 have your child participate by signing a consent form. When approved through a special review process, other studies may be performed using your child's medical information without requiring your consent. These studies will not affect your treatment or welfare, and your child's medical information will continue to be protected. For example, a research study may involve a chart review to compare the outcomes of patients who received different types of treatment.

**We may also use and disclose medical information:**

- To remind you that your child has an appointment for medical care;
- To assess your satisfaction with our services;
- To tell you about possible treatment alternatives;
- To tell you about health-related benefits or services;
- For population based activities relating to improving health or reducing healthcare costs; and
- For conducting training programs or reviewing competence of healthcare professionals.

When disclosing information, primary appointment reminders and billing/collections efforts, we may leave messages on your answering machine, cell phone, or voice mail.

**Legal Requirement to Disclose Information.** We will disclose your child's medical information when we are required to do so by federal, state or local law for the following types of entities, including but not limited to:

- Food and Drug Administration
- Public Health or Legal Authorities charged with preventing or controlling disease, injury or disability
- Correctional Institutions
- Workers Compensation Agents
- Organ and Tissue Donation Organizations
- Military Command Authorities
- Health Oversight Agencies
- Funeral Directors, Coroners and Medical Examiners
- National Security and Intelligence Agencies
- Protective Services for the President and Others

If you are involved in a lawsuit or dispute, we may disclose medical information about your child in response to a court or administrative order. We may also disclose medical information about your child in response to a subpoena, discovery request, or other lawful process by someone else involved in the dispute. In these cases, you may receive notice of the request from the party asking for the information, or we may receive an order protecting the information.

**Law Enforcement.** We may release information if asked to do so by a law enforcement official:

- To identify or locate a suspect, fugitive, material witness or missing person;
- About the victim of a crime, if under certain limited circumstances, we are unable to obtain the person's agreement;
- About a death we believe may be the result of criminal conduct;
- About criminal conduct at the hospital; or
- In emergencies in order to report a crime

## YOUR RIGHTS REGARDING MEDICAL INFORMATION ABOUT YOUR CHILD

**Authorization:** Your child's medical record is the physical property of UCSF Benioff Children's Hospital Oakland, however, the information belongs to you and your child. We may use or disclose your child's medical information for any purpose that is listed in this notice without your written authorization.

We will not use your child's medical information for any other reason without your written authorization. If you authorize us to use or disclose your child's medical information, you can revoke the future use of this authorization at any time.

**Minors and Personal Representatives:** In most situations, parents, guardians and/or others with legal responsibilities for minors (children under 18 years of age) may exercise the rights described in this Notice on behalf of the minor. However, there are situations in which minors independently may exercise the rights described in this Notice. Upon request, we will provide you with additional information on the minor's rights under state law.

**Right to Inspect and Copy.** You have the right to inspect and copy information that may be used to make decisions about your child's care for a fee. Usually, this includes medical and billing records, but may not include some mental health information. If you want to review or receive a copy of these records, you must make a request in writing to the Health Information Management Department, 747 52nd Street, Oakland, California 94609. We may charge a fee for the cost of retrieving and providing the records. We may also deny you access to certain information. If we do, we will give you the reason, in writing. We will also explain how you may appeal the decision.

**Right to Amend.** If you feel that information we have about your child is incorrect or incomplete, you may ask us to amend the information. You have the right to request an amendment as long as the information is kept by or for the hospital. We may deny your request for an amendment if it is not in writing or does not include a reason to support the request. Please note that even if we accept your request, we are not required to delete any information from your medical record.

**Right to an Accounting of Disclosures.** You have the right to request a list of certain disclosures of medical information about your child. This accounting will list the times we have given your medical information to

others. The list will include the dates of the disclosures, the names of the people or organizations to whom the information was disclosed, a description of the information, and the reason. Disclosures for the following reasons will not be included on the list: disclosures for treatment, payment or healthcare operations; disclosures of information in our Hospital directory; disclosures for national security purposes; disclosures you have authorized and disclosures made directly to you.

You must submit your request for a list or accounting of disclosures in writing to our Privacy Officer. Your request must state a time period, which 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 a restriction or limitation on the medical information we use or disclose about your child for treatment, payment or health care operations. You also have the right to request a limit on the medical information we disclose about you to someone who is involved in your child's care or the payment for your child's care, like a family member or friend. 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 emergency treatment.

You may ask us to restrict disclosure to a health plan or insurer if you, or someone else on your behalf, have paid in full, out-of-pocket for the item or service. If you request this special restriction, we can still disclose information to a health plan or insurer for the purposes of treating your child.

You must make your request for a restriction or limitation on the medical information we use or disclose about your child in writing to our Privacy Officer. 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.

**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 can ask that we only contact you at work or by mail. You must make your request for confidential communications during the registration

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process. We will not ask you the reason for your request and will attempt to accommodate all reasonable requests. Your request must be in writing and specify how or where you wish to be contacted.

**Right to a Paper Copy of Privacy 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. You may obtain a copy of this notice at our website, [www.childrenshospitaloakland.org](http://www.childrenshospitaloakland.org).



**UCSF Benioff Children's Hospital**  
Oakland

**FOR MORE INFORMATION**

To act on any of the information provided in the Privacy Notice or for more information about our privacy practices, you may contact:

Privacy Officer  
UCSF Benioff Children's Hospital Oakland  
747 52nd St.  
Oakland, CA 94609  
510-428-3446