# NOTICE OF PRIVACY PRACTICES

## 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 UC health professional schools. The administrative and operational units supporting the provision of care at all locations listed are also health care components of the University of California.

## OUR PLEDGE REGARDING YOUR HEALTH INFORMATION

UC Davis Health is committed to protecting the privacy of your medical and health information. We are required by law to maintain the privacy of your health information. We will follow the legal duties and privacy practices described in this notice ("Notice").

## YOUR RIGHTS REGARDING YOUR HEALTH INFORMATION

**You have the following rights regarding the Health Information we maintain about you:**

**Right to See and Copy**. You have the right to see or get a copy of your health information, with certain exceptions. If we have the information in electronic format, you have the right to obtain your health information in an electronic format if possible. If not, we will work with you to find a way for you to receive the information electronically or as a paper copy.

Your request must be made in writing and submitted through any one of the following ways:

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| Email: | roi@health.ucdavis.edu |
| Fax: | (916) 734-2126 |
| Post Office Mail: | Health Information Management<br>2315 Stockton Blvd.<br>Sacramento, CA 95817 |

The form to make this request is available at UC Davis Health and can be found online at: https://health.ucdavis.edu/him.

If you request a copy of the information, there may be a reasonable, cost-based fee for these services. You may also request that a copy of your health information be released to a third party that you choose.

**Right to Ask for a Correction**. If you feel that your health information is incorrect or incomplete, you may ask us to change or add more information to complete your record.

Your request must be made in writing and submitted through either of the following ways:

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| Email: | roi@health.ucdavis.edu |
| Post Office Mail: | Health Information Management<br>2315 Stockton Blvd.<br>Sacramento, CA 95817 |

The form to make this request can be found at UC Davis Health and online at: https://health.ucdavis.edu/him.

We may say "no" to your request, but we'll tell you why in writing.

**Right to Know How We Have Shared Your Health Information**. You have the right to request a list (accounting) of the times UC Davis Health has shared your health information with others, such as to government agencies. The list will not include any disclosures made for treatment, payment, health care operations, or any disclosure you asked us to make. The request may be for a period covering up to six years before the date you ask for the list.

Your request must be made in writing and submitted to:

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| Post Office Mail: | Health Information Management<br>2315 Stockton Blvd.<br>Sacramento, CA 95817 |

The form to make this request can be found at UC Davis Health and online at: https://health.ucdavis.edu/him.

If you request an accounting more than once during a 12-month period, we may charge you a reasonable, cost-based fee.

**Right to Ask for Restrictions**. You have the right to ask us to limit how we use and share certain health information for treatment, payment or health care operations. If you pay for a service or healthcare item out-of-pocket in full, you can ask us not to share that information for purposes of payment or our operations.

Your request must be made in writing and submitted to:

Post Office Mail: Health Information Management
2315 Stockton Blvd.
Sacramento, CA 95817

The form to make this request can be found at UC Davis Health and online at: https://health.ucdavis.edu/him.

**Right to Ask for 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. You must make your request in writing to:

Post Office Mail: Health Information Management
2315 Stockton Blvd.
Sacramento, CA 95817

We will agree to all reasonable requests.

**Right to a Paper Copy of This Notice**. You can ask for a paper copy of this Notice at any time, even if you have agreed to receive this Notice electronically.

Copies of this Notice are available throughout UC Davis Health, or you may obtain a copy at our website: https://health.ucdavis.edu/him.

**Right to be Notified of a Breach**. You have the right to be notified if we discover a breach that may have compromised the privacy or security of your information.

## HOW WE MAY USE AND DISCLOSE YOUR HEALTH INFORMATION

**We typically use and disclose your health information in the following ways *unless* state or federal laws have limitations.**

**For Treatment**. We use your health information to provide you with treatment or services. We disclose your health information to doctors, nurses, technicians, medical and health science students, or other health system personnel involved in your care. We may also share your health information with other non-UC Davis Health providers for care or treatment. For example, we may share your health information if you are being referred to another provider at a non-UC Davis Health institution.

**For Payment**. We use and share your health information to bill or get payment from health plans or other entities. For example, we give information to your health plan so it will pay us for your services.

**For Health Care Operations**. We use and share your health information to manage your treatment and services, run our business and teaching institution operations, improve your care, and contact you when necessary. 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 share your health information with an outside company performing services for us such as accreditation, legal, or auditing services. These companies are required by law to keep your health information confidential.

**Other Ways We Share Your Health Information**

We are permitted or required by law to share your health information in other ways – usually in ways that help the public, such as public health and research. We have to meet many conditions in the law before we can share your information for these reasons.

**Hospital Directory**. If you are hospitalized, we may include certain 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. You have the right to object to the release of directory information.

**Individuals Involved in Your Care or Payment for Your Care.** We may share health information with your family, close friends, or others involved in your care or payment for your care.

**Health Information Exchanges**. UC Davis Health may participate in one or more health information exchanges (HIE), where we may share your health information, as allowed by law, to other health care providers or entities for coordination of your care. This allows health care providers at different facilities participating in your treatment to have the information needed to treat you.

If you do not want UC Davis Health to share your information in an HIE, you can opt out by completing an opt-out form found at https://health.ucdavis.edu/him:

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| Email: | roi@health.ucdavis.edu |
| Fax: | (916) 734-2126 |
| Post Office Mail: | Health Information Management<br>2315 Stockton Blvd.<br>Sacramento, CA 95817 |

UC Davis Health will agree with your opt-out request as needed to comply with the laws that apply to us. Opting out stops UC Davis Health from sharing your information with other health care providers through the HIE; it does not stop other health care providers from sharing your information with UC Davis Health, and it does not stop a health care provider that already received your information from keeping it. To stop other health care providers from sharing your information with UC Davis Health, you must contact those providers directly. If you opt out, you can choose to resume participation by submitting a written request to:

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| Email: | roi@health.ucdavis.edu |
| Fax: | (916) 734-2126 |
| Post Office Mail: | Health Information Management<br>2315 Stockton Blvd. |

**Research.** UC Davis Health is a research institution. Researchers may contact you about your interest in participating in certain research studies and, in certain circumstances, may use or share your information for research without obtaining your authorization. This may occur when the research has gone through a special review process to protect patient confidentiality.

**Organ and Tissue Donation**. If you are an organ donor, we may share your health information with organ procurement organizations.

**Coroners, Medical Examiners and Funeral Directors.** We may share medical information with a coroner, medical examiner, or funeral director when an individual dies. This may be necessary, for example, to identify a deceased person or determine cause of death.

**Disaster Relief Efforts**. We may share your health information to an entity assisting in a disaster relief effort so that others can be notified about your condition, status, and location.

**Fundraising Activities**. We may use information you provided us to contact you about fundraising programs and events. You can opt-out of receiving fundraising information for UC Davis Health by:

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| Telephone: | 916-734-9400 |
| Post Office Mailing: | Health Sciences Development<br>4900 Broadway, Suite 1150<br>Sacramento, CA 95820 |

**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.

**As Required By Law**. We will disclose your health information when required to do so by federal or state law. For example, we may share your health information with the Department of Health and Human Services if it wants to see that we're complying with federal privacy law.

**Respond to lawsuits and legal actions.** We can share health information about you in response to a court or administrative order, or in response to a subpoena.

**Military and Veterans**. If you are or were a member of the armed forces, we may release your health information to military authorities as allowed or required by law.

**Inmates**. If you are an inmate of a correctional institution or under the custody of law enforcement officials, we may release your health information to the correctional institution as authorized or required by law.

**Workers' Compensation**. We may use or share your health information for Workers' Compensation or similar programs as authorized or required by law. These programs provide benefits for work-related injuries or illness.

**Public Health and Safety**. We may disclose your health information for certain situations such as:

- preventing or controlling disease (such as cancer and tuberculosis), injury, or disability;
- reporting vital events such as births and deaths;
- reporting suspected abuse, neglect, or domestic violence;
- preventing or reducing a serious threat to anyone's health or safety;
- reporting adverse events or surveillance related to food, medications, or defects or problems with products;
- notifying people 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;
- providing limited information to your employer for legally required reporting of an employee's serious injury or death that occurs in the workplace;
- providing limited information to your employer for legally required reporting related to medical surveillance of the workplace or work-related illness or injury, including infectious disease prevention and control.

**Health Oversight Activities**. We may share your health information with governmental, licensing, auditing, and other agencies as authorized or required by law.

**Law Enforcement.** As allowed or required by law, when certain conditions are met, we may release your health information to law enforcement.

**National Security and Intelligence Activities**. As required by law, we may share your health information for special government functions such as national security and presidential protective services.

**Marketing or Sale of Health information.** Most uses and sharing of your health information for marketing purposes or any sale of your health Information are strictly limited and require your written authorization.

**Other Uses and Disclosures of Health Information.** Other ways we share and use your health information not covered by this Notice will be made only with your written authorization. If you authorize us to use or disclose your health information, you may cancel that authorization, in writing, at any time. However, the cancellation will not apply to information we have already used and disclosed based on the earlier authorization.

Special laws apply to certain kinds of health information considered particularly private or sensitive to a patient. This sensitive information includes psychotherapy notes, sexually transmitted diseases, drug and alcohol abuse treatment records, mental health records, and HIV/AIDS information. When required by law, we will not share this type of information without your written permission. In certain circumstances, a minor's health information may receive additional protections.

**Drug and Alcohol Abuse Treatment Records**. The Confidentiality of Substance Use Disorder Patient Records (42 U.S.C. §290dd-2 and 42 CFR Part 2) may require stricter privacy protections for these specific records.

As required by law, we cannot use or share your drug and alcohol treatment records in a court, administrative, or legislative proceedings against you without your prior written consent, unless there is a court order that requires this.

As required by law, we may only use your drug and alcohol treatment records for fundraising purposes after we have given you a chance to opt-out of receiving fundraising information. More information about how to opt-out is above in the "Fundraising Activities" section.

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

We may change the terms of this Notice at any time, and the changes will apply to all health information we have about you. The current Notice will be available upon request at our locations, and on our website.

**Organized Healthcare Arrangements.** UC Davis Health participates in an Organized Healthcare Arrangement (OHCA) with other healthcare providers. Within the OHCA, member organizations may share your health information for treatment, payment or operations related to the OHCA.

## QUESTIONS OR COMPLAINTS

If you have any questions or concerns about this Notice, please contact the UC Davis Health Privacy Program, Compliance and Privacy Services Department at (916) 734-8808. If you feel your rights have been violated, you may file a complaint with UC Davis Health:

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| Compliance Hotline: | (877) 384-4272 |
| Post Office Mail: | UC Davis Health<br>Compliance and Privacy Services Department<br>1651 Alhambra Blvd.<br>Sacramento, CA, 95816 |

You may also file a complaint with the Secretary of the U.S. Department of Health and Human Services, Office for Civil Rights. You will not be retaliated against for filing a complaint.

**Effective Date: April 1, 2023**

ADDITIONAL INFORMATION

UC Davis Health provides free appropriate auxiliary aids, qualified sign language interpreters and services to people with disabilities to communicate effectively with us. We also provide written information in other formats (large print, audio, accessible electronic formats, other formats). UC Davis Health also provides free language services, including qualified interpreters to people whose primary language is not English. To access these services, please contact the Patient Relations Coordinator at 1-916-734-2321 (TTY: 1-916-734-7428).

Notice of Privacy Practices – Other Languages

- Spanish
- Chinese
- Vietnamese
- Tagalog
- Korean
- Armenian
- Persian (Farsi)
- Russian
- Arabic
- Lao
- Punjabi
- Mon-Khmer, Cambodian
- Hmong
- Hindi
- Thai