



## NOTICE OF PRIVACY PRACTICES

*Effective Date: December 30, 2021*

### University HealthCare Alliance

THIS NOTICE DESCRIBES HOW HEALTH INFORMATION ABOUT YOU MAY BE USED AND DISCLOSED. PLEASE REVIEW IT CAREFULLY.

#### **OUR PLEDGE TO PROTECT YOUR PRIVACY**

University HealthCare Alliance (the "Clinic" for purposes of this Notice) knows that health information about you is personal, and we are committed to protecting the privacy of the information we create or receive about you. Health information that identifies you ("protected health information" or "health information") includes your medical record and other information relating to your care, or payment for care.

We are required by law to:

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

#### **WHO WILL FOLLOW THIS NOTICE**

The following parties share the Clinic's commitment to protect your privacy and will comply with this Notice:

- Any health care professional authorized to update or create health information about you;
- All departments and units of the Clinic;
- All employees, volunteers, trainees, students, contractors, and practitioners of the Clinic and
- All affiliated entities, sites, and locations

#### **HOW WE MAY USE AND DISCLOSE MEDICAL INFORMATION ABOUT YOU**

The following sections describe different ways that we use and disclose your health information. To respect your privacy, we will try to limit the amount of information that we use or disclose to the "minimum necessary" to accomplish the purpose of the use or disclosure. 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 following categories, regardless of the method in which the use or disclosure is made. Uses or disclosures of information may occur on paper, through the electronic health record or systems or other electronics means such as through health information exchanges.

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"You" in this Notice means a Clinic patient or, if applicable, the patient's personal representative. A personal representative is any person authorized to act on behalf of the patient with respect to his/her health care. For example, a personal representative may include the parent or guardian of a minor (unless the minor has the authority under California law to act on his/her own behalf), the guardian or conservator of an adult patient, or the person authorized to act on behalf of a deceased patient.

## FOR TREATMENT:

We may use health information to provide you with medical treatment or services. We may use and share health information about you to doctors, residents, nurses, technicians, medical students, or other Clinic personnel involved in your care. For example, a doctor treating you for a broken leg needs to know if you have diabetes because diabetes can slow the healing process. Different departments of the Clinic, such as schedulers, pharmacy, lab and x-ray, may share your health information to coordinate the services you need.

We may disclose your health information to providers not affiliated with the Clinic to facilitate the care they provide you. For example, we may disclose your health information to specialty physicians for care coordination purposes. Additionally, we may provide access to your health information to affiliated entities and locations, such as an affiliated provider group for care coordination purposes.

Electronic exchange of health information helps ensure better care and coordination of care. The Clinic may participate in health information exchange(s) that allow outside providers who need information to treat you to access your health information through a secure health information exchange.

## FOR PAYMENT:

We may use and disclose your health information to bill and receive payment for health care services that we, or others, provide for you. This includes uses and disclosures to submit health information to receive payment from your health insurer, HMO (“Health Maintenance Organization”), or other party that pays for some or all of your health care (payor) or to verify that your payor will pay for your health care. We may also tell your payor about a treatment you are going to receive to obtain prior coverage authorization or to determine whether your plan will cover the treatment. For certain services, your permission is needed to release health information and your permission will be asked to do so.

## FOR HEALTH CARE OPERATIONS:

We may use and disclose health information for health care operations. This includes functions necessary to run the Clinic or assure that all patients receive quality care and includes many support functions such as appointment and procedure scheduling. We may also share your information with affiliated health care providers so that they may jointly perform certain business operations along with the Clinic. For example, we may use medical information to review our treatment and services and evaluate the performance of our staff in caring for you. We may combine medical information about many of our patients to decide what additional services the Clinic should offer, what services are not needed, and whether certain new treatments are effective. We may share information with doctors, residents, nurses, technicians, medical students, clerks and other personnel for quality assurance and educational purposes. We may also compare the health information we have with information from other hospitals or clinics to see where we can improve the care and services we offer.

## BUSINESS ASSOCIATES:

The Clinic contracts with outside entities that perform business services for us, such as billing companies, management consultants, quality assurance reviewers, accountants, or attorneys. In certain circumstances, we may need to share your health information with a business associate so it can perform a service on our behalf. We will have a written contract in place with the business associate requiring protection of the privacy and security of your health information.

## APPOINTMENT REMINDERS AND OTHER COMMUNICATIONS:

We may use and disclose information to contact you as a reminder that you have an appointment for care at the Clinic. We will communicate with you using the information (such as telephone number and email address) that you provide. Unless you notify us to the contrary, we may use the contact information you provide to communicate general information about your care, such as appointment location, department, date, and time.

## TREATMENT OPTIONS AND ALTERNATIVES:

We may use and disclose health information to tell you about, or recommend, possible treatment options or alternatives that may be of interest to you.

## HEALTH-RELATED BENEFITS AND SERVICES:

We may use and disclose health information to tell you about health-related benefits or services that may be of interest to you.

## INDIVIDUALS INVOLVED IN YOUR CARE:

We may release health information about you to a family member or friend who is involved in your care. We may also give information to someone who helps pay for your care. Unless there is a specific written request from you to the contrary, we may also notify a family member, personal representative, or another person responsible for your care about your location and general condition. This does not apply to patients receiving treatment for certain conditions such as substance/alcohol abuse. In addition, we may disclose medical information about you to an organization assisting in a disaster relief effort (such as the Red Cross) so that your family can be notified about your condition, status, and location.

## FUNDRAISING ACTIVITIES

Consistent with applicable state and federal laws, we may provide limited information such as your contact information, provider name and dates of care to Lucile Packard Foundation for Children's Health or Stanford University Office of Medical Development to conduct fundraising activities for the advancement of care and research on behalf of the Clinic.

## RESEARCH:

The Clinic is occasionally involved in studies that may involve your current care or that involve reviews of your medical history. For example, a study may involve an investigational procedure to treat a condition or compare the health and recovery of patients who have received one medication with those who have received another for the same condition. We generally ask for your written authorization before using your medical information or sharing it with others in order to conduct research. Under limited circumstances we may use and disclose your medical information without your authorization. In most of these latter situations, we must obtain approval through an independent review process to ensure that research conducted without your authorization poses minimal risk to your privacy. Researchers may also contact you to see if you are interested in, or eligible, to participate in a study.

## TO PREVENT A SERIOUS THREAT TO HEALTH OR SAFETY:

We may use and disclose certain information about you when necessary to prevent a serious threat to your health and safety or the health and safety of others. However, any such disclosure will only be to someone able to help prevent the threat, such as law enforcement, or to a potential victim. For example, we may need to disclose information to police when a patient reveals that he/she has participated in a violent crime.

## **SPECIAL SITUATIONS THAT DO NOT REQUIRE YOUR AUTHORIZATION**

### WORKERS' COMPENSATION:

We may release health information about you for workers' compensation or similar programs. These programs provide benefits for work-related injuries or illness.

### PUBLIC HEALTH ACTIVITIES:

We may disclose health information about you for public health activities. These activities include, but are not limited to:

- Preventing or controlling disease, injury or disability;
- Reporting births and deaths;
- Reporting the abuse or neglect of children, elders and dependent adults
- Reporting reactions to medications or problems with products;
- Notifying you of the recall of products you 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 you have been the victim of abuse, neglect or domestic violence. We will only make this disclosure when required or authorized by law; and
- Notifying appropriate state registries, such as the Cancer Prevention Institute of California or the California Emergency Medical Services Authority, when you seek treatment at the Clinic for certain diseases or conditions.

### HEALTH OVERSIGHT ACTIVITIES:

We may disclose health information to a health oversight agency, such as the California Department of Health Services or the Center for Medicare and Medicaid Services, for activities authorized by law. These oversight activities include 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 health information in response to a court or administrative order. We may also disclose health information about you in response to a subpoena, legally enforceable discovery request, or other lawful process by someone else involved in the dispute.

## LAW ENFORCEMENT:

We may release health information at the request of law enforcement officials in the following limited circumstances:

- In response to a court order, subpoena, warrant, summons or similar process;
- To identify or locate a suspect, fugitive, material witness, or missing person;
- About the victim of a crime if, under certain limited circumstances, the victim is unable to consent;
- About a death we believe may be the result of criminal conduct;
- About criminal conduct at the Clinic; and
- In an 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 release medical information to a coroner or medical examiner. This may be necessary to identify a deceased person or determine the cause of death. We may also release health information about patients of the Clinic to funeral directors as necessary to carry out their duties with respect to the deceased.

## ORGAN AND TISSUE DONATION:

We may release health information to organizations that handle organ, eye, or tissue procurement or transplantation, as necessary to facilitate organ or tissue donation. The procurement or transplantation organization needs your authorization for any actual donations.

## MILITARY AND VETERANS:

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

## NATIONAL SECURITY AND INTELLIGENCE ACTIVITIES:

Upon receipt of a request, we may release health information to authorized federal officials for intelligence, counterintelligence, and other national security activities authorized by law. We will only provide this information after the Privacy Officer has validated the request and reviewed and approved our response.

## INMATES:

If you are an inmate of a correctional institution or under the custody of a law enforcement official, we may release health information about you to the correctional institution or law enforcement official. This release may be necessary for the institution to provide you with health care, to protect your health and safety or the health and safety of others, or for the safety and security of the correctional institution.

## OTHER USES OR DISCLOSURES REQUIRED BY LAW:

We will also disclose health information about you when required to do so by federal, state or local laws that are not specifically mentioned in this notice.

## **SITUATIONS THAT REQUIRE US TO OBTAIN YOUR AUTHORIZATION**

For uses and disclosures not described above, we must first obtain your authorization. For example, the following uses and disclosures will only be made with your authorization:

- uses and disclosures for marketing purposes;
- uses and disclosures that constitute the sale of Protected Health Information;
- most uses and disclosures of psychotherapy notes; and
- other uses and disclosures not described in this notice.

## **YOUR RIGHTS REGARDING MEDICAL INFORMATION ABOUT YOU**

You have the following rights regarding the health information we maintain about you:

### **RIGHT TO INSPECT AND OBTAIN A COPY OF YOUR MEDICAL RECORD:**

You have the right to inspect and obtain a paper or electronic copy of health information that may be used to make decisions about your care. Usually this includes your medical and billing records but may not include some mental health information. We reserve the right to charge a fee to cover the cost of providing your records to you.

### **RIGHT TO REQUEST CORRECTION/ADDENDUM TO YOUR MEDICAL RECORD:**

Appropriate written request for correction/addendum must be filed with the Health Information Management Services Department:

- ✓ **Correction:** If you believe that health information the Clinic has on file about you is incorrect or incomplete, you may ask us to correct the health information in your records. If your medical information is accurate and complete, or if the information was not created by the Clinic, we may deny your request; however, if we deny any part of your request, we will provide you with a written notice of our reasons for doing so.
- ✓ **Addendum:** Even if the correction is denied, an adult Clinic patient who believes an item or statement in his/her medical record is incorrect or incomplete has the right to provide the Clinic with a written addendum to his/her record.

### **RIGHT TO AN ACCOUNTING OF DISCLOSURES:**

You have the right to request an "accounting of disclosures" which is a list describing how we have shared your health information with outside parties. This accounting is a list of the disclosures we made of your health information after April 14, 2003 for purposes other than treatment, payment and health care operations, and certain other purposes consistent with the law. You may request an accounting of disclosures up to six years before the date of your request. If you request an accounting more than once during a twelve-year period, we will charge a reasonable fee.

### **RIGHT TO REQUEST RESTRICTIONS:**

You have the right to request restrictions on certain uses or disclosures of your health information. For example, you may request that we not disclose information about a procedure you had. Requests for restrictions must be in writing and forms are available at registration areas. In most cases, we are not required to agree to your requested restriction. However, if we do agree, we will comply with your request unless the information is needed to provide you emergency treatment or comply with the law. If we cannot accommodate your request, we will notify you in writing explaining why we cannot do so.

We are legally required to accept certain requests not to disclose health information to your health plan for payment or health care operations purposes as long as you have paid out-of-pocket and in full in advance of the particular service. If the service or item is part of a set of related services, and you wish to restrict disclosures for the set of services, you must pay in full for all related services. Please notify the scheduling person so that we can fully accommodate your request. We will comply with the request unless otherwise required by law.

**RIGHT TO REQUEST CONFIDENTIAL COMMUNICATIONS:**

You have the right to request that we communicate with you about health matters in a certain way or at a certain location. For example, you can ask that we only contact you at work, rather than at your home. We will not ask you the reason for your request, and we will make our best effort to accommodate all reasonable requests. Requests must be in writing using forms available at the clinic registration area.

**RIGHT TO OPT-OUT OF FUNDRAISING COMMUNICATIONS:**

As part of fundraising activities, the Lucile Packard Foundation for Children's Health or the Stanford University Office of Medical Development may contact you to make you aware of giving opportunities for the Medical Center. You have the right to request to opt-out of receiving fundraising communications. Fundraising communications will include information about how you can opt-out from receiving future fundraising communications.

**RIGHT TO RECEIVE NOTIFICATION OF A BREACH OF YOUR HEALTH INFORMATION:**

The Clinic is committed to safeguarding your health information and proactively works to prevent health information breaches from occurring. If a breach of unsecured health information occurs, we will notify you in accordance with applicable state and federal laws.

**RIGHT TO A COPY OF THIS NOTICE UPON REQUEST:**

You have the right to a copy of this Notice. It is available in registration areas.

**OTHER USES OF MEDICAL INFORMATION**

Other uses and disclosures of medical information 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 medical information about you, you may revoke that authorization, in writing, at *any* time. If you revoke your authorization, we will no longer use or disclose medical information about you for the activities covered by the authorization, except if we have already acted in reliance on your permission. We are unable to take back any disclosures we have already made with your authorization, and that we are required to retain our records of the care that we provided to you.

## **REQUEST FOR COPY OF HEALTH INFORMATION**

To obtain information about how to request a copy of your medical or billing records, receive an accounting of disclosures of, or correct or add an addendum to your medical information, please contact and/or file completed form with:

Director of Health Information Management  
University HealthCare Alliance  
7999 Gateway Blvd., Suite 200  
Newark, CA 94560  
Telephone #: 510-974-8224  
E-Mail Address: [UHAHealthInfoMgmt@stanfordhealthcare.org](mailto:UHAHealthInfoMgmt@stanfordhealthcare.org)

## **COMMENTS OR COMPLAINTS**

We welcome your comments about our notice and our privacy practices. If you believe your privacy rights have been violated, you may file a complaint with:

Executive Director of Compliance  
University HealthCare Alliance  
7999 Gateway Blvd., Suite 200  
Newark, CA 94560  
Telephone #: 510-806-3228  
E-Mail Address: [UHA\\_Privacy@stanfordhealthcare.org](mailto:UHA_Privacy@stanfordhealthcare.org)

or with the Secretary of the Department of Health and Human Services (200 Independence Avenue, S.W., Washington, D.C. 20201).

**Please be assured that no one will retaliate or take action against you for filing a complaint.**

## **CHANGES TO THIS NOTICE**

We reserve the right to change our privacy practices and update this Notice accordingly. 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 post copies of the current Notice in the Clinic and on our Internet sites. If the Notice is changed, we will post the new Notice in our registration areas and provide it to you upon request. The Notice contains the effective date on the first page, in the top right-hand corner.

## **CONTACT UHA'S 24/7 REPORT IT HOTLINE AT 855-454-9246**

**University HealthCare Alliance (“UHA”) is a medical foundation affiliated with Stanford Health Care and Stanford Medicine. UHA contracts with a number of physician groups to provide the medical care in the UHA clinics. Neither UHA, Stanford Health Care, nor Stanford University employ the physicians in the clinics and do not exercise control over the professional services provided by the physician groups.**