



Where the Power of Knowledge Saves Lives<sup>SM</sup>

**City of Hope National Medical Center and  
The California Cancer Specialists Medical Group, Inc.  
dba City of Hope Medical Group  
1500 East Duarte Road, Duarte, California 91010-3000**

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## **NOTICE OF PRIVACY PRACTICES**

**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.**

If you have any questions about this Notice, please contact  
City of Hope Patient Advocate at (626) 359-8111, Ext. 62285.

### **I. Our Obligation to Safeguard the Privacy of Your Health Information.**

We are required by law to maintain the privacy of your personal health information (“PHI”) and to provide you with notice of our legal duties and privacy practices with respect to your PHI. This Notice describes your rights and our obligations for using and disclosing your PHI and informs you about laws that provide special protections for your PHI.

This Notice covers the privacy practices of all health care professionals, employees, contract staff, students and volunteers for:

- City of Hope National Medical Center (COHNMC) - - except the Donor/Apheresis Center and the National Marrow Donor Program with respect to non-patient services - - located at 1500 East Duarte Road, Duarte, CA 91010-3000;
- California Cancer Specialists Medical Group, Inc., doing business as City of Hope Medical Group (“COH Medical Group”) in the performance of services on the COHNMC Duarte campus only; and
- Physicians on the COHNMC Medical Staff not employed by the COH Medical Group, but who hold COHNMC Medical Staff appointments in the following categories: Active, Associate, Courtesy, Consulting, Provisional, On-Call, Instructors and Fellows, in the performance of services on the COHNMC Duarte campus only.

Within this Notice, a reference to the COHNMC may also include the COH Medical Group (as defined above). When COHNMC and the COH Medical Group provide health care to you, we share your PHI with one another as necessary to perform treatment, to obtain payment or to carry out operational activities.

Whenever we use or disclose your PHI, we are required to abide by the terms of our Notice of Privacy Practices.

### **II. How We May Use and Disclose Your Personal Health Information (PHI) (No Authorization Required)**

We will disclose your PHI when required to do so by federal, state or local law. For example, we are required to report cases of certain highly infectious, communicable diseases to the Centers for Disease Control. In addition, we may also disclose your PHI as authorized by law, including in the following circumstances:

**To Provide Treatment**

Your physician uses your PHI to determine whether specific diagnostic tests, therapies, and medications should be ordered. During your visit, your physician may provide you with a portion of your medical record - - such as a lab report or discharge instructions - - to help you understand your current care. Physicians, nurses, technicians, medical students or other personnel may need to know and/or discuss your health problems to carry out treatment and to understand how to evaluate your response to treatment.

Different departments at COHNMC may share your PHI in order to coordinate the different things you need, such as prescriptions, lab work and x-rays. Your PHI may also be shared with people outside COHNMC who may be involved in your medical care for continuity of care, for example, if you are transferred to another facility.

- **Appointment Reminders, Test Results, Treatment Alternatives, Etc.** Your PHI may also be used to contact you (by telephone or by letter) to remind you about appointments, to inform you about diagnostic results, and to advise you of treatment alternatives.
- **Health-Related Benefits and Services.** Your PHI may be used to advise you of health-related benefits and services at COHNMC that may be of interest to you, including educational lectures, special events and support groups. For example, COHNMC sponsors several annual health care events which may be of interest to our patients, such as the Diabetes Health Fair, annual Bone Marrow Transplant Reunion, and the Pediatric Picnic.

**For Payment Purposes**

If you have health insurance and we bill your insurance directly, we will have to include information that identifies you, as well as your diagnosis, procedures, and supplies used in order to be compensated for the treatment provided. For example, we may need to give your health plan information about surgery you received at COHNMC so your health plan will pay us or reimburse you for the surgery. 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.

**To Carry-Out Health Care Operations**

We will also use your PHI to assist in running our operations. As an academic medical center involved in medical education and research, we may use your information to teach and train staff and students in patient care. We may use your PHI to monitor our health services for quality assessment and improvement purposes. COHNMC staff may look at portions of your medical record for administrative, teaching and training activities. Staff is trained in confidentiality and privacy of patient health information.

**To Perform Fundraising Activities**

We may disclose limited information about you (such as your name, address, telephone number and the dates you received services at COHNMC) to City of Hope, a California non-profit corporation that raises money on behalf of COHNMC and the Beckman Research Institute of City of Hope. This limited disclosure permits contact with you in an effort to raise funds to expand and support the health care services we offer, the educational programs we provide to the community, and the research we conduct to find cures for life-threatening diseases. If you do not wish to be contacted as part of our fundraising efforts, please notify, in writing, the Senior Vice President for Marketing and Communications at COHNMC, 1500 E. Duarte Road, Duarte, CA 91010.

**For the Patient Directory**

While you are a patient at COHNMC, we will include certain limited information about you - - your name, location, general condition (e.g., fair, stable, etc.) and your religious affiliation - - in our Patient Directory. This information is released so that your family, friends and clergy can visit you and generally know how you are doing. Unless there is a specific request from you to the contrary, the Patient Directory information, except for your religious affiliation, will be released to people who ask for you by name. Your religious affiliation 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. If you do not want COHNMC to disclose this general identifying information about you from the Patient Directory, please notify the COHNMC Admitting Office located in Room Nos. 2, 3 and 4 of the Main Medical Building, Ext. 64412.

**To Inform Individuals Involved in Your Care or in Payment for Your Care**

Unless you make a special request to the contrary, we may, in our professional judgment, use or disclose your PHI to a family member, other relative, a friend or any other person identified by you who is involved in your medical care or who helps pay for your care (including your health insurance carrier).

In an emergency situation or in the event of your incapacity, we may exercise our professional judgment to determine whether a disclosure to a particular person is in your best interest. We will disclose only that information that we believe is directly relevant to the person's involvement with your health care or payment for your care. In addition, we may disclose medical information about you to an entity assisting in a disaster relief effort so that your family can be notified about your condition, status and location.

**For Research Purposes**

We may use your PHI for research projects. All research projects involving PHI are subject to a special approval process conducted by COHNMC's Institutional Review Board (IRB) to assure appropriate access to and use of your information. Unless the IRB has issued a waiver of informed consent and authorization, we will ask for your written permission ("informed consent" and "authorization") before a researcher will have access to your name, address or other information that reveals who you are. In certain cases, prior to the beginning of a study or prior to your enrollment as a subject in a study, your PHI may be disclosed without your informed consent and authorization. This will be done on a limited basis and as part of COHNMC's research mission. For example, we may disclose medical information about you to people preparing a new research project - - to help them look for patients with specific medical conditions and/or to assess the feasibility of a research idea (subject recruitment and reviews preparatory to research) - - so long as the medical information they review does not leave COHNMC.

**Other Uses Required or Permitted by Law:**

- **Public Health Activities:** We may disclose your PHI for authorized public health activities: to prevent or control disease, injury or disability; to report information about products and services as required or permitted by the U.S. Food and Drug Administration; to report to your employer as required under laws addressing work-related illnesses and injuries or workplace medical surveillance.
- **Victims of Abuse, Neglect or Domestic Violence:** If we reasonably believe you are a victim of abuse, neglect or domestic violence, we may disclose your PHI to a governmental authority, including a social service or protective services agency, authorized by law to receive reports of such abuse, neglect or domestic violence.
- **Health Oversight Activities:** We may disclose your PHI to a health oversight agency that is responsible for ensuring compliance with the rules of government health programs such as Medicare or Medicaid.

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- **Judicial and Administrative Proceedings:** We may disclose your PHI in the course of a judicial or administrative proceeding in response to: (A) a court order, (B) a legally-valid order issued by a state or federal administrative agency or licensing board; and (C) a subpoena, discovery request, or other lawful process but only after efforts have been made to notify you that your PHI is being sought so that you can obtain an order protecting the information requested.
- **Law Enforcement Officials:** We may disclose your PHI to the police or other law enforcement officials in certain limited, allowable circumstances or in compliance with a court order or a grand jury or administrative subpoena.
- **Decedents:** We may disclose your PHI to a coroner, a medical examiner or a funeral director.
- **Organ & Tissue Procurement:** We may disclose your PHI to entities engaged in procurement, banking or transplantation of cadaveric organs, eyes or tissue for purposes of facilitating donation and transplantation.
- **Health or Safety:** We may use or disclose your PHI to prevent or lessen a serious and imminent threat to a person's or the public's health or safety.
- **Specialized Government Functions:** We may use and disclose your PHI to units of the government with special functions, such as the U.S. military or the U.S. Department of State, under certain circumstances.
- **Workers' Compensation:** We may disclose your PHI as authorized by and to the extent necessary to comply with state law relating to workers' compensation or other similar programs.

### **III. Uses and Disclosures Requiring Your Written Authorization**

#### **Use or Disclosure with Your Written Authorization (COHNMC Authorization)**

For any purpose other than the ones described in Section II above, we may use or disclose your PHI only when you give us permission to do so by written authorization. COHNMC has developed an *Authorization to Use and Disclose Protected Health Information* form ("COHNMC Authorization") for this purpose. For example, you will need to sign the COHNMC Authorization before we can send your PHI to your life insurance company or to your employer.

#### **Marketing Activities (COH Marketing Authorization)**

We must also obtain your written authorization prior to using your PHI to send you any marketing materials ("COH Marketing Authorization"). However, no Marketing Authorization is required in the following circumstances: We may communicate with you: (1) about health-related products or services we provide; (2) about services or products relating to your treatment; (3) about services or products for purposes of case management, or care coordination, or to recommend alternative treatments, therapies, providers or care settings; (4) and provide you with marketing materials in a face-to-face encounter; (5) and give you a promotional gift of nominal value.

#### **Uses and Disclosures of Your Highly Confidential Information**

Federal and state laws require special privacy protections for certain highly sensitive information about you ("Highly Confidential Information"), including the subset of your PHI that: (1) is maintained in psycho-social documentation; (2) is about mental health and developmental disabilities services; (3) is about alcohol and drug abuse prevention, treatment and referral; (4) is about HIV/AIDS testing, diagnosis or treatment; (5) is about venereal disease; (6) is about genetic testing; (7) is about child abuse and neglect; (8) is about domestic abuse of an adult with a disability; or (9) is about sexual assault. In order for us to disclose your Highly Confidential Information for a purpose other than those permitted or required by law, we must obtain your written authorization.

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#### **IV. Your Rights Regarding Your Personal Health Information (PHI)**

You have the following rights regarding the use and disclosure of personal health information (PHI) we maintain about you:

##### **Right to Request Additional Restrictions on Disclosure/Use**

You may request restrictions on our use and disclosure of your PHI for treatment, payment and health care operations. While we will consider all requests for additional restrictions carefully, we are not required to agree to a requested restriction. If you wish to request additional restrictions, please obtain a request form from the COHNMC Privacy Office, located at 1500 E. Duarte Road, Wing 4, Room 415, Duarte, CA 91010-3000. Following your submission of the completed form to the Privacy Office, we will send you a written response.

##### **Right to Request Confidential Communications/How We Communicate With You**

You may request, and we will accommodate, any reasonable request for you to receive your PHI by alternative means of communication or at alternative locations. For example, you can ask that we only contact you at work or by mail. You must submit your request to the Admitting Office or to one of these other designated patient registration areas within the Medical Center: New Patient Services, Scheduling/Registration in the Brawerman Clinic, Scheduling/Registration in Radiology or the Women's Health Center.

Special Notice on E-mail: You may find it convenient to communicate with COHNMC, including a member of your treatment team, by e-mail. We may communicate with you by e-mail if you so request or if you initiate e-mail communications with us. However, e-mail communications are not encrypted and are not secure. COHNMC cannot protect the confidentiality of your PHI while it is being transmitted over the Internet and cannot prevent the forwarding of your PHI to third parties once it has been sent.

##### **Right to Revoke Your Authorization**

If you sign an authorization to disclose information, except to the extent we have already relied on it, you can revoke that authorization at a later time to stop any future use and disclosure. If you wish to revoke a prior authorization, you must do so in writing and submit your revocation to Manager, Health Information Management Services, Brawerman Building Room BC03, City of Hope National Medical Center, 1500 E. Duarte Road, Duarte, CA 91010-3000.

You have the right to look at or order a copy of your medical record file and billing records maintained by COHNMC by using the Hospital's form, *Authorization to Use and Disclose Protected Health Information*. You may obtain this form by calling (626) 359-8111, Ext. 62446. You must submit your signed Authorization form to the Release of Information Specialist, Health Information Management Services, Brawerman Building Room BC03, City of Hope National Medical Center, 1500 E. Duarte Road, Duarte, CA 91010-3000. You will be charged standard copy fees for copies provided. We will also charge you for our postage costs, if you request that we mail the copies to you.

We may deny your request to inspect and copy in certain very limited circumstances. If you are denied access to medical information, you may request that the denial be reviewed.

##### **Right to Amend Your Records**

If you believe that information in your medical record or billing record is incorrect or incomplete, you have the right to request, in writing, that we correct the existing information or add the missing

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information. Please obtain an amendment request form from the COHNMC Department of Health Information Management Services and submit your signed request to: Manager, Health Information Management Services, Brawerman Building Room BC03, City of Hope National Medical Center, 1500 E. Duarte Road, Duarte, CA 91010-3000. If we deny your request to amend your record, a copy of your request may be added to your record if you direct us to file it.

### **Right to An Accounting of Disclosures**

Upon request, you may obtain a list (also called an “accounting”) of certain disclosures of your PHI made by COHNMC during any period of time prior to the date of your request, provided: (a) such period does not exceed six years; (b) disclosures made for treatment, payment, health care operations and certain other limited purposes will not be included; and (c) disclosures that occurred prior to April 14, 2003 are also excluded. To request an accounting, please obtain a request form from the COHNMC Department of Health Information Management Services and submit your signed request to: Manager, Health Information Management Services, Brawerman Building Room BC03, City of Hope National Medical Center, 1500 E. Duarte Road, Duarte, CA 91010-3000.

The first accounting you request within a 12-month period is free of charge. For additional accounting(s), we may charge you for the costs of providing the accounting(s). We will notify you of the cost involved in advance; you may choose to withdraw your request at that time before any costs are incurred.

### **Right to a Paper Copy of this Notice**

Upon request, you may obtain a paper copy of this Notice, even if you have agreed to receive this Notice electronically from our Website, [www.cityofhope.org](http://www.cityofhope.org). To obtain a paper copy of this Notice, please contact the Patient Advocate, at (626) 359-8111, Ext. 62285.

### **Right to Further Information; Complaints**

If you desire further information about your privacy rights, are concerned that we have violated your privacy rights or disagree with a decision that we made about access to your PHI, you may contact the COH Patient Advocate at City of Hope National Medical Center, 1500 East Duarte Road, Duarte, CA 91010-3000, telephone: (626) 359-8111, Ext. 62285. You may also file a written complaint with the Director, Office for Civil Rights of the U.S. Department of Health and Human Services. Upon request, the Patient Advocate will provide you with the correct address for the Director. We will not retaliate against you if you file a complaint with COHNMC or the Director.

## **V. Effective Date and Changes To This Notice**

This Notice is effective on April 14, 2003. We reserve the right to make changes to this Notice at any time. If we change this Notice, we may make the new Notice terms effective for all of your PHI we already have as well as any information we may receive in the future. If we change this Notice, we will post the new Notice at COHNMC and on our internet Website at [www.cityofhope.org](http://www.cityofhope.org). In addition, each time you register at or are admitted to COHNMC for treatment or health care services as an inpatient or outpatient, you may request a copy of the current Notice in effect from the Admitting Office located in Room Nos. 2, 3 and 4 of the Main Medical Building, tel.: (626) 359-8111, Ext. 64412.

**PATIENT ACKNOWLEDGMENT**  
**OF COHNMC AND COH MEDICAL GROUP PRIVACY PRACTICES**

CITY OF HOPE NATIONAL MEDICAL CENTER and the CITY OF HOPE MEDICAL GROUP (collectively, "COHNMC") make a good faith effort to obtain a written acknowledgment from the patient of his/her receipt of this Notice of Privacy Practices. You have the right to review our Notice before signing this acknowledgment.

By signing this form, you acknowledge that you have received a copy of our current Notice of Privacy Practices.

\_\_\_\_\_  
Patient's Name – Please Print (First, Last, Middle)

\_\_\_\_\_  
Signature of Patient or Legal Representative

\_\_\_\_\_  
Date

If Legal Representative, please indicate your relationship to the patient:

Parent

Guardian

Conservator

Agent

\_\_\_\_\_  
Legal Representative Signing on Behalf of Patient, Please Print Your Full Name

**Additional Patient Information (if responding by mail):**

Patient's Date of Birth \_\_\_\_\_

Patient's Current Address \_\_\_\_\_

\_\_\_\_\_  
Patient's Telephone No. ( \_\_\_\_\_ ) - \_\_\_\_\_



**City of Hope National Medical Center**  
1500 E. Duarte Road, Duarte, CA 91010

**PATIENT ACKNOWLEDGMENT**  
**OF COHNMC AND COH MEDICALGROUP**  
**PRIVACY PRACTICES**

FORM NO. 8610-C018

ELT: 03/03

Patient Identification

Original: Chart

Yellow: Patient