



1500 E. Duarte Road, Duarte, CA 91010

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) 256-4673, 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;
- City of Hope Medical Foundation (COHMF);
- City of Hope Medical Group ("COH Medical Group"); and
- COHNMC Medical Staff Members and Allied Health Professionals who hold COHNMC Medical Staff appointments in the following categories: Active, Associate, Courtesy, Consulting, Provisional, On-Call, Instructors and Fellows or Allied Health Professional status.

Within this Notice, a reference to "COH" and "we," "us" and "our" is defined to include all of the individuals and entities listed above when they provide you with services at any City of Hope site. This Notice does not apply to the care you receive from health care professionals at their offices or not otherwise at the COH sites described above. Your physician or health care professional may have his or her own policies and procedures regarding your PHI and you should review your health care professional's notice of privacy practices for information on how your PHI will be handled outside of COH. All the individuals and entities listed above 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 this Notice.

II. How We May Use and Disclose Your Personal Health Information (PHI)

- **No Authorization Required**

We will use and disclose your PHI when required to do so by federal, state or local law. In addition, we may also use or disclose your PHI as authorized by applicable law. The below categories describe the uses and disclosures we will make of your PHI. Each category of use or disclosure includes examples, although not every possible example of a use or disclosure is listed.

- **To Provide Treatment**

We may use or disclose your PHI as necessary to provide you with treatment. For example, 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 COH departments or sites 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 COH 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 provided by COH that may be of interest to you, including educational lectures, special events and support groups. For example, COH sponsors several annual health care events that 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 COH 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. Your PHI may be stored by COH to carry out health care 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. COH 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) to City of Hope, a California non-profit corporation that raises money on behalf of COHNMC, COHMF 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 submit notification, in writing, to: Privacy Officer, Corporate Compliance Office, City of Hope, Wing IV, 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 COHNMC clergy, such as a priest or rabbi, even if they don't ask for you by name. If you do not want us to disclose this general identifying information about you from the Patient Directory, please notify the COHNMC Admitting Office located in Helford COHNMC, 1st Floor, Ext. 62267.

- **To Inform Individuals Involved in Your Care or in Payment for Your Care; Disaster Relief**

Unless you object, we may 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 your PHI 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 an 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, in compliance with law and as part of COHNMC's and COHMF'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) - as long as the medical information they review does not leave COHNMC or COHMF.

Other Uses Required or Permitted by Law:

- **Required by Law** - We may disclose your PHI when we are required to do so by federal, state or local law.
- **Public Health Activities** - We may disclose your PHI for authorized public health activities, such as 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.
- **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 compliance with applicable law.
- **Law Enforcement Officials** - We may disclose your PHI to the police or other law enforcement officials in certain limited, specific circumstances or in compliance with a court order or other legal process in compliance with applicable law.
- **Decedents** - We may disclose your PHI to a coroner, a medical examiner or a funeral director so that they can carry out their duties.
- **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. We may also disclose your PHI to certain authorities if you are in the custody of law enforcement or are an inmate in a correctional institution.
- **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.
- **Note on other Restrictions** - Please be aware that certain federal or state laws may have more strict requirements on how we use and disclose your PHI. To the extent that there are more strict requirements or restrictions, we will only use and disclose your PHI as permitted by those stricter requirements.

III. Uses and Disclosures Requiring Your Written Authorization

- **Use or Disclosure with Your Written Authorization (COH Authorization)**

For any purpose other than the ones described in this Notice, we may use or disclose your PHI only when you give us permission to do so by written authorization. COH has developed an *Authorization to Use and Disclose Protected Health Information* form ("COH Authorization") for this purpose. 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 of your PHI. If you wish to revoke a prior authorization, you must do so in writing. You may obtain and submit a *Revocation of Authorization* form to the medical records department at any COH site of service.

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

Federal and state laws require special privacy protections for certain highly sensitive information about you such as HIV information or information related to treatment for a mental illness or drug or alcohol abuse ("Highly Confidential Information"). We abide by all applicable state and federal laws governing use and disclosure of Highly Confidential Information. We will obtain your written authorization to use and disclose this information when required to do so by such laws.

IV. Your Rights Regarding Your Personal Health Information

You have the following rights regarding the use and disclosure 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. You also have the right to request restrictions on the PHI that we disclose to someone who is involved in your care or payment for that care, such as a family member or friend. While we will consider all requests for additional restrictions carefully, we are not required to agree to a requested restriction. However, we will honor your request to restrict disclosures of your PHI to a health insurance plan for payment or health care operations purposes if the PHI pertains solely to service that you have paid for out-of-pocket, in full; unless the disclosure is required by law or is determined to be for treatment purposes. If you wish to request additional restrictions, please obtain a *Request for Restriction* form from, and submit the completed form to: Privacy Officer, Corporate Compliance Office, Wing IV, City of Hope, 1500 E. Duarte Road, Duarte, CA 91010. COH 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: Privacy Officer, Corporate Compliance Office, Wing IV, City of Hope, 1500 E. Duarte Road, Duarte, CA 91010.

Special Notice on E-mail: You may find it convenient to communicate with COH, 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. COH 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 Access Your COH Record**

You have the right to look at or order a copy of your medical record file, billing records and certain other PHI maintained by COH by using COH's *Access to Protected Health Information Request Form*. You may obtain this form from any COH site of service or by calling (626) 256-4673, Ext. 62446. Submit the completed request to the medical records department at your COH site of service. 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.

If we maintain your PHI in an electronic health record, you have the right to request that we provide you, or another person designated by you, with a copy of your PHI in an electronic format. We will not charge you a fee that is greater than our labor costs to respond to your request for your PHI in an electronic format.

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 COH Record**

If you believe that information in your medical records incorrect or incomplete, you have the right to request, in writing, that we amend your medical record. Please obtain a *Request for Amendment* form from any COH site of service. You may submit your signed request to the medical records department at your COH site of service. We may deny your request, but will provide you with a written explanation if we do so, and you may appeal to us in writing. 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.

You also have the right to ask us to add an addendum to your records, which can be up to 250 words for each item you believe to be incorrect or incomplete. Please obtain a *Request to Include an Addendum* form and a *Patient Addendum to the Medical Record* form from any COH site of service. You may submit your signed request to the medical records department at your COH site of service.

- **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 COH 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 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 for an Accounting* form from, and submit your signed request to: Privacy Officer, Corporate Compliance Office, Wing IV, City of Hope, 1500 E. Duarte Road, Duarte, CA 91010.

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. To obtain a paper copy of this Notice, please contact the Patient Advocate, at (626) 256-4673, 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 or amendment of 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) 256-4673, Ext. 62285. You may also file a written complaint with the Secretary of the U.S. Department of Health and Human Services at:

U.S. Department of Health and Human Services
200 Independence Avenue, S.W.
Washington, D.C. 20201
Telephone: 202-619-0257
Toll Free: 1-877-696-6775

We will not retaliate or take action against you if you file a complaint with COH or the Secretary.

V. Effective Date and Changes To This Notice

This Notice is effective on June 1, 2011. 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 COH and on our Internet Website at www.cityofhope.org. In addition, each time you register at or are admitted to COH for treatment or health care services as an inpatient or outpatient, you may request a copy of the current Notice in effect.



PATIENT ACKNOWLEDGMENT OF CITY OF HOPE PRIVACY PRACTICES

CITY OF HOPE, as defined in the Notice of Privacy Practices dated June 1, 2011, makes 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.

Patient's Name (First, Middle, Last) _____

Additional Patient Information (if responding by mail):

Patient's Date of Birth _____ Patient's Telephone No. (_____) _____

Patient's Current Address _____

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

PATIENT OR PERSONAL REPRESENTATIVE PRINTED NAME	SIGNATURE	DATE	TIME
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If Personal Representative has signed above, please indicate your relationship to the patient:

Parent Guardian Conservator Agent Other _____

<p align="center">City of Hope 1500 East Duarte Road, Duarte, CA 91010</p> <p align="center">PATIENT ACKNOWLEDGMENT OF COH PRIVACY PRACTICES</p> <p>Form No. 8610-F018 PAPP Revised: 06-01-11</p>	<p align="right">Patient Identification / Label Page 1 of 1</p> <p>MRN _____</p> <p>Patient Name _____</p> <p>Date of Birth _____</p> <p>Original: Scanned into HIPAA-ROI Yellow: Patient B: 11-08</p>
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