



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 the City of Hope Privacy Office at (626) 256-4673, Ext. 88084 or via email PrivacyOffice@coh.org.*

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

We are required by law to maintain the privacy of your protected health information ("PHI"), to provide you with notice of our legal duties and privacy practices with respect to your PHI, and to notify you in the event of a breach of your unsecured 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 summarizes the privacy practices of healthcare providers within City of Hope's Affiliated Covered Entity (ACE), which are healthcare facilities and other healthcare providers that are now or in the future controlled by or under City of Hope's common ownership or control. The City of Hope ACE members are located in California, Arizona, Georgia, and Illinois. The healthcare components of any current or future hybrid entity under common ownership or control of City of Hope are also included as part of the City of Hope ACE.

This Notice covers the privacy practices of all health care professionals, employees, contract staff, students and volunteers for the City of Hope locations listed at <https://www.cityofhope.org/locations>.

This Notice does not apply to the care you receive from health care professionals at their offices that are not located at any City of Hope practice site. 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.

City of Hope

NOTICE OF PRIVACY PRACTICES

NOTICE OF PRIVACY PRACTICES

- **Appointment Reminders, Test Results, Treatment Alternatives, etc.**

Your PHI may also be used to contact you (by telephone, email, patient portal, text message 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.

- **Health Information Exchanges**

We may participate in certain health information exchanges through which we may disclose your health information, as permitted by law, to other health care providers or entities for purposes of treatment, payment, health care operations, and other lawful purposes as described in this Notice. Health information exchanges help improve the quality of patient care and reduce costs. More information about our health information exchange arrangements, including information regarding your ability to opt out of such exchanges may be obtained by contacting the COH Health Information Management Services (HIMS) representative at your COH site of service.

- **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. We may also disclose your PHI to other health care providers or HIPAA covered entities that may need it for their payment activities.

- **To Carry-Out Health Care Operations**

We will 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. We may use your PHI to send patient surveys and use the responses provided as part of those surveys to improve our operations and patient care. We may also disclose your PHI to other HIPAA covered entities that have provided services to you so that they can improve the quality and effectiveness of the health care services that they provide. We may use your PHI to create de-identified data, which is stripped of your identifiable data, no longer identifies you, and is not protected by HIPAA. We may use and disclose de-identified data for various purposes, including for purposes of research to develop new treatments, and for which we may benefit financially.

- **To Perform Fundraising Activities**

We may disclose limited information about you (such as your name, address, telephone number, the dates you received services, and other limited information) to our philanthropic arm that raises money on behalf of COH and any COH institutionally-related foundation. 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. You have the right to opt out of receiving communications of this nature.

- **For the Patient Directory**

While you are hospitalized as an inpatient, in an ambulatory surgery or observation setting at COH, 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. During the admissions process, you will have the opportunity to opt-out of having your information included in our Patient

City of Hope

NOTICE OF PRIVACY PRACTICES

NOTICE OF PRIVACY PRACTICES

Directory. 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 us to disclose this general identifying information about you from the Patient Directory, please notify the COH Admitting Representative at check in or at any time during your admission.

- **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.

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 COH's research mission. For example, we may disclose limited 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).

- **Business Associates.**

We may contract with third parties to perform certain services for us, such as billing services, copy services or consulting services. These third-party service providers, referred to as Business Associates, may need to access your PHI to perform services for us. They are required by contract and law to protect your PHI and only use and disclose it as necessary to perform their services for us.

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, if you have agreed, or if the law permits or requires such reports, and we believe they are necessary to prevent serious harm to you or others.
- **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.

City of Hope

NOTICE OF PRIVACY PRACTICES

NOTICE OF PRIVACY PRACTICES

- **Decedents** - We may disclose the PHI of a decedent 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 state law may impose stricter requirements on how we use and disclose certain types of PHI than does HIPAA, even for categories of PHI that are not considered to be highly sensitive in nature. To the extent that there are stricter 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. 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 directed to: Health Information Management Services (HIMS), City of Hope, 1500 East Duarte Rd., Duarte, CA 91010 or 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, including psychotherapy notes, when required to do so by such laws.
- **Uses and Disclosures for Marketing Purposes**
With limited exceptions set by federal and state law, COH will not use or disclose your PHI for marketing purposes or in exchange for compensation without first obtaining your written authorization.

IV. Your Rights Regarding Your Personal Health Information

You have the following rights regarding the use and disclosure of PHI that we maintain about you:

- **Right to Request 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 these restrictions carefully, we are not required to agree to a requested restriction, except for requested restrictions on 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. If you wish to request additional restrictions, please obtain, complete and submit a Request for Restriction on Uses and Disclosures of PHI Form to the HIMS representative at your COH site of service. COH will send you a written response either agreeing to or denying your request.

City of Hope

NOTICE OF PRIVACY PRACTICES

NOTICE OF PRIVACY PRACTICES

- **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 Office, City of Hope, 1500 East Duarte Road, Duarte, CA 91010 or via email to PrivacyOffice@coh.org.
- **Special Notice on E-mail, Text Messages and Our Patient Portal:**
You may find it convenient to communicate with COH, including a member of your treatment team, by e-mail. Although we may communicate with you by e-mail if you so request or if you initiate e-mail communications with us, please be aware that email and standard text message communications are not encrypted and are not secure. COH cannot protect the confidentiality of your PHI while it is being transmitted over the Internet or via text messages and cannot prevent the forwarding of your PHI to third parties once it has been sent. To make communications with us both convenient and secure, we have implemented our patient portal, MyCityofHope, which enables you to request appointments, track test results, communicate with your care team, pay bills online and more in a secure manner. We encourage you to use MyCityofHope, rather than email to communicate with us, so that we can keep such communications private and secure. For information about how to use MyCityofHope, please go to the MyCityofHope FAQ page at: <https://www.cityofhope.org/patients/for-patients-and-visitors/online-services/mycityofhope-faqs> or contact a member of your treatment team.

- **Right to Access Your COH Record**
You have the right to view or order a copy of your medical record file, billing records and certain other PHI maintained by COH. You must make your request in writing or use the Authorization to Use and Disclosure Protected Health Information form that COH has created for your convenience to request access to your PHI. You may obtain this form from any COH site of service or by calling the HIMS representative of your COH site of service. You may submit the completed request to: your COH site of service or via email to DL-HIMS_SUPPORT_ROI@COH.ORG. You may also request access to your PHI through the MyCityofHope patient portal. For more information about MyCityofHope, please go to the MyCityofHope FAQ page at <https://www.cityofhope.org/patients/for-patients-and-visitors/online-services/mycityofhope-faqs> You may be charged a reasonable, cost-based fee for copies provided, as permitted by law. We may also charge you for our postage costs, if you request that we mail the copies to you.

You have the right to request that we provide your requested PHI either to you, or to another person designated by you. If you request us to provide your PHI to another person designated by you, you must clearly identify in writing the designated person and where we are to send the copy of your PHI, and sign your request.

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 is incorrect or incomplete, you have the right to request, in writing, that we amend your medical record. You may submit your signed request to the HIMS representative at your COH site of service. A request form for this purpose is available on the City of Hope website or any 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.

If in CALIFORNIA only: 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 form for this purpose from any COH site of service. You may submit your signed request to the HIMS representative 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; and (b) disclosures made for treatment, payment, health care operations and certain other purposes will not be included. To request an accounting, please obtain and submit your signed Request for an Accounting form from any COH site of service.

City of Hope

NOTICE OF PRIVACY PRACTICES

NOTICE OF PRIVACY PRACTICES

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 previously agreed to receive this Notice electronically. To obtain a paper copy of this Notice, please contact a Patient Advocate, at (626) 256-4673, Ext. 82285. You may also obtain a paper copy at your COH site where you obtain health care services.

- **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 your request to exercise one of your privacy rights, including access to or amendment of your PHI, you may contact the COH Privacy Office at City of Hope, 1500 East Duarte Road, Duarte, CA 91010, via email to PrivacyOffice@coh.org, or via phone (626) 218-9962. 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: 1-202-619-0257
Toll Free: 1-877-696-6775

<https://www.hhs.gov/hipaa/filing-a-complaint/index.html>

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

V. Nondiscrimination

You can also file a civil rights complaint with the U.S. Department of Health and Human Services, Office for Civil Rights, electronically through the Office for Civil Rights Complaint Portal, available at: <https://ocr.portal.hhs.gov/ocr/portal/lobby.jsf>, or by mail or phone at:

U.S. Department of Health and Human Services
200 Independence Avenue, SW
Room 509F, HHH Building
Washington, D.C. 20201
1-800-368-1019, 800-537-7697 (TDD)

Complaint forms are available at: <http://www.hhs.gov/ocr/office/file/index.html>.

VI. Effective Date and Changes to This Notice

This Notice is effective on 04/14/2003. 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 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, or at any other time, you may request a copy of the current Notice in effect.

City of Hope

NOTICE OF PRIVACY PRACTICES