How We May Use and Disclose Medical Information About You

The following sections describe different ways that we may use and disclose your medical information. For each category of uses or disclosures we will explain what we mean and try to give some examples. Not every use or disclosure will be listed. All of the ways we are permitted to use and disclose information, however, will fall within one of the following categories. Some information such as certain drug and alcohol information, HIV information and mental health information is entitled to special restrictions related to its use and disclosure. UC LANL HS shall abide by all applicable state and federal laws related to the protection of this information.

For Treatment. We may use medical information about you to provide you with medical treatment or services. We may disclose medical information about you to doctors, nurses, technicians, medical students, or other health system personnel who are involved in taking care of you at the health system. For example, a doctor treating you for a broken leg may need to know if you have diabetes because diabetes may slow the healing process. In addition, the doctor may need to tell the hospital's food service if you have diabetes so that we can arrange for appropriate meals. We may also share medical information about you with other UC LANL HS personnel or non-UC LANL HS providers, agencies or facilities in order to provide or coordinate the different things you need, such as prescriptions, lab work and x-rays. We also may disclose medical information about you to people outside UC LANL HS who may be involved in your continuing medical care after you leave UC LANL HS such as other health care providers, transport companies, community agencies and family members.

For Payment. We may use and disclose medical information about you so that the treatment and services you receive at UC LANL HS or from other entities, such as an ambulance company, may be billed to and payment may be collected from you, an insurance company or a third party. For example, we may need to give information to your health plan about surgery you received at UC LANL HS so your health plan will pay us or reimburse you for the surgery. We may also tell your health plan about a proposed treatment in order to obtain prior approval or to determine whether your plan will cover the treatment.

For Health Care Operations. We may use and disclose medical information about you for UC LANL HS operations. These uses and disclosures are made for quality of care and medical staff activities, health sciences education within UC LANL HS, and teaching programs with affiliates and within other health care arrangements. Your medical information may also be used or disclosed to comply with law and regulation, for contractual obligations, patients' claims, grievances or lawsuits, health care contracting, legal services, business planning and development, business management and administration, the sale of all or part of UC LANL HS to another entity, underwriting and other insurance activities and to operate the health system. For example, we may review medical information to find ways to improve treatment and services to our patients. We may also disclose information to doctors, nurses, technicians, medical and other students, and other health system personnel for performance improvement and educational purposes.

Appointment Reminders. We may contact you to remind you that you have an appointment at UC LANL HS.

Treatment Alternatives. We may tell you about or recommend possible treatment options or alternatives that may be of interest to you.

Health-Related Benefits and Services. We may contact you to tell you about benefits or services that we provide.

Fundraising Activities. We may contact you to provide you information about UC LANL HS sponsored activities, including fundraising programs and events. We would only use contact information, such as your name, address and phone number and the dates you received treatment or services at UC LANL HS.

Hospital Directory. We may include certain limited information about you in the hospital directory while you are a patient at the hospital. This is so your family, friends and clergy can visit you in the hospital and generally know how you are doing. This information may include your name, location in the hospital, your general condition (e.g., fair, stable, etc.) and your religious affiliation. The directory information, except for your religious affiliation, may also be released to people who ask for you by name. Your religious affiliation may be given to members of the clergy, such as ministers or rabbis, even if they don't ask for you by name. You may restrict or prohibit the use or disclosure of this information by notifying UC LANL HS, Occupational Medicine Medical Records Team Leader.

Individuals Involved in Your Care or Payment for Your Care. We may release medical information to anyone involved in your medical care, e.g., a friend, family member, personal representative, or any individual you identify. We may also give information to someone who helps pay for your care. We may also tell your family or friends about your general condition and that you are in the hospital.

Disaster Relief Efforts. 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.

Research. The University of California is a research institution. All research projects conducted by the University of California must be approved through a special review process to protect patient safety, welfare and confidentiality. Your medical information may be important to further research efforts and the development of new knowledge. We may use and disclose medical information about our patients for research purposes, subject to the confidentiality provisions of state and federal law.

On occasion, researchers contact patients regarding their interest in participating in certain research studies. Enrollment in those studies can only occur after you have been informed about the study, had an opportunity to ask questions, and indicated your willingness to participate by signing a consent form. Other studies may be performed using information about your treatment without requiring your informed consent. For example, a research study may involve comparing the health and recovery of patients who received one medication to those who received another for the same condition.

As Required By Law. We will disclose medical information about you when required to do so by federal or state law.

To Avert a Serious Threat to Health or Safety. We may use and disclose medical information about you when necessary to prevent or lessen a serious and imminent threat to your health and safety or the health and safety of the public or another person. Any disclosure would be to someone able to help stop or reduce the threat.

Special Situations

Organ and Tissue Donation. If you are an organ donor, we may release medical information to organizations that handle organ procurement or organ, eye or tissue transplantation or to an organ donation bank, as necessary to facilitate organ or tissue donation and transplantation.

Military and Veterans. If you are or were a member of the armed forces, we may release medical information about you to military command authorities as authorized or required by law. We may also

release medical information about foreign military personnel to the appropriate foreign military authority as authorized or required by law.

Workers' Compensation. We may use or disclose medical information about you for Workers' Compensation or similar programs as authorized or required by law. These programs provide benefits for work-related injuries or illness.

Public Health Risks. We may disclose medical information about you for public health purposes. These purposes generally include the following:

- preventing or controlling disease (such as cancer and tuberculosis), injury or disability;
- reporting vital events such as births and deaths;
- reporting child abuse or neglect;
- reporting adverse events or surveillance related to food, medications or defects or problems with products;
- notifying persons 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;
- notifying the appropriate government authority if we believe a patient has been the victim of abuse, neglect or domestic violence and make this disclosure as authorized or required by law.

Health Oversight Activities. We may disclose medical information to governmental, licensing, auditing, and accrediting agencies as authorized or required by law.

Lawsuits and Other Legal Actions. In connection with lawsuits or other legal proceedings, we may disclose medical information about you in response to a court or administrative order, or in response to a subpoena, discovery request, warrant, summons or other lawful process.

Law Enforcement. If asked to do so by law enforcement, and as authorized or required by law, we may release medical information: To identify or locate a suspect, fugitive, material witness, or missing person;

- About a suspected victim of a crime if, under certain limited circumstances, we are unable to obtain the person's agreement;
- About a death we suspect may be the result of criminal conduct;
- About criminal conduct at UC LANL HS; and
- In case of a medical 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. In most circumstances, we may disclose medical information to a coroner or medical examiner. This may be necessary, for example, to identify a deceased person or determine cause of death. We may also disclose medical information about patients of UC LANL HS to funeral directors as necessary to carry out their duties.

National Security and Intelligence Activities. As required by law, we may disclose medical information about you to authorized federal officials for intelligence, counterintelligence, and other national security activities authorized or required by law.

Protective Services for the President and Others. As authorized or required by law, we may disclose medical information about you to authorized federal officials so they may provide protection to the President, other authorized persons or foreign heads of state or conduct special investigations.

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

YOUR RIGHTS REGARDING MEDICAL INFORMATION ABOUT YOU

Your medical information is the property of UC LANL HS. You have the following rights, however, regarding medical information we maintain about you:

Rights to Inspect and Copy. With certain exceptions, you have the right to inspect and/or receive a copy of your medical information.

To inspect and/or to receive a copy of your medical information, you must submit your request in writing to UC LANL HS, Occupational Medicine Medical Records Team Leader. If you request a copy of the information, we may charge a fee for these services.

We may deny your request to inspect and/or to receive a copy in certain limited circumstances. If you are denied access to medical information, in most cases, you may have the denial reviewed. Another licensed health care professional chosen by the UC LANL HS will review your request and the denial. The person conducting the review will not be the person who denied your request. We will comply with the outcome of the review.

Right to Request an Amendment or Addendum. If you feel that medical information we have about you is incorrect or incomplete, you may ask us to amend the information or add an addendum (addition to the record). You have the right to request an amendment or addendum for as long as the information is kept by or for UC LANL.

Amendment. To request an amendment, your request must be made in writing and submitted to UC LANL HS, Occupational Medicine Medical Records Team Leader. In addition, you must provide a reason that supports your request.

We may deny your request for an amendment if it is not in writing or does not include a reason to support the request. In addition, we may deny your request if you ask us to amend information that:

- Was not created by UC LANL HS;
- Is not part of the medical information kept by or for UC LANL HS;
- Is not part of the information which you would be permitted to inspect and copy; or
- Is accurate and complete in the record.

Addendum. An addendum must not be longer than 250 words per alleged incomplete or incorrect item in your record.

Right to an Accounting of Disclosures. You have the right to receive a list of the disclosures we have made of medical information about you that were for purposes other than treatment, payment, health care operations and certain other purposes

To request this accounting of disclosures, you must submit your request in writing to UC LANL HS, Occupational Medicine Medical Records Team Leader. Your request must state a time period that may not be longer than the six previous years and may not include dates before April 14, 2003. You are entitled to one accounting within any 12-month period at no cost. If you request a second accounting within that 12-month period, we may charge you for the cost of compiling the accounting. We will notify you of the cost involved and you may choose to withdraw or modify your request at that time before any costs are incurred.

Right to Request Restrictions. You have the right to request a restriction or limitation on the medical information we use or disclose about you for treatment, payment or health care operations. You also have the right to request a limit on the medical information we disclose about you to someone who is involved in your care or the payment for your care, such as a family member or friend. For example, you could ask that we not use or disclose information to a family member about a surgery you had. ***We are not required to agree to your request.*** If we do agree, our agreement must be in

writing, and we will comply with your request unless the information is needed to provide you emergency treatment.

To request a restriction, you must make your request in writing to UC LANL HS, Occupational Medicine Medical Records Team Leader. In your request, you must tell us (1) what information you want to limit; (2) whether you want to limit our use, disclosure or both; and (3) to whom you want the limits to apply, for example, disclosures to your spouse.

Right to Request Confidential Communications. You have the right to request that we communicate with you about medical matters in a certain way or at a certain location. For example, you can ask that we only contact you at work or by mail. To request confidential communications, you must make your request in writing to UC LANL HS, Occupational Medicine Medical Records Team Leader. We will accommodate all reasonable requests. Your request must specify how or where you wish to be contacted.

Right to a Paper Copy of This Notice. You have the right to a paper copy of this Notice. You may ask us to give you a copy of this Notice at any time. Even if you have agreed to receive this Notice electronically, you are still entitled to a paper copy of this Notice.

You may obtain a copy of this Notice at our website, http://www.lanl.gov/hipaa/. To obtain a paper copy of this Notice, please contact UC LANL HS, Occupational Medicine Medical Records Team Leader.

CHANGES TO UC LANL HS PRIVACY PRACTICES AND THIS NOTICE

We reserve the right to change UC LANL HS privacy practices and this Notice. 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 will post a copy of the current Notice at http://www.lanl.gov/hipaa/. The Notice will contain the effective date on the first page in the top right-hand corner. In addition, at any time you may request a copy of the current Notice in effect.

COMPLAINTS

If you believe your privacy rights have been violated, you may file a complaint with UC_HS or with the Secretary of the Department of Health and Human Services. To file a complaint with University of California Health System, contact

UC HIPAA Privacy Official
University of California
Office of the President
111 Franklin Street
Oakland, CA 94607-5200

All complaints must be submitted in writing. **You will not be penalized for filing a complaint**.

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 permission. If you provide us permission to use or disclose medical information about you, you may revoke that permission, in writing, at any time. If you revoke your permission, we will no longer use or disclose medical information about you for the reasons covered by your written authorization. You understand that we are unable to take back any disclosures we have already made with your permission, and that we will retain our records of the care provided to you as required by law.

Effective Date 4/14/03

NOTICE OF PRIVACY PRACTICES
UNIVERSITY OF CALIFORNIA (UC)
LOS ALAMOS NATIONAL LABORATORY (LANL)
HEALTH SYSTEM

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 HIPAA Privacy Officer, UC LANL Health System (UC LANL HS) at:

Health, Safety, & Radiation Protection Division (HSR)
Occupational Medicine, Mail Stop D421
Los Alamos National Laboratory
Los Alamos, NM 87545
(505) 667-7251

UNIVERSITY OF CALIFORNIA LANL HEALTH SYSTEM

The UC LANL HS is one of the health care units of the University of California. The University of California health care units consist of the UC medical centers, the UC medical groups, clinics and physician offices, the UC schools of medicine and other UC health professions schools, employee health units, and the administrative and operational units that are part of the health care units of the University of California.

The University of California, including UC LANL HS, is a teaching and research institution. All patient care is overseen and supervised by an attending physician and provided by a team of health care professionals. Residents, postgraduate fellows, interns, and medical students, students of ancillary health care professions, and post graduate fellows may participate in examinations or procedures and in the care of patients as a part of the medical education program of the institution.

This Notice applies to information and records regarding your health care maintained at UC LANL HS.

UC LANL HS is committed to protecting medical information about

OUR PLEDGE REGARDING YOUR PERSONAL HEALTH INFORMATION

you. We create a record of the care and services you receive at UC LANL HS for use in your care and treatment.

This Notice tells you about the ways in which we may use and disclose medical information about you. It also describes your rights and certain obligations we have regarding the use and disclosure of your medical information.

We are required by law to:

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