



## JOINT NOTICE OF PRIVACY PRACTICES

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This Joint Notice of Privacy Practices describes how medical information about you may be used and disclosed as well as how you can get access to this information. Please read it carefully.

### Your Rights

#### **When it comes to your health information, you have certain rights.**

This section explains your rights and some of our responsibilities.

#### **Get an electronic or paper copy of your medical record**

- You can ask to see or get an electronic or paper copy of your medical record and other health information we have about you.
- We will provide a copy or a summary of your health information, usually within 30 days of your request. We may charge a reasonable, cost-based fee.

#### **Ask us to correct your medical record**

- You can ask us to correct health information about you that you think is incorrect or incomplete.
- We may refuse your request, but we'll tell you why in writing within 60 days.
- Even if we refuse your request, you have the right to submit a written statement (no more than 250 words) about anything in your medical record you believe is incomplete or incorrect. We'll put your statement in your medical record.

#### **Request confidential communications**

- You can ask us to contact you in a specific way (for example: phone or email) or to send mail to a different address.
- We will agree to all reasonable communications requests.

#### **Ask us to limit what we use or share**

- You can ask us not to use or share certain health information for treatment, payment or our healthcare operations, such as administrative, financial, legal and quality improvement activities. We are not required to agree to your request, and we may deny it if it would affect your care.
- If you pay for a service or healthcare item out-of-pocket in full, you can ask us not to share that information for the purpose of payment or our operations with your health insurer. We will agree, unless a law requires us to share that information.



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### **Get a list of those with whom we've shared information**

- You can ask for a list (an accounting) of the times we've shared your health information for six years prior to the date you ask, who we shared it with and why.
- We will include all the disclosures except for those about treatment, payment and healthcare operations, and certain other disclosures (such as any you asked us to make). We'll provide one accounting a year for free but will charge a reasonable, cost-based fee if you ask for another one within 12 months.

### **Get a copy of this privacy notice**

You can ask for a paper copy of this notice at any time, even if you have agreed to receive the notice electronically. We will promptly provide you with a paper copy.

### **Choose someone to act for you**

- If you have given someone medical power of attorney, or if someone is your legal guardian, that person can exercise your rights and make choices about your health information.
- We will make sure the person has this authority and can act for you before we take any action.

### **File a complaint**

- If you feel we have violated your rights, contact:  
Cedars-Sinai Privacy Office  
8700 Beverly Blvd.  
Los Angeles, CA 90048  
Phone: 310-423-7972, option 5
- You can also file a complaint with the federal government by sending a letter to:  
U.S. Department of Health & Human Services  
200 Independence Avenue, S.W.  
Washington, D.C. 20201  
Call 1-877-696-6775 or visit [www.hhs.gov/ocr/privacy/hipaa/complaints/](http://www.hhs.gov/ocr/privacy/hipaa/complaints/)
- **We will not retaliate against you for filing a complaint.**

## **Your Choices**

### **For certain health information, you can tell us your choices about what we share.**

If you have a clear preference for how we share your information in the situations described below, talk to us. Tell us what you want us to do, and we will follow your instructions.



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### **In these cases, you have both the right and choice to tell us to:**

- Share information with your family, close friends or others involved in your care
- Share information in a disaster relief situation
- Include your information in our hospital directory

*If you are unable to tell us your preference—for example, if you are unconscious—we may share your information if we believe it is in your best interest. We may also share your information when needed to lessen a serious and imminent threat to health or safety.*

### **In the following cases, we never share your information, unless you give us written permission:**

- Marketing purposes
- Sale of your information
- Most sharing of psychotherapy notes

### **In the case of fundraising:**

- We may contact you for fundraising efforts, but you can tell us not to contact you again.
- You may opt out of receiving these communications at any time by contacting us at 323-866-7905.

## **Our Use and Disclosures**

### **How do we typically use or share your health information?**

We typically use or share your health information in the following ways:

#### **Providing medical treatment**

We can use your health information and share it with other professionals who are treating you.

For example, a doctor treating you for an injury asks another doctor about your overall health condition.

#### **Running our organization**

We can use and share your health information to run our practice, improve your care and contact you, when necessary. For example, we use health information about you to manage your treatment and services.

#### **Billing for our services**

We can use and share your health information to bill and get payment from health plans or other entities. For example, we give information about you to your health insurance plan, so it will pay for your services.



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### **How else can we use or share your health information?**

We are allowed or required to share your information in other ways—usually in ways that contribute to the public good, such as public health and research. We have to meet many conditions in the law before we can share your information for these purposes. Visit [www.hhs.gov/ocr/privacy/hipaa/understanding/consumers/index.html](http://www.hhs.gov/ocr/privacy/hipaa/understanding/consumers/index.html) for more information.

### **Helping with public health and safety issues**

We can share health information about you for certain situations such as:

- Preventing disease
- Helping with product recalls
- Reporting adverse reactions from medications
- Reporting suspected abuse, neglect or domestic violence
- Preventing or reducing a serious threat to anyone's health or safety

### **Doing health research**

We can use or share your information for health research. You may also be contacted with an invitation to participate in health research. All research is reviewed and approved by a committee to ensure appropriate safeguards.

### **Complying with the law**

We will share information about you if state or federal laws require it, including with the Department of Health and Human Services if it wants to see that we're complying with federal privacy law. There are special laws that protect some types of health information such as mental health services, treatment for substance use disorders, and HIV/AIDS testing and treatment. We will obey these laws when they are stricter than this notice.

### **Responding to organ and tissue donation requests**

We can share health information about you with organ procurement organizations.

### **Working with a medical examiner or funeral director**

We can share health information with a coroner, medical examiner or funeral director when an individual dies.

### **Addressing workers' compensation, law enforcement and other government requests**

We can use or share health information about you:

- For workers' compensation claims



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- For law enforcement purposes or with a law enforcement official
- With health oversight agencies for activities authorized by law
- For special government functions, such as military, national security and presidential protective services

### **Responding to lawsuits and legal actions**

We can share health information about you in response to a court or administrative order, or in response to a subpoena.

### **Our Responsibilities**

#### **When it comes to your health information, we have certain obligations.**

Some of those obligations are as follows:

- We are required by law to maintain the privacy and security of your protected health information.
- We will let you know promptly if a breach occurs that may have compromised the privacy or security of your information.
- We must follow the duties and privacy practices described in this notice and give you a copy of it.
- We will not use or share your information other than as described here, unless you tell us in writing we can. If you tell us we can, you can change your mind at any time. Let us know in writing if you change your mind.

### **Changes to the Terms of This Joint Notice**

We can change the terms of this notice, and the changes will apply to all information we have about you. The new notice will be available online at [cedars-sinai.org](http://cedars-sinai.org) and, upon request, in our facilities and offices.

**If you have any questions about this notice, wish to request a copy of the current notice or if you want to file a privacy complaint, please contact the Privacy Office at:**

Cedars-Sinai Privacy Office  
8700 Beverly Blvd.  
Los Angeles, CA 90048  
Phone: 310-423-7972, option 5



## JOINT NOTICE OF PRIVACY PRACTICES

### Who Is Covered by This Joint Notice

**This joint notice describes the privacy practices of Cedars-Sinai and its affiliated organizations.**

These include:

The organizations that make up the Cedars-Sinai Affiliated Covered Entity (“ACE”). The Cedars-Sinai ACE is comprised of covered entities under the common ownership or control of Cedars-Sinai Health System, including:

- Cedars-Sinai Medical Center
- Cedars-Sinai Medical Care Foundation
- CFHS Holdings, Inc., d/b/a Cedars-Sinai Marina del Rey Hospital
- Torrance Memorial Medical Center
- Torrance Health Association, Inc., d/b/a Torrance Memorial Physician Network
- Pasadena Hospital Association, Ltd., d/b/a Huntington Hospital
- The Huntington Medical Foundation d/b/a Huntington Health Physicians

The organizations and health professionals participating in an **organized healthcare arrangement (OHCA)** with Cedars-Sinai ACE entities. An OHCA is an arrangement that allows Cedars-Sinai entities to share health information about our patients to promote the joint operations of the participating entities. The OHCA entities share health information with each other for the treatment, payment and healthcare operations of the OHCA. OHCA participants include:

- Cedars-Sinai ACE entities
- The medical staffs of Cedars-Sinai Medical Center, Cedars-Sinai Marina del Rey Hospital, Torrance Memorial Medical Center and Huntington Hospital
- Affiliated medical groups, professional corporations, independent physicians and allied health professionals contracting with Cedars-Sinai ACE entities to provide services at Cedars-Sinai facilities, unless such healthcare providers give you their own notice of privacy practices that describes how they will protect your medical information.

Additional information regarding the entities that follow this notice, including the ACE and OHCA organizations as well as the applicable healthcare delivery sites, can be found at [cedars-sinai.org](http://cedars-sinai.org).

Our notice was first effective on September 23, 2013, and was revised on July 1, 2022.