

# STANFORD HOSPITAL AND CLINICS / LUCILE PACKARD CHILDREN'S HOSPITAL

## NOTICE OF PRIVACY PRACTICES

*Effective Date: 14-April-2003*

THIS NOTICE DESCRIBES HOW MEDICAL INFORMATION ABOUT YOU MAY BE USED AND DISCLOSED AND HOW YOU CAN GET ACCESS TO THIS TO THIS INFORMATION. PLEASE REVIEW IT CAREFULLY.

### OUR PLEDGE TO PROTECT YOUR PRIVACY

Stanford Hospital and Clinics (SHC) and Lucile Packard Children's Hospital (LPCH) (the "Hospital" for purposes of this Notice) know that medical information about you is personal, and we are committed to protecting the privacy of your information. As a patient of the Hospital, the care and treatment you receive is recorded in a medical record. So that we can best meet your medical needs, we must share your medical record with the health care providers involved in your care. We share your information only to the extent necessary to collect payment for the services we provide to you, to conduct our business operations, and to comply with the laws that govern health care. We will not use or disclose your information for any other purpose without your permission.

We are required by law to:

- make sure that your medical information is kept private;
- give you this Notice of 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.

We have a responsibility to safeguard the privacy and integrity of your records. This Notice explains our privacy practices and your rights regarding your medical information.

### WHO WILL FOLLOW THIS NOTICE

The following parties share the Hospital's commitment to protect your privacy and will comply with this Notice:

- Any health care professional authorized to enter information into your medical records.
- All departments and units of the Hospital, including our outpatient clinics.
- All employees, volunteers, trainees, students, contractors and medical staff members of the Hospital.

## **YOUR RIGHTS REGARDING MEDICAL INFORMATION ABOUT YOU**

You\* have the following rights regarding your medical information:

**RIGHT TO INSPECT AND OBTAIN A COPY OF YOUR MEDICAL RECORD:** You have the right to inspect and obtain a copy of the medical records that the Hospital uses to make decisions about you and your treatment, subject to certain limited exceptions. This information includes your medical and billing records, but may not include some mental health information. We reserve the right to charge a fee to cover the cost of providing your records to you.

**RIGHT TO REQUEST A CORRECTION OR ADD AN ADDENDUM TO YOUR MEDICAL RECORD:**

- **Correction:** If you believe that medical information the Hospital has on file about you is incorrect or incomplete, you may ask us to correct the medical information in your records. The Hospital can only correct information that we created or that was created on our behalf. If your medical information is accurate and complete, or if the information was not created by the Hospital, may deny your request; however, if we deny any part of your request, we will provide you a written explanation of our reasons for doing so.
- **Addendum:** In addition, an adult patient of the Hospital who believes that an item or statement in his/her medical record is incorrect or incomplete has the right to provide the Hospital with a written addendum to his/her record.

**RIGHT TO AN ACCOUNTING OF HOSPITAL DISCLOSURES OF YOUR MEDICAL INFORMATION:** You have the right to request an "accounting of disclosures" which is a list describing how we have shared your medical information with outside parties. This accounting is a list of the disclosures we made of your medical information after April 14, 2003 for purposes other than treatment, payment and health care operations, as those functions are described below in the Section of this Notice entitled, "How We May Use and Disclose Medical Information About You".

**RIGHT TO REQUEST RESTRICTIONS:** You have the right to request restrictions on certain uses or disclosures of your medical information. For example, you may request that your name not appear in the Hospital's Patient Directory while you are here as an inpatient. Requests for restrictions must be in writing; the appropriate instructions and forms are available at registration areas and on our Internet sites (<http://www.lpch.org> or <http://www.stanfordhospital.com>). We are not required to agree to your requested restriction. However, if we do agree, we will comply with your request unless the information is needed to provide you emergency treatment or comply with the law. If we cannot accept your request, we will explain to you in writing why we cannot do so.

**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, rather than at your home. You may request confidential communications during your registration process at the Hospital. We will not ask you the reason for your request, and we will use our best efforts to accommodate all reasonable requests.

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\* "You" in this Notice means a Hospital patient or, if applicable, the patient's personal representative. A personal representative is any person authorized to act on behalf of the patient with respect to his/her health care. For example, a personal representative may include the parent or guardian of a minor (unless the minor has the authority under California law to act on his/her own behalf), the guardian or conservator of an adult patient, or the person authorized to act on behalf of a deceased patient.

**RIGHT TO A COPY OF THIS NOTICE UPON REQUEST:** You have the right to a copy of this Notice. It is available in registration areas and on our Internet sites (<http://www.lpch.org> or <http://www.stanfordhospital.com>) in the Patient & Visitors section under Patient Services.

**CONTACT INFORMATION:** To obtain information about how to request a copy of your medical records, receive an accounting of disclosures of, or correct or add an addendum to your medical information:

**SHC Patients**

Phone: (650) 723-5721

Web: <http://www.stanfordhospital.com>

and look in the "Patients & Visitors" section under "Patient Services"

**LPCH Patients**

Phone: (650) 497-8334

Web: <http://www.lpch.org>

and look in the "Patients & Visitors" section under "Patient Services"

To obtain information on requesting a copy of your billing records call (800) 794-8978.

**HOW WE MAY USE AND DISCLOSE MEDICAL INFORMATION ABOUT YOU**

The following sections describe different ways that we use and disclose your medical information. For each category of uses or disclosures we will provide examples. To respect your privacy, we will try to limit the amount of information that we use or disclose to that which is the "minimum necessary" to accomplish the purpose of the use or disclosure. Not every use or disclosure in a category will be listed. However, all of the ways we are permitted to use and disclose information will fall within one of the categories.

**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, residents, nurses, technicians, medical students, or other Hospital personnel who are involved in your care at the Hospital. For example, a doctor treating you for a broken leg needs to know if you have diabetes because diabetes can slow the healing process. In addition, the doctor may need to tell the Hospital dietitian if you have diabetes so that we can arrange for appropriate meals. Different departments of the Hospital also may share medical information about you in order to coordinate the different services you need, such as pharmacy, lab work and x-rays.

**FOR PAYMENT:** We may use and disclose medical information about you to bill and receive payment for the treatment and services you receive. For example, we may need to give your health plan information about a surgery you received at the Hospital 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. Your permission is needed to release medical information about you for payment purposes if you receive certain types of services, including those related to substance abuse, mental health or tests related to HIV.

**FOR HEALTH CARE OPERATIONS:** We may use and disclose medical information about you for functions that are necessary to run the Hospital and assure that all of our patients receive quality care. We may also share your medical information with affiliated health care providers so that they may jointly perform certain business operations along with the Hospital. For example, we may use medical information to review our treatment and services and evaluate the performance of our staff in caring for you. We may combine medical information about many of our patients to decide what additional services the Hospital should offer, what services are not needed, and whether certain new treatments are effective. We may share information with doctors, residents, nurses, technicians, medical students, and other personnel for quality assurance and educational purposes. We may also compare the medical information we have with information from other hospitals to see where we can make improvements in the care and services we offer.

**BUSINESS ASSOCIATES:** The Hospital contracts with outside companies that perform business services for us, such as billing companies, management consultants, quality assurance reviewers, accountants or attorneys. In certain circumstances, we may need to share your medical information with a business associate so it can perform a service on our behalf. The Hospital will limit the disclosure of your information to a business associate to the amount of information that is the "minimum necessary" for the company to perform services for the Hospital. In addition, we will have a written contract in place with the business associate requiring it to protect the privacy of your medical information.

**APPOINTMENT REMINDERS:** We may use and disclose medical information to contact you as a reminder that you have an appointment for treatment or medical care at the Hospital.

**TREATMENT ALTERNATIVES:** We may use and disclose medical information to tell you about or recommend possible treatment options or alternatives that may be of interest to you.

**HEALTH-RELATED BENEFITS AND SERVICES:** We may use and disclose medical information to tell you about health-related benefits or services that may be of interest to you.

**HOSPITAL PATIENT DIRECTORY:** We may include your name and your location in the Hospital (but not specific medical information about you) in the Hospital's Patient Directory while you are receiving care as an inpatient. We make this information available so that individuals can contact or visit you in the Hospital. Unless you specifically request that your information be excluded from the Patient Directory, we may release this directory information to people who ask for you by name. This does not apply to patients who are receiving treatment for certain conditions, such as mental health problems or substance/alcohol abuse.

**RELIGIOUS AFFILIATION:** We may also provide information about your religious affiliation to members of the clergy employed in our Spiritual Care Services Office, unless you specifically request that we not do so.

**INDIVIDUALS INVOLVED IN YOUR CARE:** We may release medical information about you to a family member or friend who is involved in your medical care. We may also give information to someone who helps pay for your care. Unless there is a specific written request from you to the contrary, we may also notify a family member, personal representative or another person responsible for your care about your location and general condition. This does not apply to patients who are receiving treatment for certain conditions, such as mental health problems or substance/alcohol abuse. In addition, we may disclose medical information about you to an organization assisting in a disaster relief effort (such as the Red Cross) so that your family can be notified about your condition, status and location.

**FUNDRAISING ACTIVITIES:** We may provide your basic contact information and the dates you received services at the Hospital (no medical information is provided) to the Lucile Packard Foundation for Children's Health or the Stanford University Office of Medical Development for purposes of conducting fundraising on the Hospitals' behalf. These organizations may contact you in an effort to raise money for the Hospital and its operations. If you receive a request for a donation from either organization, it will include information indicating how you can opt out from receiving any future fundraising communications.

**RESEARCH:** As part of an academic medical center, the Hospital has an active research program that conducts studies that may involve your current care or that involve reviews of your medical history. For example, a study may use an investigational procedure to treat a condition or compare the health and recovery of patients who have received one medication with those who have received another for the same condition. We generally ask for your written authorization before using your medical information or sharing it with others in order to conduct research. Under limited circumstances we may use and disclose your medical information without your authorization. In most of these latter situations, we must obtain approval through an independent review process to ensure that research conducted without your authorization poses minimal risk to your privacy.

**TO PREVENT A SERIOUS THREAT TO HEALTH OR SAFETY:** We may use and disclose certain information about you when necessary to prevent a serious threat to your health and safety or the health and safety of others. However, any such disclosure will only be to someone able to help prevent the threat, such as law enforcement, or to a potential victim. For example, we may need to disclose information to police when a patient reveals that he/she has participated in a violent crime.

**ADDITIONAL SITUATIONS THAT DO NOT REQUIRE US TO  
OBTAIN YOUR AUTHORIZATION**

**WORKERS' COMPENSATION:** We may release medical information about you for workers' compensation or similar programs. These programs provide benefits for work-related injuries or illness.

**PUBLIC HEALTH ACTIVITIES:** We may disclose medical information about you for public health activities. These activities include, but are not limited to the following:

- to prevent or control disease, injury or disability;
- to report births and deaths;
- to report the abuse or neglect of children, elders and dependent adults;
- to report reactions to medications or problems with products;
- to notify you of the recall of products you may be using;
- to notify a person who may have been exposed to a disease or may be at risk for contracting or spreading a disease or condition;
- to notify the appropriate government authority if we believe you have been the victim of abuse, neglect or domestic violence; we will only make this disclosure when required or authorized bylaw;
- to report all inpatient admissions, emergency department visits and same-day surgeries to California's Office of Statewide Health Planning and Development; and
- to notify appropriate state registries, such as the Northern California Cancer Center or the California Emergency Medical Services Authority, when you seek treatment at the Hospital for certain diseases or conditions.

**HEALTH OVERSIGHT ACTIVITIES:** We may disclose medical information to a health oversight agency, such as the California Department of Health Services or the Center for Medicare and Medicaid Services, for activities authorized by law. These oversight activities include audits, investigations, inspections, and licensure. These activities are necessary for the government to monitor the health care system, government programs, and compliance with civil rights laws.

**LAWSUITS AND DISPUTES:** If you are involved in a lawsuit or a dispute, we may disclose medical information about you in response to a court or administrative order. We may also disclose medical information about you in response to a subpoena, legally enforceable discovery request, or other lawful process by someone else involved in the dispute.

**LAW ENFORCEMENT:** We may release medical information if asked to do so by law enforcement officials in the following limited circumstances:

- In response to a court order, subpoena, warrant, summons or similar process;
- To identify or locate a suspect, fugitive, material witness, or missing person;
- About the victim of a crime if, under certain limited circumstances, the victim is unable to consent;
- About a death we believe may be the result of criminal conduct;
- About criminal conduct at the Hospital; and
- In emergency circumstances 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:** We may release medical information to a coroner or medical examiner. This may be necessary to identify a deceased person or determine the cause of death. We may also release medical information about patients of the Hospital to funeral directors as necessary to carry out their duties with respect to the deceased.

**ORGAN AND TISSUE DONATION:** We may release medical information to organizations that handle organ, eye, or tissue procurement or transplantation, as necessary to facilitate organ or tissue donation. The procurement or transplantation organization needs your authorization for any actual donations.

**MILITARY AND VETERANS:** If you are a member of the armed forces, we may release medical information about you as required by military command authorities. We may also release medical information about foreign military personnel to the appropriate foreign military authority.

**NATIONAL SECURITY AND INTELLIGENCE ACTIVITIES:** Upon receipt of a request, we may release medical information about you to authorized federal officials for intelligence, counterintelligence, and other national security activities authorized by law. We will only provide this information after the Privacy Officer has verified the validity of the request and reviewed and approved our response.

**INMATES:** If you are an inmate of a correctional institution or under the custody of a law enforcement official, we may release medical information about you to the correctional institution or law enforcement official. This release may be necessary for the institution to provide you with health care; to protect your health and safety or the health and safety of others; or for the safety and security of the correctional institution.

**OTHER USES OR DISCLOSURES REQUIRED BY LAW:** We will also disclose medical information about you when required to do so by federal, state or local laws that are not specifically mentioned in this Notice.

**CHANGES TO THIS NOTICE**

We reserve the right to change our privacy practices and update this Notice accordingly. 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 post copies of the current Notice in the Hospital and on our Internet sites (<http://www.lpch.org> or <http://www.stanfordhospital.com>) in the Patient & Visitors section under Patient Services. If the Notice is changed, we will post the new Notice in our registration areas and provide to you upon request. The Notice contains the effective date on the first page, in the top right-hand corner.

**COMMENTS OR COMPLAINTS**

We welcome your comments about our Notice and our privacy practices. If you believe your privacy rights have been violated, you may file a complaint with the Hospital or with the Secretary of the Department of Health and Human Services (200 Independence Avenue, S.W., Washington, D.C. 20201). To register a comment or file a complaint with the Hospital, please contact:

**SHC Patients**

Community and Patient Relations  
300 Pasteur Drive, H1401  
Stanford, CA 94305  
Phone: (650) 723-7167  
Fax: (650) 725-8907

**LPCH Patients**

Patient Relations  
725 Welch Road  
Palo Alto, CA 94304  
Phone: (650) 498-4847  
Fax: (650) 723-8456

**Please be assured that no one will retaliate or take action against you 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 authorization. If you provide us authorization to use or disclose medical information about you, you may revoke that authorization, in writing, at any time. If you revoke your authorization, we will no longer use or disclose medical information about you for the activities covered by the authorization, except if we have already acted in reliance on your permission. We are unable to take back any disclosures we have already made with your authorization, and we are required to retain our records of the care that we provided to you.

**IF YOU HAVE ANY QUESTIONS ABOUT THIS NOTICE PLEASE CONTACT THE HOSPITAL'S PRIVACY OFFICER AT (650) 72-HIPAA (724-4722)**