



## Los Angeles Jewish Health Notice of Privacy Practices

THIS NOTICE DISCLOSES OUR DUTIES TO PROTECT YOUR INFORMATION, HOW MEDICAL INFORMATION ABOUT YOU MAY BE USED/SHARED AND HOW YOU CAN GET ACCESS TO THIS INFORMATION.

Should you have any questions about this notice, please contact the Los Angeles Jewish Health (LAJH) HIPAA Privacy Officer at 818-774-3397 or email [Privacy@jha.org](mailto:Privacy@jha.org)

### WHO WILL FOLLOW THIS NOTICE?

For purposes of this Notice, the terms “we” or “LAJH” means LAJH facilities, employees, volunteers; including but not limited to:

- Health care professional authorized to enter information into your medical record.
- Departments and units of LAJH facilities.
- Members of a volunteer group we allow to help you while you are at one of the treating facilities
- Employees, staff and other LAJH personnel.
- Members of the Medical Staff

**Our Responsibilities and duties-** The facility is required to maintain the privacy of health information, provide you with notice as to our duties and practices, notify you of unable to fulfill a request, accommodate reasonable requests, and notify you if we or a business associate becomes aware of a breach of sensitive information or data.

### MEDICAL INFORMATION-

We are committed to protecting personal/medical information about you. We are required to develop a record of the care and services you receive at LAJH. The record is required to provide care, act as a communication tool, record services provided, record your care, and maintain a record in accordance with local, state, and federal laws. This document also services as notice and an opportunity to describe your rights, and certain obligations we have regarding the use and disclosure of protected health information (PHI)/medical information.

### We are required by law to:

- make sure that medical information that identifies you is kept private (with certain exceptions);
- 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.

### HOW YOUR MEDICAL INFORMATION MAY BE USED AND/OR DISCLOSED?

The following categories describe different ways that we use and disclose 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 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, nurses, technicians, students, or other LAJH personnel who are involved in taking care of you at LAJH. Various departments and disciplines of LAJH also may share medical information about you in order to 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 LAJH who may be involved in your medical care after you leave LAJH, such as skilled nursing facilities or home health agencies, paramedics, emergency departments, hospitals, and other medical providers.

**For Payment**- We may use and disclose medical information about you so that the treatment and services you receive at LAJH 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 your health plan information about surgery you received at LAJH 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.

**For Health Care Operations**-We may use and disclose medical information about you for health care operations. These uses and disclosures are necessary to run LAJH and make sure that all of our patients receive quality care. For example, we may use medical information to review our treatment and services and to evaluate the performance of our staff in caring for you. We may also combine medical information about many patients to decide what additional services LAJH should offer, what services are not needed, and whether certain new treatments are effective. We may also disclose information to doctors, nurses, technicians, medical students, social workers and other LAJH personnel for review and learning purposes. We may also combine the medical information we have with medical information from other organizations to compare how we are doing and see where we can make improvements in the care and services we offer. We may remove information that identifies you from this set of medical information so others may use it to study health care and health care delivery without learning who the specific patients are.

**Business Associates**- The Facility may use outside providers and they may use subcontractors for some of the services that we provide through contracts/agreements. Some examples of these services are the use outside facility contract consultants, computers, electronic health record (EHR), companies who may assist with implementation, maintenance, storage of transmission of electronic protected health information, consultant educators who may use the specific information to carry out training for the Facility staff.

**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 Products and Services**- We may use and disclose medical information to tell you about our health-related products or services that may be of interest to you.

**Fundraising Activities- Right to Opt Out**- We may use medical information about you to contact you in an effort to raise money for LAJH and its operations. We may disclose medical information to an affiliate of LAJH so that the affiliate may contact you in raising money for LAJH. We only would release contact information, such as your name, address and phone number and the dates you received treatment or services at LAJH. You have the right to opt out of fundraising communications, and can do so through various methods. You may do so by emailing [FundDevelopment@jha.org](mailto:FundDevelopment@jha.org), calling 310-479-2468, or by sending a written request to opt out. Written notice should be sent to: Fund Development LAJH, 7150 Tampa Avenue Reseda CA 91335. If you receive a fundraising communication from LAJH, it will tell you how to opt out of receiving communications.

**Marketing and Sale**-Most uses and disclosures of medical information for marketing purposes, and disclosures that constitute a sale of medical information, require your written authorization.

**Hospital Directory**- We may include certain limited information about you in the hospital/facility directory while you are a patient at an LAJH hospital/facility. This information may include your name, location in the hospital, your general condition (e.g., fair, stable, etc.) and your religious affiliation. Unless you indicate otherwise at the time of your admission, or thereafter provide us with your specific written objection, this directory information, except for religious

affiliation, may also 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. This information is released so your family, friends and clergy can visit you in the hospital and generally know how you are doing. If a request for information is made by your spouse, parent, child, or sibling and you are unable to authorize the release of this information, we are required to give the requesting person notification of your presence, except to the extent prohibited by federal law. Upon your admission, we must make reasonable attempts to notify your next of kin or any other person designated by you, of your admission, unless you request that this information not be provided. Unless you request that this information not be provided we must make reasonable attempts to notify your next of kin or any other person designated by you, of your release, transfer, serious illness, injury, or death only upon request of the family member.

**Individuals Involved in Your Care or Payment for Your Care-**

We may release medical information about you to a friend or family member 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 tell your family or friends your condition and that you are in LAJH. In addition, 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-** Under certain circumstances, we may use and disclose medical information about you for research purposes. For example, a research project may involve comparing the health and recovery of all patients who received one medication to those who received another, for the same condition. All research projects, however, are subject to a special approval process.

This process evaluates a proposed research project and its use of medical information, trying to balance the research needs with patients' need for privacy of their medical information. Before we use or disclose medical information for research, the project will have been approved through this research approval process, but we may, however, disclose medical information about you to people preparing to conduct a research project, for example, to help them look for patients with specific medical needs, so long as the medical information they review does not leave LAJH. We will almost always ask for your specific permission if the researcher will have access to your name, address or other information that reveals who you are, or will be involved in your care at LAJH.

**As Required by Law-** We will disclose medical information about you when required to by federal, state or local law.

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

**SPECIAL SITUATIONS**

**Organ and Tissue Donation-** 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 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.

**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 generally include the following:

- to prevent or control disease, injury or disability;
- to report births and deaths;
- to report the suspected abuse or neglect of children, elders and dependent adults;
- to report reactions to medications or problems with products;
- to notify people of recalls of products they 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; and
- to notify the appropriate government authority if we believe a patient has been the victim of abuse, neglect or domestic violence. We will only make this disclosure if you agree or when required or authorized by law.

**Health Oversight Activities**- We may disclose medical information to a health oversight agency for activities authorized by law. These oversight activities include, for example, 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, discovery request, or other lawful process by someone else involved in the dispute, but only if efforts have been made to tell you about the request (which may include written notice to you) or to obtain an order protecting the information requested. We may disclose mental health information to courts, attorneys and court employees in the course of conservatorship, and certain other judicial or administrative proceedings.

**Law Enforcement**-

We may release medical information if asked to do so by a law enforcement official:

- 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, we are unable to obtain the person's agreement;
- About a death we believe may be the result of criminal conduct;
- About criminal conduct at LAJH; 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.
- When requested at the time of a patient's involuntary hospitalization. Coroners, Medical Examiners and Funeral Directors.

We may release medical information to a coroner or medical examiner. This may be necessary, for example, to identify a deceased person or determine the cause of death. We may also release medical information about patients to funeral directors as necessary to carry out their duties.

**National Security and Intelligence Activities**- We may release medical information about you to authorized federal officials for intelligence, counterintelligence, and other national security activities authorized by law.

**Protective Services for the President and Others-** 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.

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 would be necessary (1) for the institution to provide you with health care; (2) to protect your health and safety or the health and safety of others; or (3) for the safety and security of the correctional institution.

**Advocacy Groups-** If you are admitted to the Auerbach Geriatric Psychiatry Unit (AGPU), we may release mental health information to the statewide protection and advocacy organization if it has a patient authorization or patient representative's authorization, or for purposes of certain investigations. We may release mental health information to the County Patient's Rights Office if it has a patient or patient's representative's authorization, or for investigations resulting from reports required by law to be submitted to the Director of Mental Health.

**Senate and Assembly Rules Committees-** If you are admitted to the AGPU, we may disclose your mental health information to the California Senate or Assembly Rules Committee for purpose of legislative investigation.

**Multidisciplinary Personnel Teams-** We may disclose health information to a multidisciplinary personnel team relevant to the prevention, identification, management or treatment of an abused child and the child's parents, or elder abuse and neglect.

#### **Special Categories of Information-**

In some circumstances, your health information may be subject to restrictions that may limit or preclude some uses or disclosures described in this notice. For example, there are special restrictions on the use or disclosure of certain categories of information – e.g., tests for HIV or treatment for mental health conditions.

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

You have the following rights regarding medical information we maintain about you:

#### **Right to Inspect and Copy-**

You have the right to inspect and copy medical information that may be used to make decisions about your care. Usually, this includes medical and billing records, but may not include some mental health information.

To inspect and copy medical information that may be used to make decisions about you, you must submit your request in writing to the LAJH Health Information Systems, at 7150 Tampa Avenue Reseda CA 91335. If you request a copy of the information, we may charge a fee for the costs of copying, mailing or other supplies associated with 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. Another licensed health care professional chosen by LAJH will review your request and the denial. The person conducting the review will not be the person who denied you request. We will comply with the outcome of the review.

**Right to Amend-** If you feel that medical information we have about you is incorrect or incomplete, you may ask us to amend the information. You have the right to request an amendment for as long as the information is kept by or for

LAJH. To request an amendment, your request must be made in writing and submitted to the LAJH Health Information Management Department, at 7150 Tampa Avenue Reseda CA 91335. 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 us, unless the person or entity that created the information is no longer available to make the amendment;
- Is not part of the medical information kept by or for LAJH;
- Is not part of the information which you would be permitted to inspect and copy; or
- Is accurate and complete.

Even if we deny your request for amendment, you have the right to submit a written addendum, not to exceed 250 words, with respect to any item or statement in your record you believe is incomplete or incorrect. If you clearly indicate in writing that you want the addendum to be made part of your medical record, we will attach it to your records and include it whenever we make a disclosure of the item or statement you believe to be incomplete or incorrect.

#### **Right to an Accounting of Disclosures-**

You have the right to request an “accounting of disclosures.” This is a list of the disclosures we made of medical information about you other than our own uses for treatment, payment and health care operations (as those functions are described above) and with other exceptions pursuant to the law.

To request this list or accounting of disclosures, you must submit your request in writing to the LAJH Health Information Systems, at 7150 Tampa Avenue Reseda CA 91335. Your request must state a time period which may not be longer than six years. Your request should indicate in what form you want the list (for example, on paper, electronically). The first list you request within a 12-month period will be free.

For additional lists, we may charge you for the costs of providing the list. 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.

In addition, we will notify you as required by law following a breach of your unsecured protected health information.

**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, like a family member or friend. Even if you request this special restriction, we can disclose the information to a health plan or insurer for purposes of treating you. If we agree to the restriction request, we will comply with your request unless the information is needed to provide you emergency treatment. To request restrictions, you must make your request in writing to LAJH- Health Information Systems at 7150 Tampa Avenue Reseda CA, 91335. In your request, you must tell us: (A) what information you want to limit; (B) whether you want to limit our use, disclosure or both; and (C) to whom you want the limits to apply, for example, disclosure to your spouse. We are not able to always meet your request. If we do agree, we will comply with your request unless the information is needed to provide you emergency treatment. To request restrictions, you must make your request in writing to the LAJH- Health Information Systems, at 7150 Tampa Avenue Reseda California 91335. In your request, you must tell us (A) what information you want to limit; (B) whether you want to limit our use, disclosure or both; and (C) to whom you want the limits to apply, for example, disclosures to your spouse.

**You have the right to a 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: [www.LAJHealth.org](http://www.LAJHealth.org)

To obtain a paper copy of this Notice, submit your written request to: LAJH Privacy Officer- 7150 Tampa Avenue Reseda California, 91335

### **CHANGES TO THIS NOTICE-**

We reserve the right to change 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 on our website at <http://www.LAJHealth.org> The Notice will contain the effective date.

### **COMPLAINTS-**

If you believe your privacy rights have been violated, you may file a complaint with LAJH or with the Secretary of the Department of Health and Human Services. To file a complaint with LAJH, please email at [Privacy@jha.org](mailto:Privacy@jha.org) You may also report anonymously via telephone: 844-954-1388, report anonymously online via [JHA.ethicspoint.com](http://JHA.ethicspoint.com), or send your written complaint to:

LAJH Privacy Officer  
7150 Tampa Avenue  
Reseda California, 91335

We will not take retaliatory action against you if you file a complaint about our privacy practices and you may file your complaint anonymously.

- **You are also notified that you may file a complaint with the Secretary of Health and Human Services, Office for Civil Rights.** Anyone can file a health information privacy or security complaint. Your complaint must be filed in writing by mail, fax, e-mail, or via the [OCR Complaint Portal](https://ocrportal.hhs.gov/ocr/smartscreen/main.jsf) <https://ocrportal.hhs.gov/ocr/smartscreen/main.jsf>
- You can obtain and complete the [Health Information Privacy Complaint Form Package – PDF](#) ; and submit the form in writing by email or by regular mail to:
  - Centralized Case Management Operations  
U.S. Department of Health and Human Services  
200 Independence Avenue, S.W.  
Room 509F HHH Bldg.  
Washington, D.C. 20201, email [OCRcomplaint@HHS.gov](mailto:OCRcomplaint@HHS.gov)
  - OR to the Region IX – AZ, CA, HI, NV, AS, GU, The U.S. Affiliated Pacific Island Jurisdictions

Office for Civil Rights  
U.S. Department of Health & Human Services  
50 United Nations Plaza – Room 322  
San Francisco, Ca 94102  
(415) 437-8310; (415) 437-8311 (TDD)  
(415) 437-8329 (FAX)

- If you have questions you may call the Department of Health and Human Services, Office for Civil Rights toll-free at: 1-800-368-1019, TDD: 1-800-537-7697
- For additional information see the OIG Website <https://www.hhs.gov/hipaa/for-individuals/index.html>

**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, this will stop any further use or disclosure of your medical information for the purposes covered by your written authorization, except if we have already acted in reliance on your permission. You understand that we are unable to take back any disclosures we have already made with your permission, and that we are required to retain our records of the care that we provided to you.

**ACKNOWLEDGEMENT OF RECEIPT OF THE PRIVACY NOTICE**  
(or Notice of Privacy Practices)

I, \_\_\_\_\_ have received a copy of the Privacy  
Notice for \_\_\_\_\_  
Facility Name

I understand I can request more detail, i.e., example of Use & Disclosure for Treatment, payment and health care operations.

\_\_\_\_\_  
Resident/Patient Signature Date

\_\_\_\_\_  
Representative Signature Date

\_\_\_\_\_  
Parent Signature (if Resident/Patient is under 18) Date

**Note: Resident's/Resident's Representative signature is not a requirement for admission.**

\_\_\_\_\_ Resident/Patient refuses to sign\*\*  
\_\_\_\_\_ Resident/Patient is unable to sign\*\*, reason \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

\*\*Two witness signatures required.

\_\_\_\_\_  
Signature/Title Date

\_\_\_\_\_  
Signature/Title Date