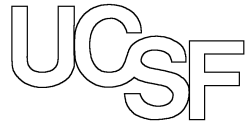


Effective Date: September 23, 2013



University of California
San Francisco

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.

**Department of Psychiatry
Langley Porter Psychiatric Hospital and Clinics**

Effective Date: September 23, 2013

NOTICE OF PRIVACY PRACTICE

**UNIVERSITY OF CALIFORNIA SAN FRANCISCO UCSF
HEALTH SYSTEM**

**THIS NOTICE DESCRIBES HOW HEALTH INFORMATION
ABOUT YOU MAY BE USED AND DISCLOSED AND HOW
YOU CAN GET ACCESS TO THIS INFORMATION.**

PLEASE REVIEW IT CAREFULLY.

UCSF HEALTH SYSTEM

UCSF Health System is one of the health care components of the University of California. The University of California health care components consist of the UC medical centers, the UC medical groups, clinics and physician offices, the UC schools of medicine and other UC health professional schools, departments engaged in clinical care, the student health service areas on some campuses, employee health units on some campuses, and the administrative and operational units that are part of the health care components of the University of California.

OUR PLEDGE REGARDING YOUR HEALTH INFORMATION

UCSF Health System is committed to protecting medical, mental health and personal information about you (“Health Information”). We are required by law to maintain the privacy of your Health Information; provide you information about our legal duties and privacy practices; and inform you of your rights and the ways in which we may use Health Information and disclose it to other entities and persons.

HOW WE MAY USE AND DISCLOSE HEALTH INFORMATION ABOUT YOU

The following sections describe different ways that we may use and disclose your Health Information. Some information, such as certain drug and alcohol information, HIV information, genetic information and mental health information; is entitled to special restrictions related to its use and disclosure. 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. Other uses and disclosures not described in this Notice will be made only if we have your written authorization.

For Treatment. We may use Health Information about you to provide you with medical and mental health treatment or services. We may disclose Health Information about you to doctors, nurses, technicians, students, or other health system personnel who are involved in taking care of you in 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. A doctor treating you for a mental condition may need to know what medications you are currently taking, because the medications may affect what other medications may be prescribed to you. We may also share

Health Information about you with other non-UCSF Health System providers. The disclosure of your Health Information to non-UCSF Health System providers may be done electronically through a health information exchange that allows providers involved in your care to access some of your UCSF Health system records to coordinate services for you.

For Payment. We may use and disclose Health Information about you so that the treatment and services you receive at UCSF Health System 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 or therapy you received at UCSF Health System so your health plan will pay us or reimburse you for the surgery or therapy. We may also tell your health plan about a proposed treatment to determine whether your plan will pay for the treatment.

For Health Care Operations. We may use and disclose Health Information about you for our business operations. For example, your Health Information may be used to review the quality and safety of our services, or for business planning, management and administrative services. We may contact you about alternative treatment options for you or about other benefits or services we provide. We may also use and disclose your health information to an outside company that performs services for us such as accreditation, legal, computer or auditing services. These outside companies are called “business associates” and are required by law to keep your Health Information confidential. 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 UCSF Health System.

Fundraising Activities. We may contact you to provide information about UCSF Health System sponsored activities, including fundraising programs and events. We may use contact information, such as your name, address and phone number, date of birth, physician name, the outcome of your care, department where you received services and the dates you received treatment or services at UCSF Health System. You may opt-out of receiving fundraising information for the UCSF Health System by contacting us at Records Manager, UCSF, Box 0248, San Francisco, CA 94143-0248, or HIPAAOptOut@support.ucsf.edu, or 1-888-804-4722.

Hospital Directory. If you are hospitalized, we may include certain limited information about you in the hospital directory. 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 have the opportunity to limit the release of directory information by telling UCSF Health System at the time of your hospitalization.

Our disclosure of this information about you if you are hospitalized in a psychiatric hospital will be more limited.

Individuals Involved In Your Care. We may tell your family about your general condition and that you are in the hospital unless you request we do not provide this information. Upon request of a family member and with your consent, we may give the family member notification of your diagnosis, prognosis, medications prescribed and their side effects and progress. If a request for information is made by your spouse, parent, child, or sibling and you are unable to authorize the release of such

information, we are required to give notification of your presence in the hospital, except to the extent prohibited by federal law. Upon your admission, we are required to make reasonable attempts to notify your next of kin or any other person designated by you, of your admission, and, only upon request of the family member, of your release, transfer, serious illness, injury, or death, unless you request that this information not be provided.

Disaster Relief Efforts. We may disclose Health Information about you to an entity assisting in a disaster relief effort so that others can be notified about your condition, status and location.

Research. The University of California is a research institution. We may disclose Health Information about you for research purposes, subject to the confidentiality provisions of state and federal law. All research projects involving patients or the information about living patients conducted by the University of California must be approved through a special review process to protect patient safety, welfare and confidentiality.

In addition to disclosing Health Information for research, researchers may contact patients regarding their interest in participating in certain research studies. Researchers may only contact you if they have been given approval to do so by the special review process. You will only become a part of one of these research projects if you agree to do so and sign a specific permission form called an Authorization. When approved through a special review process, other studies may be performed using your Health Information without requiring your authorization. These studies will not affect your treatment or welfare, and your Health Information will continue to be protected.

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

To Prevent a Serious Threat to Health or Safety. We may use and disclose Health 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.

Organ and Tissue Donation. If you are an organ donor, we may release your Health Information to organizations that obtain, bank or transplant organs, eyes or tissue, 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 Health Information about you to military command authorities as authorized or required by law.

Workers' Compensation. We may use or disclose Health 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 Disclosures. We may disclose Health Information about you for public health activities such as:

- 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;

Abuse and Neglect Reporting. We may disclose your Health Information to a government authority that is permitted by law to receive reports of abuse, neglect or domestic violence.

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

Lawsuits and Other Legal Proceedings. We may disclose Health Information to courts, attorneys and court employees in the course of conservatorship, writs and certain other judicial or administrative proceedings. We may also disclose Health Information about you in response to a court or administrative order, or in response to a subpoena, discovery request, warrant, or other lawful process.

Law Enforcement. If asked to do so by law enforcement, and as authorized or required by law, we may release Health Information:

- To identify or locate a suspect, fugitive, material witness, certain escapees, 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 suspected to be the result of criminal conduct;
- About criminal conduct at UCSF Health System; 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.

- When requested at the time of a patient's involuntary hospitalization [information may also be released to the county mental health director/designee]

Coroners, Medical Examiners and Funeral Directors. 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 UCSF Health System to funeral directors as necessary to carry out their duties.

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

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

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

Psychotherapy Notes. *Psychotherapy notes* means notes recorded (in any medium) by a health care provider who is a mental health professional documenting or analyzing the contents of conversation during a private counseling session or a group, joint, or family counseling session and that are separated from the rest of the individual's medical record.

Psychotherapy notes excludes medication prescription and monitoring, counseling session start and stop times, the modalities and frequencies of treatment furnished, results of clinical tests, and any summary of the following items: diagnosis, functional status, the treatment plan, symptoms, prognosis, and progress to date.

Psychotherapy notes may not be disclosed without your authorization except in certain limited circumstances:

- Use or disclosure in supervised mental health training programs for students, trainees, or practitioners;
- Use or disclosure by the covered entity to defend a legal action or other proceeding brought by the individual;
- A use or disclosure that is required by law;
- A use or disclosure that is permitted:
 - For legal and clinical oversight of the psychotherapist who made the notes;
 - To prevent or lessen a serious and imminent threat to the health or safety of the public.

Psychotherapy notes have additional protections under federal law and most uses or disclosures of psychotherapy require your written authorization.

Marketing or Sale of Health Information. Most uses and disclosures of your Health Information for marketing purposes or any sale of your Health Information would require your written authorization.

OTHER USES AND DISCLOSURES OF HEALTH INFORMATION

Other uses and disclosures of Health Information not covered by this Notice will be made only with your written authorization. If you authorize us to use or disclose your Health Information, you may revoke that authorization, in writing, at any time. However, the revocation will not be effective for information that we have already used and disclosed

in reliance on the authorization.

YOUR RIGHTS REGARDING YOUR HEALTH INFORMATION

Your Health Information is the property of UCSF Health System. You have the following rights regarding the Health Information we maintain about you:

Right to Inspect and Copy. With certain exceptions, you have the right to inspect and/or receive a copy of your Health Information. If we have the information in electronic format then you have the right to get your Health Information in electronic format if it is possible for us to do so. If not we will work with you to agree on a way for you to get the information electronically or as a paper copy.

To inspect and/or to receive a copy of your Health Information, you must submit your request in writing to Health Information Management Services, UCSF LPPH&C, 401 Parnassus Ave., Box MRD, San Francisco, CA 94143-0984. If you request a copy of the information, there is 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 Health Information, in most cases, you may have the denial reviewed. Another licensed health care professional chosen by UCSF Health System 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 Health 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 UCSF Health System.

Amendment. To request an amendment, your request must be made in writing and submitted to Health Information Management Services, UCSF LPPH&C, 401 Parnassus Ave., Box MRD, San Francisco, CA 94143-0984. You must be specific about the information that you believe to be incorrect or incomplete and you must provide a reason that supports the request.

We may deny your request for an amendment if it is not in writing, we cannot determine from the request the information you are asking to be changed or corrected, or your request does not include a reason to support the change or addition. In addition, we may deny your request if you ask us to amend information that:

- Was not created by UCSF Health System;
- Is not part of the Health Information kept by or for UCSF Health System;
- Is not part of the information which you would be permitted to inspect and copy;
or
- UCSF Health System believes to be accurate and complete.

Addendum. To submit an addendum, the addendum must be made in writing and submitted to Health Information Management Services, UCSF LPPH&C, 401 Parnassus Ave., Box MRD, San Francisco, CA 94143-0984. 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 certain disclosures we have made of your Health Information.

To request this accounting of disclosures, you must submit your request in writing to Health Information Management Services, UCSF LPPH&C, 401 Parnassus Ave., Box MRD, San Francisco, CA 94143-0984. Your request must state a time period that may not be longer than the six previous years. 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, there will be a charge 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 Health 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 Health 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.

To request a restriction, you must make your request in writing to Health Information Management Services, UCSF LPPH&C, 401 Parnassus Ave., Box MRD, San Francisco, CA 94143-0984. 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, only to you and your spouse. *We are not required to agree to your request* except in the limited circumstance described below. 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 care.

We are required to agree to a request not to share your information with your health plan if the following conditions are met:

1. We are not otherwise required by law to share the information

2. The information would be shared with your insurance company for payment purposes
3. You pay the entire amount due for the health care item or service out of your own pocket or someone else pays the entire amount for you

Right to Request Confidential Communications. You have the right to request that we communicate with you about your Health Information in a certain way or at a certain location. For example, you may ask that we contact you only at home or only by mail.

To request confidential medical communications, you must make your request in writing to Director of Patient Care Services, UCSF LPPH&C, 401 Parnassus Ave., Box HOS, San Francisco, CA 94143-0984. 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.

Copies of this Notice are available throughout UCSF Health System, or you may obtain a copy at our website, <http://psych.ucsf.edu/>.

Right to be Notified of a Breach. You have the right to be notified if we or one of our Business Associates discovers a breach of unsecured Health Information about you.

CHANGES TO UCSF HEALTH SYSTEM'S PRIVACY PRACTICES AND THIS NOTICE

We reserve the right to change UCSF Health System's privacy practices and this Notice. We reserve the right to make the revised or changed Notice effective for Health 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 throughout UCSF Health System. In addition, at any time you may request a copy of the current Notice in effect.

QUESTIONS OR COMPLAINTS

If you have any questions about this Notice, please contact Health Information Management Services, UCSF LPPH&C, 401 Parnassus Ave., Box MRD, San Francisco, CA 94143-0984.

If you believe your privacy rights have been violated, you may file a complaint with UCSF Health System or with the Secretary of the Department of Health and Human Services, Office for Civil Rights. To file a written complaint with UCSF Health System contact Director of Patient Care Services, UCSF LPPH&C, 401 Parnassus Ave., Box HOS, San Francisco, CA 94143-0984.

You will not be penalized for filing a complaint.