

# HIPAA Notice of Privacy Practices

The privacy of your health information is protected. Our healthcare insurers and claims administrators also have HIPAA privacy policies and notices, which are posted on their websites (or you can call their customer service department for a copy).

- Medical benefits: [anthem.com/ca](https://anthem.com/ca)
- Dental benefits: [deltadentalins.com](https://deltadentalins.com)
- Voluntary vision benefits: [anthem.com/ca](https://anthem.com/ca)
- Life insurance: [voya.com](https://voya.com)
- Disability insurance: [reliancestandard.com](https://reliancestandard.com)

## State Notice of Privacy Practices

Cedars-Sinai (and the insurance companies) must follow state laws that are stricter than the federal HIPAA privacy law. This notice explains your rights and our legal duties under state law. This applies to life insurance benefits, in addition to medical, dental and vision benefits that you may have. Cedars-Sinai (and the benefit insurers and administrators) may

collect, use and share your nonpublic personal information (PI) as described in this notice. PI identifies a person and is often gathered in an insurance matter. They may collect PI about you from other persons or entities, such as doctors, hospitals or other carriers. They may share PI with persons or entities outside of their organizations—without your OK in some cases. If they take part in an activity that would require a chance for you to opt out, you will be contacted. They will tell you how you can let them know that you do not want us to use or share your PI for a given activity.

### You have the right to access and correct your PI.

Because PI is defined as any information that can be used to make judgments about your health, finances, character, habits, hobbies, reputation, career and credit, Cedars-Sinai (and Anthem and other benefit insurers and administrators) take reasonable safety measures to protect your PI.

A more detailed state notice is available from the insurers upon request by calling the phone number on your benefit ID card.

## Federal 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.

Cedars-Sinai sponsors the Cedars-Sinai Medical Center Health and Welfare Plan for healthcare benefits (medical, dental and voluntary vision), wellness benefits (including the HealthFund, a health reimbursement arrangement), flexible spending accounts (healthcare and dependent care), life and accidental death & dismemberment insurance and disability insurance (collectively the "plan") to provide benefits to our employees, their dependents and other participants. We provide this coverage through various relationships with third parties that establish networks of providers, coordinate care and process claims for reimbursement for services received. This Notice of Privacy Practices (Notice) describes the legal obligations of Cedars-Sinai with respect to the health benefits offered under the plan and your legal rights regarding your protected health information held by the plan under HIPAA. Among other things, this Notice describes how your protected health information may be used or disclosed to carry out treatment, payment, healthcare operations or for any other purposes that are permitted or required by law.

Cedars-Sinai is required to provide this Notice to you pursuant to HIPAA. The HIPAA Privacy Rule protects only certain medical information known as "protected health information" (PHI).

Generally, PHI is individually identifiable health information, including demographic information, collected from you or created or received by a healthcare provider, a healthcare clearinghouse, a health plan or your employer on behalf of a group health plan, which relates to:

- Your past, present or future physical or mental health or condition
- The provision of healthcare to you, or
- The past, present or future payment for the provision of healthcare to you.

Note: If you are covered by one or more fully-insured group health plans offered by Cedars-Sinai, you'll receive a separate notice regarding the availability of a notice of privacy practices applicable to that coverage and how to obtain a copy of the notice directly from the insurance carrier.

## Effective Date and Contact Information

This Notice is effective Jan. 1, 2016.

If you have any questions about this Notice or about our privacy practices, please contact the Cedars-Sinai HIPAA Privacy Officer:

### Contact Information:

Cedars-Sinai Medical Center  
Attention: HIPAA Privacy Officer  
Corporate Compliance Department  
8700 Beverly Blvd.  
Los Angeles, CA 90048  
323-866-7877

## Our Responsibilities

Cedars-Sinai is required by law to:

- Maintain the privacy of your PHI.
- Provide you with certain rights with respect to your PHI.
- Provide you with a copy of this Notice of our legal duties and privacy practices with respect to your PHI.
- Follow the terms of the Notice that is currently in effect.
- Notify you if there is a breach of unsecured PHI.

We reserve the right to change the terms of this Notice and to make new provisions regarding your PHI that we maintain, as allowed or required by law. If we make any material change to this Notice, we'll provide you with a copy of our revised Notice of Privacy Practices. You may also obtain a copy of the latest revised Notice by contacting our Privacy Officer at the contact information provided above. Except as provided within this Notice, we may not use or disclose your PHI without your prior authorization.

## How We May Use and Disclose Your Protected Health Information

Under the law, we may use or disclose your PHI under certain circumstances without your permission. The following categories describe the different ways that we may use and disclose your PHI. For each category of uses or disclosures we'll explain what we mean and present some examples. Not every use or disclosure in a category will be listed. However, all of the ways we're permitted to use and disclose PHI will fall within one of the categories.

### For Payment

We may use or disclose your PHI to determine your eligibility for plan benefits, to facilitate payment for the treatment and services you receive from healthcare providers, to determine benefit responsibility under the plan or to coordinate plan coverage. For example, we may tell your healthcare provider about your medical history to determine whether a particular treatment is experimental, investigational, medically necessary or to determine whether the plan will cover the treatment. We may also share your PHI with a utilization review or precertification service provider. Likewise, we may share your PHI with another entity to assist with the adjudication or subrogation of health claims or to another health plan to coordinate benefit payments.

### For Treatment

We may use or disclose your PHI to facilitate medical treatment or services by providers. We may disclose medical information about you to providers, including doctors, nurses, technicians, medical students or other hospital personnel who are involved in taking care of you. For example, we might disclose information about your prior prescriptions to a pharmacist to determine if a pending prescription is inappropriate or dangerous for you to use.

### For Services

We may use or disclose PHI to contact you to provide information about treatment alternatives or other health-related benefits and services that may be of interest to you.

### To Avert a Serious Threat to Health or Safety

We may use and disclose your PHI 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. For example, we may disclose your PHI in a proceeding regarding the licensure of a physician.

### For Healthcare Operations

We may use and disclose your PHI for other plan operations. These uses and disclosures are necessary to run the plan. For example, we may use medical information in connection with conducting quality assessment and improvement activities; underwriting, premium rating and other activities relating to plan coverage; submitting claims for stop-loss (or excess-loss) coverage; conducting or arranging for medical review, legal services, audit services and fraud and abuse detection programs; business planning and development such as cost management; and business management and general plan administrative activities. The plan is prohibited from using or disclosing PHI that is genetic information about an individual for underwriting purposes.

### To Plan Sponsors

For the purpose of administering the plan, we may disclose to certain employees of the employer PHI. However, those employees will only use or disclose that information as necessary to perform health plan administration functions or as otherwise required by HIPAA, unless you have authorized further disclosures. Your PHI cannot be used for employment purposes without your specific authorization.

### As Required by Law

We will disclose your PHI when required to do so by federal, state or local law. For example, we may disclose your PHI when required by national security laws or public health disclosure laws.

### To Business Associates

We may contract with individuals or entities known as Business Associates to perform various functions on our behalf or to provide certain types of services to the health plan(s). In order to perform these functions or to provide these services, Business Associates will receive, create, maintain, use and/or disclose your PHI, but only after they agree in writing through a Business Associate Agreement with us to implement appropriate safeguards regarding your PHI. For example, we may disclose your PHI to a Business Associate to administer claims or to provide support services, such as utilization management, pharmacy benefit management or subrogation.

## Special Situations

In addition to the above, the following categories describe other possible ways that we may use and disclose your PHI. For each category of uses or disclosures, we'll explain what we mean and present some examples. Not every possible use or disclosure in a category will be described. However, all of the ways we are permitted to use and disclose information will fall within one of the categories.

### Organ and Tissue Donation

If you are an organ donor, we may release your PHI 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 your PHI as required by military command authorities. We may also release PHI about foreign military personnel to the appropriate foreign military authority.

### Workers' Compensation

We may release your PHI for workers' compensation or similar programs. These programs provide benefits for work-related injuries or illness.

### Law Enforcement

We may disclose your PHI 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 victim's agreement.
- About a death that we believe may be the result of criminal conduct.
- About criminal conduct.

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.

### Health Oversight Activities

We may disclose your PHI 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 healthcare system, government programs and compliance with civil rights laws.

### National Security and Intelligence Activities

We may release your PHI to authorized federal officials for intelligence, counterintelligence and other national security activities authorized by law.

### Public Health Risks

We may disclose your PHI for public health actions. These actions generally include the following:

- To prevent or control disease, injury or disability.
- To report births and deaths.
- To report child abuse or neglect.
- 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.
- To notify the appropriate government authority if we believe that 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.

### Communicable Diseases

We may disclose PHI concerning certain communicable diseases to appropriate public health authorities that are authorized by law to collect or receive such information. The plan may disclose PHI, if authorized by law, to a person who may have been exposed to a communicable disease or may otherwise be at risk of contracting or spreading the disease or condition.

### Lawsuits and Disputes

If you are involved in a lawsuit or a dispute, we may disclose your PHI in response to a court or administrative order. We may also disclose your PHI 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 or to obtain an order protecting the information requested.

### Coroners, Medical Examiners and Funeral Directors

We may release PHI 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.

### Inmates

If you are in the custody of a law enforcement official, we may disclose your PHI to the correctional institution or law enforcement official if necessary:

- For the institution to provide you with healthcare
- To protect your health and safety or the health and safety of others, or
- For the safety and security of the correctional institution.

### Research

We may disclose your PHI to researchers when:

- Individual identifiers have been removed
- An institutional review board or privacy board has reviewed the research proposal and established protocols to ensure the privacy of the requested information and approves the research.

### Threat to Health or Safety

We may use or disclose PHI to avert or lessen a serious threat to your health or safety or the health and safety of others.

## Required Disclosures

The following is a description of disclosures of your PHI we are required to make.

### Government Audits

We are required to disclose your PHI to the Secretary of the United States Department of Health and Human Services when the Secretary is investigating or determining our compliance with the HIPAA privacy rule.

### Notification of a Breach

We are required to notify you in the event that we (or one of our Business Associates) discover a breach of your unsecured PHI, as defined by HIPAA.

### Disclosures to You

When you request, we are required to disclose to you the portion of your PHI that contains medical records, billing records and any other records used to make decisions regarding your healthcare benefits. We are also required, when requested, to provide you with an accounting of most disclosures of your PHI if the disclosure was for reasons other than for payment, treatment or healthcare operations, and if the PHI was not disclosed pursuant to your individual authorization.

## Other Disclosures

### Personal Representatives

We will disclose your PHI to individuals authorized by you, or to an individual designated as your personal representative, attorney-in-fact, etc., if you provide us with a written notice/authorization and any supporting documents (such as power of attorney). Under the HIPAA privacy rule, we do not have to disclose information to a personal representative if we have a reasonable belief that:

You have been, or may be, subjected to domestic violence, abuse or neglect by such person

Treating such person as your personal representative could endanger you, or

In exercising professional judgment, it is determined not in your best interest to treat the person as your personal representative.

### Spouses and Other Family Members

With only limited exceptions, we will send all mail to the employee. This includes mail relating to the employee's spouse and other family members who are covered under the plan and includes mail with information on the use of plan benefits by the employee's spouse and other family members and information on the denial of any plan benefits to the employee's spouse and other family members. If a person covered under the plan has requested restrictions or confidential communications, and if we have agreed to the request, we'll send mail as provided by the request for restrictions or confidential communications.

### Authorizations

Other uses or disclosures of your PHI not described above, including the use and disclosure of psychotherapy notes and the use or disclosure of PHI for fundraising or marketing purposes, won't be made without your written authorization. You may revoke written authorization at any time, so long as your revocation is in writing. Once we receive your written revocation, it will only be effective for future uses and disclosures. It won't be effective for any information that may have been used or disclosed in reliance upon the written authorization and prior to receiving your written revocation. You may elect to opt out of receiving fundraising communications from us at any time.

## You have the following rights with respect to your protected health information.

### Right to Inspect and Copy

You have the right to inspect and copy certain PHI that may be used to make decisions about your healthcare benefits. To inspect and copy your PHI, submit your request in writing to the Privacy Officer at the address provided on page 1 under Contact Information. If you request a copy of the information, we may charge a reasonable 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 your medical information, you may have a right to request that the denial be reviewed, and you'll be provided with details on how to do so.

### Right to Be Notified of a Breach

You have the right to be notified in the event that we (or a business associate) discover a breach of unsecured PHI.

### 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 the Privacy Officer at the address provided on page 1 under Contact Information. We'll not ask you the reason for your request. Your request must specify how or where you wish to be contacted. We'll accommodate all reasonable requests.

## Right to Amend

If you feel that the PHI 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 the plan. To request an amendment, your request must be made in writing and submitted to the Privacy Officer at the address provided on page 1 under Contact Information. 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:

- Isn't part of the medical information kept by or for the plan
- Wasn't created by us, unless the person or entity that created the information is no longer available to make the amendment
- Isn't part of the information that you would be permitted to inspect and copy, or
- Is already accurate and complete.

If we deny your request, you have the right to file a statement of disagreement with us and any future disclosures of the disputed information will include your statement.

## Right to an Accounting of Disclosures

You have the right to request an "accounting" of certain disclosures of your PHI. The accounting does not include disclosures:

- For treatment, payment or healthcare operation
- Made to you
- Made pursuant to your authorization
- Made to friends or family in your presence or because of an emergency
- For national security purposes
- Incidental to otherwise permissible disclosures.

To request this list or accounting of disclosures, you must submit your request in writing to the Privacy Officer at the address on page 1 under Contact Information. Your request must state a time period not longer than six years and may not include dates prior to your request. Your request should indicate in what form you want the list (for example, paper or electronic). We will attempt to provide the accounting in the format you requested or in another mutually agreeable format if the requested format is not reasonably feasible. The first list you request within a 12-month period will be provided free of charge. 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.

## 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. To obtain a paper copy of this Notice, telephone or write the Privacy Officer as provided on page 1 under Contact Information.

## Right to Request Restrictions

You have the right to request a restriction or limitation on your PHI that we use or disclose for treatment, payment or healthcare operations. You also have the right to request a limit on your PHI that we disclose 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 about a surgery that you had.

We are not required to agree to your request. However, if we do agree to the request, we will honor the restriction until you revoke it or we notify you. To request restrictions, you must make your request in writing to the Privacy Officer at the address provided on page 1 under Contact Information. In your request, you must tell us:

- What information you want to limit
- Whether you want to limit our use, disclosure or both
- To whom you want the limits to apply—for example, disclosures to your spouse.

## Complaints

If you believe that your privacy rights have been violated, you may file a complaint with the plan or with the Privacy Officer or with the Office for Civil Rights of the United States Department of Health and Human Services.

To file a complaint with the Privacy Officer, call or write as shown on page 1 under Contact Information. You will not be penalized, or in any other way retaliated against, for filing a complaint with the Privacy Officer or the Office of Civil Rights. You should keep a copy of any notices you send to the plan administrator or the Privacy Officer for your records.