

KECK MEDICINE OF USC 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.

What is this Notice and Why Is It Important?

We are required by law to maintain the privacy of your identifiable medical and other health information (“health information”), to provide you with notice of our legal duties and privacy practices with respect to your health information, and to notify you in the event of a breach of your unsecured health information. This Notice describes your rights and our obligations for using and disclosing your health information and informs you about laws that provide special practices for your health information. Keck Medicine of USC must follow the terms of this Notice when using or disclosing your health information.

Who Does this Notice Apply to?

This Notice describes the privacy practices of the following entities of Keck Medicine of USC including: Keck Hospital of USC, USC Norris Cancer Hospital, USC Verdugo Hills Hospital, USC Arcadia Hospital, USC Care Medical Group, and USC Medical Staff Members and Allied Health Professionals, employees, volunteers, students, and other workforce members of the organizations listed above when they provide services to you at any site of the above entities.

Within this Notice, a reference to “Keck Medicine of USC” and “we,” “us” and “our” is defined to include all the entities and their workforce members listed above.

This Notice is effective as of May 1, 2024.

How We May Use or Disclose Your Health Information

For Treatment: We may use health information about you to provide you with medical treatment or services. Doctors, nurses, technicians, health care students, or other hospital personnel who are involved in taking care of you may access your health information. For example, a doctor treating you may need to tell the dietician if you have diabetes to arrange for appropriate meals. Different departments of the hospital may also share medical information about you to coordinate the different things you need, such as prescriptions, lab work, and X-rays. We may also disclose health information about you to people outside the hospital who

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may be involved in your medical care for continuity of care, such as your Primary Care Physician, skilled nursing facilities, home health agencies, or referrals to other practitioners.

For Payment: We may use and disclose health information about you so that the treatment and services you received may be billed to you 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 a procedure you received so your health plan will pay us or reimburse you for the procedure. 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. We may provide basic information about you and your health plan, insurance company, or other source of payment to practitioners outside of Keck Medicine of USC who are involved in your care to assist them in obtaining payment for services they provided to you. However, we cannot disclose information to your health plan for payment purposes if you ask us not to, and you pay for the services yourself in full.

For Health Care Operations: We may use and disclose health information about you for health care operations. These uses and disclosures are necessary to run Keck Medicine of USC and make sure that our patients receive quality care. For example, we may use health information to review our treatment and services and to evaluate the performance of our staff in caring for you. We may also combine health information about many patients to evaluate what additional services to offer. We may also use health information for review and learning purposes. We may also combine the health information we have with health information from other hospitals to compare how we are doing and see where we can make improvements in the care and services we offer. We may use your health information to create de-identified data, which is stripped of your identifiable data and no longer identifies you.

Organized Health Care Arrangement: We participate in organized health care arrangements (OHCA) with other providers. We may share information with its OHCA members for treatment, payment, and joint health care operations.

Directory: We may include your name, location in our hospitals, general health condition, and religious affiliation in a patient directory without obtaining your authorization unless you object to inclusion in the directory. Information in the directory may be disclosed to anyone who asks for you by name or to members of the clergy; provided, however, that your religious affiliation will only be disclosed to members of the clergy.

Individuals Involved in Your Care or Payment for Your Care: Under appropriate circumstances, including emergencies, we may disclose your health information to a family member, other relative, a friend, or any other person identified by you who is involved in

your health care or payment for your health care. In addition, we may disclose your health information to caregivers and other persons who are with you or appear on your behalf (for example, to pick up a prescription). We may also need to notify such persons of your location in our facility and general condition. If you object to such disclosures, please notify your Keck Medicine of USC health care provider. If you are not present or the opportunity to agree or object to a use or disclosure cannot practicably be provided because of your incapacity or an emergency circumstance, we may exercise professional judgment to determine whether a disclosure is in your best interests. If information is disclosed to a family member, other relative, or friend, we will disclose only information believed to be directly relevant to the person's involvement with your health care or payment related to your health care.

Public Health Activities: We may disclose your health information for the following public health activities:

- To report to public health authorities for the purpose of preventing or controlling disease, injury or disability;
- To report information to the U.S. Food and Drug Administration (FDA) about products and services under its jurisdiction;
- To alert a person who may have been exposed to a communicable disease or may otherwise be at risk of contracting or spreading a disease; or
- To report information to your employer as required under laws addressing work-related illnesses and injuries or workplace medical surveillance.

Victims of Abuse, Neglect, or Domestic Violence: If we reasonably believe that you are a victim of abuse, neglect, domestic violence, or sexual violence, we may disclose your health information as required by law to a social services agency or other governmental agency authorized by law to receive such reports. We may also disclose health information to report known or suspected child abuse or neglect, if the report is made to a public health authority or other appropriate government authority that is authorized by law to receive such reports.

Health Oversight Activities: We may disclose your health information to a health oversight agency that is responsible for ensuring compliance with the rules of government health programs such as Medicare or Medicaid.

Specialized Government Functions: We may use and disclose your health information to units of the government with special functions, such as the U.S. military, under certain circumstances required by law. We may also disclose your health information to certain authorities if you are in the custody of law enforcement or an inmate in a correctional institution.

Law Enforcement Officials, Judicial, and Administrative Proceedings: We may disclose health information to police or other law enforcement officials in certain limited, specific circumstances or in compliance with a court order or other legal process in compliance with applicable law. We may also disclose health information in judicial or administrative proceedings, such as in response to: (a) a court order; (b) a legally valid order issued by a state or federal administrative agency or licensing board; and (c) a subpoena, discovery request, or other lawful process in compliance with applicable law.

Coroners, Medical Examiners, and Funeral Directors: We may disclose health information to a coroner, or a medical examiner as required by law. We may also disclose medical information about patients of the hospital to funeral directors as necessary to carry out their duties.

Organ and Tissue Donation: We may disclose health information to organizations that assist with organ, eye or tissue donation, banking, or transplant.

Health or Safety: We may disclose health information to prevent a serious threat to your health and safety or the health and safety of the public or another person.

Health Information Exchange: We, along with other health care providers, may participate in one or more health information exchanges (HIEs). An HIE is a community-wide information system used by participating health care providers to share health information about you for treatment purposes. Health care providers from different facilities that are treating you and participate in the HIE can share your health information electronically. The HIE allows your health care providers to have all the information necessary to treat you effectively, such as laboratory results, prior diagnosis, and current medication. If you do not want to have your health information shared in the HIE, you may opt out by completing the *Keck Medicine of USC HIE Patient Opt-Out Form*.

For Research: Under certain circumstances, we may use and disclose health information about you for research purposes. For example, we may disclose health information about you to Keck Medicine of USC researchers preparing to conduct a research project for the purpose of contacting you to determine if you are interested in participating in the study. Generally, research projects are subject to a special approval process. This process evaluates a proposed research project and its use of health information, trying to balance the research needs with patients' needs for privacy of their health information. Before we use or disclose health information for research, the project will have been approved through this research approval

process.

Limited Data Sets: We may provide identifiable health information about you (but not including your name, address, social security number, or other direct identifiers) for research, public health, or health care operations, but only if the recipient of such information signs an agreement to protect the information and not use it to identify or contact you.

Development and Fundraising Activities: We may contact you to request a contribution to support important Keck Medicine of USC activities. For fundraising, we may disclose to our fundraising staff demographic information about you (for example, your name, address, and phone number), dates on which we provided health care to you, information about the department of service or treating physician, outcome information, or health insurance status without your written permission. We may also share such information about you with closely related foundations that assist us in our development activities. We will not disclose your diagnosis or treatment, however, unless we have your written authorization to do so.

If you do not want to be contacted for Keck Medicine of USC fundraising efforts, you must notify us in writing at KeckMedOut@usc.edu. If you do not want to be contacted for USC Arcadia Hospital fundraising efforts, you must notify us in writing at UAH-Foundation@med.usc.edu.

Marketing Activities: We may conduct the following activities without obtaining your authorization:

- Provide you with marketing materials in a face-to-face encounter;
- Give you a promotional gift of nominal value;
- Provide refill reminders or otherwise communicate about a drug or biologic that is currently prescribed to you, so long as any payments we receive for making the communication are reasonably related to our costs;
- Tell you about USC's own health care products and services

If we accept payments from other organizations or individuals in exchange for telling you about their health care products or services, we will ask for your authorization, except as described above or unless the communications are permitted by law without your permission. We will ask your permission to use your health information for any other marketing activities. Also, from time to time, Keck Medicine of USC receives letters from patients, their family members, and friends describing the experience and care they received at Keck Medicine of USC. Where possible, we share these letters with our Keck Medicine of USC employees and patients. Prior to sharing your letter, we will remove your name and other identifying information from the

letter to protect your privacy.

Workers' Compensation: We may disclose health information as authorized by and to the extent necessary to comply with laws relating to workers' compensation or other similar programs or as required under laws relating to workplace injury and illness.

Business Associates: We may contract with third parties to perform certain services for us, such as billing, copy, consulting, or other services. These third-party service providers, referred to as Business Associates, may need to access your health information to perform services for us. They are required by contract and law to protect your health information and only use and disclose it as necessary to perform their services for us.

As Required by Law: We may disclose health information when required to do so by any other law not already referred to in the preceding categories.

Note on other Restrictions: California law may impose more strict requirements on how we use and disclose certain types of health information than does HIPAA. To the extent that there are more strict requirements or restrictions, we will only use and disclose your health information as permitted by those stricter requirements.

In some circumstances, your health information may be subject to restrictions that may limit or prevent 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., HIV/Aids test results, treatment for mental health conditions, and substance use disorder.

Uses and Disclosures Requiring Your Written Authorization

For any purposes other than those described in this Notice, we may use or disclose your health information only when you give us permission to do so by written authorization. Keck Medicine of USC has developed an *Authorization to Use and Disclose Protected Health Information* form ("Keck Medicine Authorization") for this purpose. If you sign an authorization to disclose information, except to the extent we have already relied on it, you can revoke that authorization at a later time or stop any future use and disclosure of your health information. If you wish to revoke a prior authorization, you must submit your request in writing to the Office of Healthcare Compliance.

Sale of Protected Health Information: We will not make any disclosure that is considered a sale of your protected health information without your written authorization, unless the disclosure is for a purpose permitted by law.

Your Rights Regarding Your Health Information

Right to Request Access to Your Health Information: You have the right to inspect and maintain a copy of the patient records we maintain to make decisions about your treatment and care. All requests for access must be made in writing. Under limited circumstances, we may deny you access to your records. If you would like access to your records, you may obtain a *Patient Request to Access Health Information* form from your local site of service or online at KeckMedicine.org. The completed form may be submitted by mail, fax, or in person to the Keck Medicine of USC Health Information Management Department. If you request copies, we will charge you a reasonable fee for them. We will also charge you for our postage costs if you request that we mail the copies to you. If you are a parent or legal guardian of a minor, certain portions of the minor's medical record may not be accessible to you under California law.

Keck Medicine of USC also offers access to your health information via the myUSCchart patient portal. MyUSCchart allows you to communicate with your physician or care team, access test results, and request prescription renewals and appointments from your personal computer or smartphone. For additional information, contact (800) USC-CARE (800-872-2273) or visit KeckMedicine.org.

You have the right to request that we provide your requested health information either to you, or to another person designated by you. If you request us to provide your health information to another person designated by you, you must clearly identify in writing the designated person and where we are to send the copy of your health information and sign your request.

Right to Request Amendments to Your Health Information: You have the right to request, unless treated in Student Health, that we amend your health information maintained in your medical record file or billing records. If you wish to amend your records, please obtain and complete a *Request to Amend Protected Health Information Form* from your local site of service or online at KeckMedicine.org. You may submit your completed request to the Keck Medicine of USC Health Information Management department. We will comply with your request unless we believe that the information that would be amended is already accurate and complete or other special circumstances apply. We may deny your request but will provide you with a written explanation if we do so, and you may appeal to us in writing. If we deny your request to amend your record, a copy of your request may be added to your record if you direct us to file it.

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 of Your Health Information: Upon written request, you may obtain a list (accounting) of disclosures of health information made by us, provided: (a) Such a period does not exceed six years; and (b) disclosures made for treatment, payment, health care operations, and certain other purposes will not be included. If you request an accounting more than once during a twelve (12) month period, we will charge you a reasonable fee. We will notify you of the cost involved in advance; you may choose to withdraw your request at that time before any costs are incurred.

If you would like to request an accounting, please obtain the *Request for Accounting* form from any Keck Medicine of USC site of service or online at www.KeckMedicine.org and submit your signed request to the Keck Medicine of USC Health Information Management Department.

Right to Request How Information is Provided to You: You may request, and we will try to accommodate, any reasonable written request for you to receive health information by alternative means of communication or at a different address or location. To request confidential communications, obtain the *Request for Confidential Communications by Alternative Means or Alternative Locations* form and submit it to the Office of Healthcare Compliance.

Special Notice on E-mail: You may find it convenient to communicate with Keck Medicine of USC, including a member of your treatment team, by email. We may communicate with you by email if you so request or if you initiate email communications with us. However, e-mail communications may not be encrypted and are not secure. Keck Medicine of USC cannot protect the confidentiality of your health information while it is being transmitted over the Internet and cannot prevent the forwarding of your health information to third parties once it has been sent.

Right to Request Additional Restrictions on the Use of Your Health Information: You may request that we restrict the use or disclosure of your health information. All requests for such additional restrictions must be made in writing. While we will consider a request for additional restrictions carefully, we are not required to agree to a requested restriction, except for requests to restrict disclosure of information to a health plan in cases where you have paid for

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the service out of pocket in full, unless the disclosure is required by law or is determined to be for treatment purposes. Keck Medicine of USC will provide you with a written response.

If you would like to request a restriction, you must make your request in writing to the Keck Medicine of USC Health Information Management department. 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, disclosures to your spouse.

Right to be Notified of Breach: You have the right to be notified by us if we discover a breach of your unsecured protected health information.

Right to a Paper Copy of this Notice: Upon request, you may obtain a paper copy of this Notice, even if you have agreed to receive such information electronically.

Right to Change Terms of this Notice

We may change the terms of this Notice at any time. If we change this Notice, we may make the new notice terms effective for all health information that we hold, including any information created or received prior to issuing the new Notice. If we change this notice, we will post the revised Notice in our practice areas and on our website at www.keckmedicine.org. You may also obtain any revised notice by contacting the Office of Healthcare Compliance.

Right to Further Information; Complaints

If you would like additional information about your privacy rights, are concerned that we have violated your privacy rights, or disagree with a decision that we made about access to health information, you may contact the Office of Healthcare Compliance at 1510 San Pablo St, 6th Floor, Los Angeles, CA 90033, 323-442-8588 or Privacy@med.usc.edu. You may also file a written complaint with the Secretary of the U.S. Department of Health and Human Services.

We will not retaliate or take action against you if you file a complaint with us or the Secretary.



**KECK MEDICINE OF USC
NOTICE OF PRIVACY PRACTICES**

This notice is effective as of May 1, 2024.

Please sign and date below to indicate that you have received a copy of this notice. Your signature simply acknowledges that you received a copy of this notice.

Print Name (Last, First, Middle Initial)

Signature

Date

**NOTICE OF PRIVACY
PRACTICES**

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