

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.

If you would like a copy of this Notice and/or have any questions, please contact the Privacy Officer with the Office of Compliance and Privacy at compliance@chla.usc.edu or (323) 361-2302. You may get an electronic copy of this Notice at our website at <https://www.chla.org/>.

When this Notice uses “you” or “your”, CHLA means the patient and disclosures made to the patient, parent, personal representative, or patient’s legal guardian who is authorized (has permission) to get the information.

Our Pledge to Protect Your Privacy

We are committed to protecting your health information. This Notice will tell you about the ways we may use and disclose (share) your health information. We also describe your rights and certain responsibilities we have about the use and sharing of your health information.

Complaints

If you believe your privacy rights have been violated, you may file a complaint with CHLA or with the U.S. Department of Health and Human Services. Your care will not be affected, in any way, for filing a complaint.

Privacy Officer
Office of Compliance & Privacy
Children’s Hospital Los Angeles
4650 Sunset Blvd. MS #143, Los Angeles, CA 90027
compliance@chla.usc.edu
(323) 361-2302

U.S. Department of Health and Human Services,
Office for Civil Rights
200 Independence Avenue, S.W., Washington, D.C. 20201



Who Will Follow This Notice?

This Notice explains CHLA's practices and that of:

- Health care professionals who are allowed to enter information into your CHLA medical record.
- Departments and units of CHLA, including our outpatient clinics.
- CHLA employees, volunteers, trainees, students, contractors, medical staff, residents, fellows, board members, and business associates with whom we may share health information.

CHLA's Responsibilities

- CHLA is required to keep your health information private and secure.
- CHLA will let you know of a breach of your health information per state and federal laws.
- CHLA must follow the duties and practices in this Notice.

Your Privacy Rights

You have certain rights relating to your health information, and this section explains your rights. You may submit a request for any of the below under this section to Health Information Management (HIM) at ROI@chla.usc.edu.

Disclosure at Your Request. You have the right to request CHLA to disclose health information about you. If so, you may need to fill out an authorization. We may charge a reasonable, cost-based fee.

Right to Inspect and Copy. You have the right to ask to see or get a copy of an electronic or paper copy of your medical records. We may charge a reasonable, cost-based fee.

Right to Amend. You have the right to ask us to correct your health information if you think it is incorrect or not complete. CHLA may deny the request. If so, we will inform you in writing.

Right to an Accounting of Disclosures. You have the right to request a list of when CHLA shared your health information up to six (6) years before the date of the request. CHLA will not include disclosures for treatment, payment, operations, and certain other permitted disclosures. CHLA will give one accounting within a 12-month period for free, and will charge a reasonable, cost-based fee if you ask for more.



Right to Request Restrictions. You have the right to ask CHLA not to use your health information for treatment, payment, or operations. We do not have to agree to your request. However, if you pay for a service out-of-pocket in full, you can ask CHLA not to share the information with your health insurance.

Right to Request Confidential Communications. You have the right to ask to be contacted in a specific way or at a certain location. We will try to accommodate reasonable requests.

Right to a Copy of This Notice. You have the right to ask for a paper copy of this notice at any time, even when you agree to an electronic copy. To ask for a copy, you can email the Office of Compliance & Privacy at compliance@chla.usc.edu.

Our Uses and Disclosures of Your Health Information for Treatment, Payment, or Health Care Operations

Treatment. We may use and disclose health information about you to provide you with medical treatment and services. 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. Additionally, we may disclose health information about you to people outside CHLA who may be involved in your medical care.

Payment. We may use and disclose health information about you so that the treatment and services you receive at CHLA may be billed to you, an insurance company, or a third party. For example, we may need to provide information about a surgery you had at CHLA to your health plan for reimbursement.

Health Care Operations. We may use and disclose health information about you for CHLA's health care operations. This is necessary to improve our operations and make sure our patients receive quality care. For example, we may use your health information to review our treatment and services.

Our Other Uses and Disclosures

Appointment Reminders and Call Backs. We may use and disclose health information to contact you as a reminder that you have an appointment for care at CHLA.

Health Care Registries. CHLA participates in several health care registries where information about our patients is entered into databases shared by other health care providers. The registries are private and confidential and can only be used by authorized individuals.



Health Information Exchanges (HIE). A health information exchange (HIE) is a way to share your medical information electronically with your health care providers outside of CHLA, with insurers, and other entities for purposes of treatment, payment, health care operations and other purposes allowed by law. If you do not want to be included, please let the admission staff know.

Hospital Directory. We may include your name, location in the hospital, general condition, and religious affiliation in the hospital directory while you are getting inpatient care. Unless you specifically request that your information be excluded from the hospital directory, we may release the information to people who ask for you by name. Your religious affiliation may be given to a member of the clergy even if they do not ask for you by name, unless you specifically request we not do so.

Individuals Involved in Your Care or Payment For Your Care. We may release health information about you to a family member or friend involved in your medical care or who helps pay for your care.

CHLA may use or disclose your health information without your prior authorization (permission), subject to certain requirements.

As Required by Law. We will disclose health information about you when federal, state, or local laws require it.

Business Associates. CHLA contracts with outside persons or entities that do certain functions on our behalf that may involve the use or disclosure of your health information.

Coroners, Medical Examiners, and Funeral Directors. We may release health information about you to a coroner, medical examiner, or funeral director to carry out their duties. If the disclosure may relate to reproductive health care, we are required to get written confirmation from the requestor that the request is not for prohibited purposes, which include investigating, identifying, or imposing liability on you for seeking or obtaining lawful reproductive health care.

Disaster Recovery. We may disclose health information about you to an organization that helps in a disaster relief effort so that your family can be notified about your condition, status, and location.

Fundraising Activities. We may contact you or disclose information to a foundation related to CHLA for fundraising efforts. You have the right to opt out of receiving fundraising communications. If you receive a fundraising communication, it will let you know how to opt out.

Health-Related Benefits and Services. We may use or disclose your health information to tell you about health-related benefits or services that may be of interest to you.



Health Oversight Activities. We may disclose health information about you to a health oversight agency for activities required by law. These activities may include audits, investigations, and licensing. If the disclosure may relate to reproductive health care, we are required to get written confirmation from the requestor that the request is not for prohibited purposes, which include investigating, identifying, or imposing liability on you for seeking or obtaining lawful reproductive health care. For example, if a health oversight agency requests health information that may relate to reproductive health care in order to conduct an audit, we have to get written confirmation from the health oversight agency that the request is not for a prohibited purpose.

Inmates. If you are an inmate of a correctional facility (prisoner) or in police custody, we may release health information about you to the correctional facility or law enforcement official.

Law Enforcement. We may release health information if asked to do so by a law enforcement official under certain circumstances or when required by law. If the disclosure may relate to reproductive health care, we are required to get written confirmation from the requestor that the request is not for prohibited purposes, which include investigating, identifying, or imposing liability on you for seeking or obtaining lawful reproductive health care. However, if a law enforcement official requests health information potentially related to reproductive health care that you lawfully obtained in order to impose a criminal or civil action against you, we are not permitted to disclose your reproductive health care information, as the request would be for a prohibited purpose.

Lawsuits and Dispute. We may disclose health information about you in response to a court or administrative order, or in response to a subpoena. If the disclosure may relate to reproductive health care, we are required to get written confirmation from the requestor that the request is not for prohibited purposes, which include investigating, identifying, or imposing liability on you for seeking or obtaining lawful reproductive health care.

Marketing and Sales. Most uses and disclosures of health information for marketing purposes and disclosures that constitute a sale of medical information require your written authorization.

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

Organ And Tissue Donation. We may release health 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.

Organized Health Care Arrangement (OHCA). In accordance with Title 45 of the Code of Federal Regulations §164.501, Children's Hospital Los Angeles, Children's Hospital Los Angeles Medical



Group, and the University of Southern California—all three legally separate covered entities—designate themselves as an Organized Health Care Arrangement (OHCA) for the sole purpose of complying with the Privacy Regulations of the Health Insurance Portability and Accountability Act of 1996. These entities will share information necessary for the joint health care activities of the Organized Health Care Arrangement.

Public Health and Safety Issues. We may use or disclose health information under specific circumstances such as:

- Preventing or controlling disease, injury, or disability
- Assisting with product recalls
- Reporting adverse reactions to medications
- Reporting suspected abuse, neglect, or domestic violence
- Preventing or reducing a serious threat to health or safety.

Research. CHLA does research to learn more about health and disease. We may contact you by mail, phone or email, if you have provided that information to us, to tell you about research projects you can participate in. Your personally identified information will not be shared outside CHLA without your permission. We may use or share your health information when the research is approved by a special committee called an Institutional Review Board. This group reviews research plans to protect patient safety and privacy. If a research study requires your written permission, we will ask you for permission to use or share your information. Your permission is not needed if researchers use your health information without using your name or personal information. We may also use your information to plan a research study.

Special Categories of Information. In some cases, your health information may be subject to restrictions that may limit or exclude uses or disclosures described in this Notice. For example, there are special restrictions on HIV tests, treatment for mental health conditions, reproductive health care, or the Substance Use Prevention and Treatment Program. Government health benefit programs, such as Medi-Cal, may also limit disclosures.

Special Government Functions. We may disclose health information for special government functions, including military, national security and intelligence activities, and presidential protective services, as permitted by law.

Treatment Alternatives. We may use or disclose your health information to tell you about or recommend possible treatment options, activities, or alternatives that may help you.

Workers' Compensation. We may release your health information for workers' compensation or similar programs.



Donor Confidentiality and Privacy Policy

Children's Hospital Los Angeles is committed to protecting the privacy and security of our donors' and guests' personal information when visiting our website, subscribing to our email updates, or donating. The following resource will help you understand how CHLA collects, uses, and safeguards the personal information you provide: [CHLA Donor Confidentiality and Privacy Policy](#).

To update how you prefer to communicate or to opt-out of communications, contact CHLA Foundation at (323) 361-2308 or by email at foundation@chla.usc.edu or mail to CHLA Foundation, 4650 Sunset Blvd, #29, Los Angeles, CA 90027.

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 health information we already have about you. The revised Notice will be available upon request, posted at CHLA, or on our website.

Other Uses of Health Information

CHLA will not use or disclose your health information without your authorization, except as set forth in this Notice or unless permitted by law. You may revoke (take back) your authorization in writing at any time, except if CHLA has already acted in reliance on your permission. Once your health information is released, it may not be protected under federal privacy law. State or other federal law may require the recipient to obtain your authorization before further disclosure.

This notice is effective as of March 16, 2025.