

**Vaden Health Center  
NOTICE OF PRIVACY PRACTICES**

*Effective Date: September 23, 2013*

THIS NOTICE DESCRIBES HOW HEALTH INFORMATION ABOUT YOU MAY BE USED AND DISCLOSED AND HOW YOU CAN OBTAIN ACCESS TO THIS INFORMATION. PLEASE REVIEW IT CAREFULLY.

**OUR PLEDGE TO PROTECT YOUR PRIVACY**

Vaden Health Center (“Vaden” for purposes of this Notice) is committed to protecting the privacy of health information we create or receive about you. Health information that identifies you (“protected health information,” or “health information”) includes your medical record and other information relating to your care or payment for care. As a patient of Vaden, the care and treatment you receive is recorded in a health care record, which includes the records of your medical and psychological care. So that we can best meet your medical needs, we must share your health information with the health care providers involved in your care.

We are required by law to:

- Make sure that your health information is kept private (with certain exceptions);
- Give you this Notice of our legal duties and privacy practices with respect to health information about you; and
- Follow the terms of the Notice currently in effect.

If you are a student, treatment of your health information is governed by the Family Educational Rights and Privacy Act (“FERPA”) and requirements of applicable California State law. The health information of all others is governed by regulations under the Health Insurance Portability and Accountability Act (“HIPAA”), as amended, and the requirements of applicable California State law. For health information covered by HIPAA, Vaden is required to provide you with this Notice and abide by this Notice with respect to health information covered by HIPAA.

**WHO WILL FOLLOW THIS NOTICE**

The following parties share Vaden’s commitment to protect your privacy and will comply with this Notice:

- Any health care professional authorized to update or create health information about you.
- All departments and units of the Vaden.
- All employees, volunteers, trainees, contractors, and medical staff members of Vaden.
- All affiliated entities, sites and locations.

**HOW WE MAY USE AND DISCLOSE HEALTH INFORMATION ABOUT YOU**

The following sections describe different ways that we use and disclose your health information:

**FOR TREATMENT**

We use health information about you to provide you with medical treatment and/or services. Your information may be shared with physicians, residents, advanced practice professionals, nurses, technicians, and/or other medical and counseling personnel involved in your care at Vaden. We may also share health information about you with Stanford Health Care or its affiliated entities, or receive information from Stanford Health Care or its affiliated entities, for care coordination purposes.

We may also disclose your health information to providers not affiliated with Vaden or Stanford Health Care to facilitate treatment and services they provide you. For example, we may disclose your health information to your personal physician for care coordination purposes.

**FOR PAYMENT**

We may use and disclose health information about you to bill and receive payment for health care services that we or others provide to you. We may also inform your payor about a treatment you are planning to receive to determine whether your payor will cover the cost of the treatment. For certain services, if your permission is needed to release health information to obtain payment, you will be asked for permission.

**FOR HEALTH CARE OPERATIONS**

We may use and disclose health information about you for health care operations, including functions required to run Vaden and to assure that all patients receive quality care. We may also share your information with affiliated health care providers so that they may jointly perform certain business operations. We may combine health information about many of our patients to decide, for example, what additional services Vaden should offer, what services are not needed, and whether certain new treatments are effective. We may share information with doctors, residents, nurses, technicians, clerks and other personnel for quality assurance and educational purposes.

**BUSINESS ASSOCIATES**

Vaden contracts with other entities that perform business services such as financial consultants, quality assurance reviewers, attorneys, and information technology specialists. In certain circumstances, we may need to share your health information with a business associate so it can perform a service on our behalf. We will have a written contract in place with the business associate requiring protection of the privacy and security of your health information.

**APPOINTMENT REMINDERS AND OTHER COMMUNICATION**

We may use and disclose health information to contact you as a reminder that you have an appointment for care at Vaden. We will communicate with you using the information (such as telephone number and email address) that you provide. Unless you notify us to the contrary, we may use the contact information you provide to communicate general information about your care such as appointment location, department, date and time.

## **TREATMENT ALTERNATIVES**

We may use and disclose health information to tell you about or recommend possible treatment options or alternatives that may be of interest to you.

## **HEALTH-RELATED BENEFITS AND SERVICES**

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

## **INDIVIDUALS INVOLVED IN YOUR CARE**

The law provides you with an opportunity to inform us of your preference, in most situations, about releasing health information about you to a family member or friend who is involved in your medical care, or to someone who helps pay for your care. Unless there is a specific written request to the contrary, made by you and accepted by Vaden, we may also notify a family member, personal representative or another person responsible for your care about your location and general condition. These practices do not apply to patients receiving treatment for certain conditions, such as substance/alcohol abuse. In addition, we may disclose health information about you to an organization participating in a disaster relief effort (such as the Red Cross) so that your family can be notified about your condition, status and location.

## **RESEARCH**

As an affiliate of Stanford's academic medical center, Vaden may occasionally conduct studies to assess your current care or that involve reviews of your medical history. For example, a study may compare the health and recovery of patients who have received one medication with those who have received another for the same condition based on a medical record review. We generally ask for your written authorization before using your health information or sharing it with others to conduct research. Under limited circumstances, we may use and disclose your health information without your authorization. In most of these latter situations, we must comply with law and obtain approval through an independent review process to ensure that research conducted without your authorization poses minimal risk to your privacy. Researchers may also contact you to see if you are interested in or eligible to participate in a study.

## **TO PREVENT A SERIOUS THREAT TO HEALTH OR SAFETY**

We may use and disclose certain information about you when necessary to prevent a serious threat to your health and safety or the health and safety of others. However, any such disclosure will only be to someone able to prevent or respond to the threat, such as law enforcement, or to the potential victim. For example, we may need to disclose information to law enforcement if a patient states an intent to harm self or others.

## **SPECIAL SITUATIONS THAT DO NOT REQUIRE YOUR AUTHORIZATION**

### **WORKERS' COMPENSATION**

We may release health 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 health information about you for public health activities. These activities include, but are not limited to the following:

- To prevent or control disease, injury or disability;

- To report births and deaths;
- To report the abuse or neglect of children, elders and dependent adults;
- To report reactions to medications or problems with products;
- To notify you of the recall of products you 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 you have been the victim of abuse, neglect or domestic violence; we will only make this disclosure when required or authorized by law;
- To notify appropriate state registries, such as the Northern California Cancer Center or the California Emergency Medical Services Authority, when you seek treatment at Vaden for certain diseases or conditions.

## **HEALTH OVERSIGHT ACTIVITIES**

We may disclose health information to a health oversight agency, such as the California Department of Health Services or the Center for Medicare and Medicaid Services, for activities authorized by law. These oversight activities include 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 health information about you in response to a court or administrative order. We may also disclose health information about you in response to a subpoena, legally enforceable discovery request, or other lawful process by someone else involved in the dispute.

## **LAW ENFORCEMENT**

We may release health information if asked to do so by law enforcement officials in the following limited circumstances:

- 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, the victim is unable to consent;
- About a death we believe may be the result of criminal conduct;
- About criminal conduct at Vaden; 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.

## **CORONERS, MEDICAL EXAMINERS AND FUNERAL DIRECTORS**

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

## **MILITARY AND VETERANS**

If you are a member of the armed forces, we may release health information about you as required by military command authorities. We may also release health information about foreign military

personnel to the appropriate foreign military authority.

## **NATIONAL SECURITY AND INTELLIGENCE ACTIVITIES**

Upon receipt of a request, we may release health information about you to authorized federal officials for intelligence, counterintelligence, and other national security activities authorized by law. We will only provide this information after the Privacy Officer has verified the validity of the request and reviewed and approved our response.

## **OTHER USES OR DISCLOSURES REQUIRED BY LAW**

We will also disclose health information about you when required to do so by federal, state or local laws that are not specifically mentioned in this Notice. For example, we may disclose health information as part of a lawful request in a government investigation.

## **SITUATIONS THAT REQUIRE YOUR AUTHORIZATION**

For uses and disclosures not generally described above, we must obtain your authorization. For example, the following uses and disclosures will be made only with your authorization:

- Uses and disclosures for marketing purposes;
- Uses and disclosures that constitute the sale of PHI;
- Most uses and disclosures of psychotherapy notes; and
- Other uses and disclosures not described in this Notice

If you provide us authorization to use or disclose health information about you, you may revoke that authorization, in writing, at any time. If you revoke your authorization, we will no longer use or disclose health information about you for the activities covered by the authorization, except if we have already acted in reliance on your permission. We are unable to take back any disclosures we have already made with your authorization, and we are required to retain records of health information.

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

You have the following rights regarding your health information:

### **RIGHT TO INSPECT AND COPY**

You have the right to inspect and obtain a paper or electronic copy of health information that may be used to make decisions about your care. Usually, this includes medical and billing records, but it may not include some mental health information. We reserve the right to charge a fee to cover the cost of providing your health information records to you.

### **RIGHT TO AMEND**

- **Correction:** If you believe that health information Vaden has on file about you is incorrect or incomplete, you may ask us to correct the health information in your records. If your health information is accurate and complete, or if the information was not created by Vaden, we may deny your request; however, if we deny any part of your request, we will provide you with a written explanation of our reasons for doing so.
- **Addendum:** In addition, an adult patient of Vaden who believes that an item or statement in the healthcare record is incorrect or incomplete has the right to provide Vaden with a written addendum to the record.

**RIGHT TO AN ACCOUNTING OF DISCLOSURES**

You have the right to request an "accounting of disclosures" which is a list describing how we have shared your health information with outside parties. This accounting is a list of the disclosures we made of your health information for purposes other than treatment, payment, health care operations, and certain other purposes consistent with law. You may request an accounting of disclosures for up to six years prior to the date of your request. If you request an accounting more than once during a twelve month period, we will charge you a reasonable fee.

**RIGHT TO REQUEST RESTRICTIONS**

You have the right to request restrictions on certain uses or disclosures of your health information. Requests for restrictions must be in writing. In most cases, we are not required to agree to your requested restriction. However, if we do agree, we will comply with your request unless the information is needed to provide you with emergency treatment or to comply with the law. If we do not agree to your request, we will respond to you in writing with the reason.

We are legally required to accept certain requests not to disclose health information to your health plan for payment or health care operations purposes as long as you have paid out-of-pocket and in full in advance of the particular service included in your request. If the service or item is part of a set of related services, and you wish to restrict disclosures for the set of services, then you must pay in full for the related services. It is important to make the request and pay before receiving the care so that we can work to fully accommodate your request. We will comply with your request unless otherwise required by law.

**RIGHT TO REQUEST CONFIDENTIAL COMMUNICATIONS**

You have the right to request that we communicate with you about your health information or medical matters in a certain way or at a certain location. For example, you can ask that we only contact you at work, rather than at your home. We will not ask you the reason for your request. We will work to accommodate all reasonable requests. Your request must be in writing and specify how and where you wish to be contacted.

**RIGHT TO BE NOTIFIED OF A BREACH**

Vaden is committed to safeguarding your health information and proactively works to prevent health information breaches from occurring. If a breach of unsecured health information occurs, we will notify you in accordance with applicable state and federal laws.

**RIGHT TO A COPY OF THIS NOTICE**

You have the right to a copy of this Notice. It is available in the Vaden registration areas, online at *Vaden.Stanford.edu*, or by contacting the Vaden Privacy Officer. "You" in this Notice means a Vaden patient or, if applicable, the patient's personal representative. A personal representative is any person authorized to act on behalf of the patient with respect to his/her health care. For example, a personal representative may include the parent or guardian of a minor (unless the minor has the authority under California law to act on his/her own behalf), the guardian or conservator of an adult patient, or the person authorized to act on behalf of a deceased patient.

**REQUEST FOR COPY OF HEALTH INFORMATION**

To obtain information about how to request a copy of your health information, how to receive an accounting of disclosures, or how to request an amendment or addendum to your health information, please contact Vaden's Medical Records unit at (650) 725-6979 or (650) 498-2336;

**CHANGES TO THIS NOTICE**

We reserve the right to change our privacy practices and update this Notice accordingly. We reserve the right to make the revised or changed Notice effective for health information we already have about you as well as for any information we receive in the future. We post copies of the current Notice in the public registration areas at Vaden, and on our website at *Vaden.stanford.edu*. If the Notice is significantly changed, we will post the new Notice in our public registration areas and provide it to you upon request. The Notice contains the most current effective date on the first page, in the top right-hand corner of the document and the most recent review/revision date at the bottom.

**COMMENTS OR COMPLAINTS**

We welcome your comments about our Notice and our privacy practices. If you believe your privacy rights have been violated, you may register a comment or file a complaint with Stanford University at:

University Privacy Office  
616 Serra Street  
Encina Hall, Room 10  
Stanford, CA 94305  
[privacy@stanford.edu](mailto:privacy@stanford.edu)

Alternatively, you may file a written complaint with the Secretary, Office for Civil Rights of the U.S. Department of Health and Human Services. Upon request, the University Privacy Office will provide you with the current address.

Stanford University will not retaliate against you for filing any complaint with us or with the Department of Health and Human Services.

**QUESTIONS ABOUT OUR PRIVACY PRACTICES**

Vaden values the privacy of your health information as an important part of the care we provide to you. If you have questions about this Notice, or Vaden's privacy practices, please contact the Vaden Privacy Officer at:

Vaden Health Center  
866 Campus Drive  
Stanford, CA 94305  
Phone: (650) 725-1364