



**RANCHO LOS AMIGOS NATIONAL REHABILITATION CENTER
FINANCE DEPARTMENT POLICY & PROCEDURE**

SUBJECT: **PATIENT RIGHTS AND RESPONSIBILITIES**

Policy No: **201.8**

Revision No: **2**

Revision Date: **July 2004**

Page 1 of 1

I. **PURPOSE:**

To ensure that patients are made aware of their rights and responsibilities while undergoing treatment at this facility.

II. **POLICY:**

The list of Patient Rights and responsibilities is posted in the admitting areas, on each patient unit and are included in a patient information brochure.

REFERENCE: DHS POLICY #22

COUNTY OF LOS ANGELES • DEPARTMENT OF HEALTH SERVICES

EFFECTIVE DATE:

Reviewed: April 2003

Reviewed/Revised: July 2004

Reviewed: July 2005

APPROVED BY:

**RANCHO LOS AMIGOS NATIONAL REHABILITATION CENTER
PATIENTS' RIGHTS AND RESPONSIBILITIES**

All patients at Rancho Los Amigos National Rehabilitation Center are protected by a set of regulations as set forth by the Health Care Financing Administration (HCFA). These rules are intended to protect your physical and emotional health and safety while a patient at Rancho Los Amigos. They are:

RIGHTS: Each patient has the right to be notified of his/her rights, in advance of furnishing or discontinuing care. You have the right to know the identity of the physician who has the primary responsibility for coordinating your care and the names, professional status and relationships of other practitioners who will see you.

You have the right to receive information from your physician about your illness, your course of treatment and your prospects for recovery in terms that you can understand. If you cannot communicate, then you will have access to an interpreter. When not medically advisable to give such information to the patient, the information will be made available to a legally authorized individual.

You have the right to receive as much information about any proposed treatment or procedure as may be needed to give informed consent, or to refuse any course of treatment. Except in emergencies, this information shall include a description of the procedure or treatment, alternate courses of treatment or non-treatment and the risks involved in each, and the name of the person or persons who will be authorized to carry them out.

You have the right, at your own expense, to consult with another specialist.

RESPONSIBILITY: You have the responsibility to provide, to the best of your knowledge, accurate and complete information about present complaints, past illnesses, hospitalizations, medications and other matters relating to your health. You have the responsibility to report unexpected changes in your condition to the responsible practitioner. You are responsible for making known whether you understand contemplated courses of action and what is expected of you.

RIGHT: You have the right to participate in the development and implementation of your plan of care and you have the right to participate actively in decisions regarding your medical care. To the extent permitted by law, this includes the right to refuse treatment. When the refusal prevents the provision of appropriate care in accordance with professional standards, the relationship with the patient may be terminated upon reasonable notice. You have the right to formulate advance directives and to have their practitioners who provide for your care comply with these directives. You have the right to have a family member or representative of your choice and your own physician notified of your admission to Rancho Los Amigos.

You have the right to reasonable continuity of care and to know in advance the time and location of appointments as well as the physician providing the care. You have the right to leave Rancho Los Amigos even against the advice of your physician.

You may not be transferred to another facility or organization unless given a complete explanation of the need for the transfer and of the alternatives to such a transfer and unless the transfer is acceptable to the other organization. You or your delegate have the right to be informed by your physician of any continuing health care requirements following discharge from Rancho Los Amigos.

RESPONSIBILITY: You are responsible for your actions if treatment is refused or instructions of your practitioner are not followed.

You are responsible for following the treatment plan recommended by the practitioner who is primarily responsible for your care. This includes following instructions of allied health staff as they carry out the plan of care and implement the physician's orders, and as they enforce applicable rules and regulations. You are responsible for keeping all of your appointments. If you are unable to keep an appointment for any reason, you must notify the responsible practitioner or Rancho Los Amigos staff member.

RIGHTS: You have the right to be free from restraints used in the provision of acute medical and surgical care unless clinically necessary and you have the right to be free from seclusion or restraints used in behavior management unless clinically necessary.

You have the right to be free from seclusion and restraints, of any form, imposed as a means of coercion, discipline, convenience, or retaliation by staff. Seclusion is the involuntary confinement of a person in a room or an area where the person is physically prevented from leaving. The term "restraint" includes either a physical restraint or drug that is being used as a restraint. Seclusion or restraint can only be used in emergency situations if needed to ensure your physical safety and less restrictive interventions have been determined to be ineffective.

PATIENT'S RIGHTS AND RESPONSIBILITIES

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RIGHTS: You have the right to personal privacy, to receive care in a safe setting, and to be free from all forms of abuse and harassment.

You have the right to expect reasonable safety insofar as the Rancho Los Amigos practices and environment are concerned, and to be placed in protective privacy when considered necessary for personal safety.

You have the right to be interviewed, examined and cared for in surroundings designed to assure reasonable visual and auditory privacy.

You have the right to full consideration of privacy concerning your medical care program. Case discussion, consultation, examination and treatment are confidential and should be conducted discreetly. You have the right to be advised as to the reason for the presence of any individual and can refuse involvement of those not directly involved in your care.

You have the right to confidential treatment of all communications and records pertaining to your stay at Rancho Los Amigos and to access information contained in the records. You must give written permission before medical records may be made available to anyone not directly concerned with your care.

RIGHTS: You and your family have a right to know what your responsibilities are regarding your ongoing health care needs, and to receive the knowledge and skills necessary to carry out these responsibilities.

You have the right to be advised if Rancho Los Amigos or your personal physician proposes to engage in or perform human experimentation affecting your care or treatment. You have the right to refuse to participate in research projects and educational projects. Participation by patients in clinical training programs is voluntary.

RIGHTS: You have the right to considerate and respectful care and to receive care in an age appropriate manner.

You have the right to receive services in a manner that is free from undue influence or pressure when dealing with sensitive or controversial moral, religious or political issues such as, but not limited to, religious and political affiliation, sexual preference and abortion.

RESPONSIBILITY: You are responsible for being considerate of the rights of other patients and Rancho Los Amigos personnel, and for assisting in the control of noise, smoking and the number of your visitors. Patients are responsible for being respectful of the property of other persons and of Rancho Los Amigos.

RIGHTS: You have the right to reasonable requests for service. This may include the right to request a transfer to another room if unreasonably disturbed by others.

You have a right to know which Rancho Los Amigos rules and policies apply to your conduct as a patient.

RESPONSIBILITY: You are responsible for following Rancho Los Amigos rules and regulations affecting patient care and conduct.

RIGHTS: You have the right to examine and receive explanation of your bills regardless of the source of payment. You have the right to timely notice prior to termination of your eligibility for reimbursement by any third-party payer for the cost of your care.

You have the right to designate visitors of your choosing unless: no visitors are allowed or Rancho Los Amigos determines that a particular visitor would endanger the patient, staff, other visitors, or be disruptive to Rancho operations. If you are unable to determine who is to visit, then the most appropriate person, per Rancho Los Amigos policy, will be selected to make that determination.

RESPONSIBILITY: You are responsible for assuring that the financial obligations of your health care are fulfilled as promptly as possible.

RIGHTS: You have the right to address grievances or complaints regarding these rights or any other policy or procedure of Rancho Los Amigos National Rehabilitation Center to the attention of the Administrator, Medical Director, Los Angeles County Department of Health Services or any other agency or governmental body having jurisdiction of this facility. You may use any representative of choice to do so. You have the right to exercise these rights without regard to sex, economic status, educational background, race, color, religion, ancestry, national origin, sexual orientation, marital status or the source of payment for your care.

These rights may be applied to another who may have legal responsibility to make decisions for you regarding your medical care.



COUNTY OF LOS ANGELES- DEPARTMENT OF HEALTH SERVICES
NOTICE OF PRIVACY PRACTICES

Effective Date: April 4, 2003

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.

WHO WILL FOLLOW THIS NOTICE

This Notice describes the practices of Los Angeles County Department of Health Services (LACDHS), and that of:

- All employees, staff and other LACDHS personnel
- Any member of a volunteer group we allow to help you while you are in the facility.

OUR PLEDGE REGARDING YOUR MEDICAL INFORMATION

We understand that medical information about you and your health is personal. We are committed to protecting medical information about you. We create a record of the care and services you receive at the facility. We need this record to provide you with quality care and to comply with certain legal requirements. This Notice applies to all of the records of your care furnished to you at this facility. As required and when appropriate, we will ensure that the minimum necessary information is released in the course of our duties.

This Notice will tell you about the ways in which we may use and disclose medical information about you. We also describe your rights and certain obligations regarding the use and disclosure of medical information.

We are required by law to:

- Keep your medical information, also known as "protected health information" or "PHI," private;
- Give you this Notice of our legal duties and privacy practices with respect to your PHI; and
- Follow the terms of the Notice that is currently in effect. LACDHS agrees to abide by the terms of the Notice.

HOW WE MAY USE AND DISCLOSE YOUR PROTECTED HEALTH INFORMATION WITHOUT YOUR AUTHORIZATION

The following categories describe different ways that we use and disclose protected health information. For each category of uses or disclosures we will explain what we mean and try to give some examples. Not every use or disclosure in a category will be listed. However, all of the ways we are permitted to use and disclose information will fall within one of the categories.

For Treatment

We create a record of the treatment and services you receive at our facilities. We may use your PHI to provide you with medical treatment or services. We may disclose your PHI to doctors, nurses, technicians, medical students, or other facility personnel who are involved in taking care of you at the facility. For example, a doctor treating you for diabetes may need to know if you have problems with your heart because some medications affect your blood pressure. We may share your PHI in order to coordinate the different things you need, such as prescriptions, blood pressure checks and lab tests, and to determine a correct diagnosis. We also may disclose your PHI to people outside the facility who may be involved in your treatment, such as your case manager, or other persons for coordination and management of your health care.

For Payment

We may use and disclose your PHI in order to get paid for the treatment and services we have provided you. For example, we may need to give your health plan information about a medication, visit, or treatment session you received at the facility so your health plan will pay us. 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 also disclose your PHI to other health care providers for their payment purposes.

For Health Care Operations

We may use and disclose your PHI to carry out activities that are necessary to run our operations and to make sure that all of our patients receive quality care. For example, we may use medical information to review our treatment and services and to evaluate the performance of our staff in caring for you. We may also combine medical information about many facility patients to decide what additional services the facility should offer, what services are not needed, and whether certain new treatments are effective. We may also disclose information to doctors, nurses, technicians, medical students, and other facility personnel for review and learning purposes. We may also share your PHI with other health care providers for certain health care operations such as quality assurance and compliance, and for health care operations of LACDHS.

Appointment Reminders

We may use and disclose your PHI to contact you as a reminder that you have an appointment for treatment or medical care at the facility.

Treatment Alternatives and Health-Related Products and Services

We may use and disclose your PHI to recommend possible treatment options or alternatives that may be of interest to you. Additionally, we may use and disclose PHI to tell you about health-related benefits or services that may be of interest to you (for example, Medi-Cal eligibility or Social Security benefits).

Fundraising Activities

We may use your PHI to contact you in an effort to raise money for the hospital and its operations. We may disclose medical information to a foundation related to the hospital so that the foundation may contact you in raising money for the hospital. We only would release contact information, such as your name, address and telephone number and the dates you received treatment or services at the hospital. If you do not want the hospital to contact you for fundraising efforts, you must notify the facility in writing and state that you do not want this information released.

Hospital Directory

We may include your PHI to a limited extent in the hospital directory while you are an in-patient at the hospital, provided that you agree to this, or we give you an opportunity to object or restrict the inclusion of your PHI in the hospital directory. This information may include your name, location in the hospital, your general condition (e.g., fair, stable, critical, etc.) and your religious affiliation. Unless there is a specific written request from you asking us not to do this, this directory information, except for your religious affiliation, may also be released to people who ask for you by name. Your religious affiliation (e.g., Catholic, Protestant, Buddhist, Jewish, etc.) may be given to a member of the clergy, such as a priest or rabbi, even if they don't ask for you by name. This information is released so your family, friends and clergy can visit you in the hospital and generally know how you are doing.

Individuals Involved in Your Care or Payment for Your Care

We may disclose your PHI to a friend or family member who is involved in your medical care or payment related to your health care, provided that you agree to this disclosure, or we give you an opportunity to object to this disclosure. However, under appropriate circumstances, including emergencies, we will use our professional judgment to decide whether this disclosure is in your best interests or to infer that you do not object.

Disaster Relief Purposes

We may disclose your PHI to an entity assisting in a disaster relief effort so that your family can be notified about your condition, status and location. We will give you the opportunity to agree to this disclosure or object to this disclosure, unless we decide that we need to disclose your PHI in order to respond to the emergency circumstances.

Research

We may disclose your PHI without your authorization for certain purposes. For Example, in limited circumstances, we may disclose your information to researchers preparing a research protocol or if our Institutional Review Board committee (which is charged with ensuring the protection of human subjects in research) determines that an authorization is not necessary. We also may provide limited health information about you (not including your name, address, 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 you.

As Required By Law

We will disclose your PHI when required to do so by federal, state or local law.

To Avert a Serious Threat to Health and 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 be to someone able to help prevent the threat.

Workers' Compensation

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

Public Health Risks

We may disclose medical information about you for public health activities, such as those aimed at preventing or controlling disease, preventing injury or disability, and reporting the abuse or neglect of children, elders and dependent adults.

Organ and Tissue Donation

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 medical information about foreign military personnel to the appropriate foreign military authority.

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 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 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 (which may include written notice to you) or to obtain an order protecting the PHI requested.

Law Enforcement

We may disclose PHI to government law enforcement agencies in the following circumstances:

- In response to a court order, warrant, subpoena, summons or similar process issued by a court.
- To identify or locate a suspect, fugitive, material witness or missing person.
- If you are a victim of a crime, under certain limited circumstances, and we are unable to obtain your agreement.
- About a death that may be the result of criminal conduct.
- About criminal conduct at the facility.
- 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.
- If we believe you, while hospitalized, have committed or have been a victim of a crime. Such disclosures must be limited to information that constitutes evidence of criminal conduct that occurred on the premises, and must not include any information that relates to your health or the circumstances of your treatment.
- To report your discharge, if you were involuntarily detained after a peace officer initiated a 72-hour hold for evaluation and requested notification.
- In certain circumstances, if you have been admitted to a facility, and have disappeared or have been transferred.

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 of the facility to funeral directors as necessary to carry out their duties.

Specialized Government Functions

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

We may disclose your PHI to authorized federal officials so they may provide protection to the President, other authorized persons or foreign heads of state or conduct special investigations.

Inmates

If you are an inmate or under the custody of a law enforcement official, we may release your PHI to the correctional institution or law enforcement official. This release would be necessary (1) for the institution to provide you with health care; (2) to protect your health and safety or the health and safety of others; or (3) for the safety and security of the correctional institution.

Other Uses of Your Medical Information

Other uses and disclosures of your PHI not covered by this Notice or the laws that apply to us will be made only with your written authorization. If you provide us authorization to use or disclose your PHI, you may revoke that authorization, in writing, at any time. If you revoke your authorization, we will no longer use or disclose your PHI for the reasons covered by the authorization, except that, we are unable to take back any disclosures we have already made when the authorization was in effect, and we are required to retain our records of the care that we provided to you. For example, if we have already used or disclosed your PHI for a research study pursuant to your authorization, we are not required to destroy PHI that was collected, nor take back PHI that was disclosed in order to preserve the integrity of the research.

RIGHTS REGARDING YOUR PHI

You have the following rights regarding your PHI in our records:

Right to Inspect and Copy

With certain exceptions, you have the right to inspect and copy your PHI from our records. Usually, this includes treatment and billing records. To inspect and copy PHI that may be used to make decisions about you, you must complete and submit your request in writing on the *Request for Access to Health Information* form. If you request a copy of your PHI, we may charge a 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 circumstances. If you are denied the right to inspect and copy your PHI in our records, you may request that the denial be reviewed. With the exception of a few circumstances that are not subject to review, another licensed health care professional within LACDHS, who was not involved in the denial, will review the decision. We will comply with the outcome of the review.

Right to Request Amendment

If you feel that your PHI in our records is incorrect or incomplete, you may ask us to amend the information. You have the right to request an amendment for as long as we keep the PHI. To request an amendment, you must complete and submit a *Request to Amend Protected Health Information*. 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 PHI that:

- Was not created by us, unless you can provide us with a reasonable basis to believe that the person or entity that created the PHI is no longer available to make the amendment;
- Is not part of the PHI kept by or for the facility;
- Is not part of the PHI which you would be permitted to inspect and copy; or
- Is accurate and complete.

Even if we deny your request for amendment, you have the right to submit a *Request for Review of Denial of Access* form, with a description 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 this form 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

You have the right to request an "accounting of disclosures." This is a list of the disclosures we made of your PHI other than our own uses for treatment, payment and health care operations, (as those functions are described above) or pursuant to your authorization and with other exceptions pursuant to the law.

To request this list or accounting of disclosures, you must complete and submit a *Request for an Accounting of Disclosures* form. Your request must state a time period that may not be longer than six years and may not include dates before April 14, 2003. The first list you request within a 12-month period will be free. 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 Request Restrictions

You have the right to request that we follow additional, special restrictions when using or disclosing your PHI for treatment, payment or health care operations. You also have the right to request that we follow additional, special restrictions when using or disclosing your PHI to someone who is involved in your care or the payment for your health care, like a family member or friend. For example, you could ask that we not use or disclose that you are receiving services at this facility. We are not required to agree to your request. If we do agree, we will comply with your request unless the information is needed to provide you emergency treatment. To request restrictions, you must complete and submit a *Request for Additional Restrictions on Use or Disclosure of Protected Health Information form*. 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 Request Confidential Communications

You have the right to request that we communicate with you about your appointments or other matters related to your treatment in a specific way or at a specific location. For example, you can ask that we only contact you at work or by mail. To request confidential communications, you must complete and submit a *Request to Receive Confidential Communications by Alternative Means or at Alternative Locations* form. Your request must specify how or where you wish to be contacted. We will not ask you the reason for your request. We will accommodate all reasonable requests.

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. You may obtain a copy of this Notice at the DHS website: www.dhs.co.la.ca.us.

CHANGES TO THIS NOTICE

We reserve the right to change the terms of this Notice. We reserve the right to make the revised or changed Notice effective for medical 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 in the facility. The Notice will contain on the first page, in the top right-hand corner, the effective date. If we change our Notice, you may obtain a copy of the revised Notice by requesting one from our staff or by visiting the www.dhs.co.la.ca.us website.

COMPLAINTS

If you believe your privacy rights have been violated, you may file a complaint with Los Angeles County or the Federal Government. All complaints must be submitted in writing. You will not be penalized or retaliated against for filing a complaint. To file a complaint, or if you have comments or questions regarding our privacy practices, contact facility administration or any of the following offices:

Los Angeles County Department of Health Services (LACDHS)
Privacy Officer
313 N. Figueroa Street, Room 708
Los Angeles, CA 90012
(800) 711-5366

Los Angeles County Chief Information Office
Chief Information Privacy Officer
500 West Temple Street, Suite 493
Los Angeles, CA 90012
(213) 974-2164
Email: CIPO@cio.co.la.ca.us

To file a complaint with the Federal Government, contact:

Region IX, Office of Civil Rights
US Department of Health and Human Services
50 United Nations Plaza, Room 322
San Francisco, CA 94102
(415) 437-8310
(415) 437-8329 (Fax)
(415) 437-8311 (TDD)

LOS ANGELES COUNTY
DEPARTMENT OF HEALTH SERVICES
NOTICE OF PRIVACY PRACTICES

Effective Date: April 14, 2003

ACKNOWLEDGEMENT OF RECEIPT

By signing this form, you acknowledge receipt of the *Notice of Privacy Practices* between Los Angeles County Department of Health Services (LACDHS). Our *Notice of Privacy Practices* provides information about how we may use and disclose your protected health information. We encourage you to review it carefully. Our *Notice of Privacy Practices* is subject to change. If we change our Notice, you may obtain a copy of the revised Notice by visiting the website at www.dhs.co.la.ca.us or on request from our Staff.

I acknowledge receipt of the *Notice of Privacy Practices* of LACDHS.

Signature: _____ Date: _____
(patient/parent/conservator/guardian)

INABILITY TO OBTAIN ACKNOWLEDGEMENT

To be completed only if no signature is obtained. If it is not possible to obtain the individual's acknowledgement, describe the good faith efforts made to obtain the individual's acknowledgement, and the reasons why the acknowledgement was not obtained:

Signature of Staff Member: _____ Date: _____

Reasons why the acknowledgement was not obtained:

- Patient refused to sign
- Other Reason or Comments:



LOS ANGELES COUNTY DEPARTAMENTO DE SERVICIOS DE SALUD DEL CONDADO
DE LOS ANGELES

NOTIFICACION DE NORMAS DE CONFIDENCIALIDAD

Fecha de vigencia: 14 de abril de 2003

EN ESTA NOTIFICACION SE DESCRIBE LA MANERA EN LA QUE SE PODRA USAR Y REVELAR LA INFORMACION MEDICA SOBRE USTED, Y LA FORMA EN QUE USTED PUEDE TENER ACCESO A ESTA INFORMACION. REVISELA CUIDADOSAMENTE.

QUIEN SEGUIRA LAS NORMAS DE ESTA NOTIFICACION

En esta Notificacion se describen tanto las normas del Departamento de Servicios de Salud del Condado de Los Angeles (LACDHS) como las de:

- Todos los empleados y demas miembros del personal de LACDHS.
- Todos los miembros de un grupo de voluntaries al que permitimos que le ayude mientras usted esta en las instalaciones.

NUESTRA PROMESA SOBRE SU INFORMACION MEDICA

Entendemos que la informacion medica sobre usted y su salud es personal. Tenemos el compromiso de proteger su informacion medica. Creamos un expediente de la atencion y los servicios que recibe en las instalaciones. Necesitamos estes registros para ofrecerle atencion de calidad y cumplir con determinados requisitos legales. Esta Notificacion se aplica a todos los registros sobre su atencion que le prestemos en estas instalaciones. Cuando se requiera y sea apropiado, nos aseguraremos de que en el desempeño de nuestras obligaciones se revele el minimo necesario de informacion.

En esta Notificacion se le informara sobre las maneras en las que podremos usar y revelar su informacion medica. Tambien se describen sus derechos y determinadas obligaciones sobre el uso y la revelacion de informacion medica.

De acuerdo con la ley se requiere que:

- Mantengamos la confidencialidad de su informacion medica que le identifique, la cual se conoce tambien como "informacion medica protegida" ("PHI", por sus siglas en ingles);
- Le entreguemos esta Notificacion de nuestras obligaciones legales y normas de confidencialidad con respecto a su PHI; y
- Respetemos los terminos de la Notificacion que esta actualmente vigente. LACDHS esta de acuerdo en cumplir con dichos terminos.

COMO PODREMOS USAR Y REVELAR SU INFORMACION MEDICA PROTEGIDA SIN SU AUTORIZACION

En las siguientes categorfas se describen diferentes maneras en las que usamos y revelamos informacion medica protegida. En cada una de las categorfas de los uses o la revelacion de datos, explicaremos lo que significan y trataremos de darle algunos ejemplos. No se listan todos los uses o revelacion de informacion de la categorfa; sin embargo, todas las formas en que se nos permita usar y revelar informacion caen dentro de una de las categorfas.

Para tratamiento

Creemos un registro del tratamiento y los servicios que usted recibe en nuestras instalaciones. Podremos usar su PHI para poder proporcionarle tratamiento o servicios medicos. Podremos revelar su PHI a los medicos, enfermeras, tecnicos, estudiantes de medicina u otro personal que le atiendan en las instalaciones. Por ejemplo, es posible que un medico que le este atendiendo para la diabetes necesite saber si usted tiene problemas del corazon porque algunos medicamentos afectan su presion sangufnea. Es posible que compartamos su PHI para poder coordinar las diferentes casas que necesite, como recetas, exámenes de presion sangufnea y analisis de laboratorio, y para poder determinar un diagnostico correcto.

Tambien podremos revelar su PHI a personas fuera de las instalaciones que puedan estar implicadas en su tratamiento, como el administrador de su case u otras personas, con el fin de coordinar y administrar su atencion medica.

Para pages

Podremos usar y revelar su PHI con el fin de obtener page por el tratamiento y los servicios que le prestemos. Por ejemplo, es posible que necesitemos dar a su plan de salud informacion sobre un medicamento, visita o sesion de tratamiento que usted haya recibido en las instalaciones con el fin de que nos pague su plan de salud. Tambien podremos informar a su plan de salud sobre un tratamiento que usted vaya a recibir a fin de obtener aprobacion previa ode determinar si su plan cubrira el coste del tratamiento. Tambien podremos revelar su PHI a otros proveedores de atencion medica para cuestiones de pages.

Para operaciones de atencion medica

Podremos usar y revelar su PHI con el fin de poder realizar las actividades necesarias para administrar nuestras operaciones y asegurarnos de que todos nuestros pacientes reciben atencion de calidad. Por ejemplo, podremos usar informacion medica para revisar nuestro tratamiento y servicios, ademas de evaluar el desempefio de nuestro personal cuando le atiende a usted. Es posible que tambien combinemos informacion medica de muchos pacientes de las instalaciones con el fin de decidir que servicios adicionales deben ofrecer las instalaciones, que servicios no se necesitan y determinar la eficacia de algunos tratamientos nuevas. Tambien podremos revelar informacion a medicos, enfermeras, tecnicos, estudiantes de medicina y al personal de otras instalaciones para revisiones y fines educativos. Es posible que tambien compartamos su PHI con otros proveedores de atencion medica en determinadas operaciones de atencion medica, como el control de calidad y su cumplimiento, y para las operaciones conjuntas de atención medica de LACDHS.

Recordatorios de citas

Podremos usar y revelar su PHI con el fin de ponernos en contacto con usted y recordarle que tiene una cita para recibir tratamiento o atención médica en las instalaciones.

Alternativas de tratamiento, y productos y servicios relacionados con la salud

Podremos usar y revelar su PHI con el fin de recomendar opciones o alternativas posibles de tratamiento que quizá le interesen. Asimismo, podremos usar y revelar PHI con el fin de informarle de beneficios o servicios relacionados con la salud que quizá le interesen (por ejemplo, elegibilidad para Medi-Cal o beneficios del Seguro Social).

Actividades para recaudar fondos

Es posible que utilicemos su PHI para comunicarnos con usted cuando se trate de recaudar fondos para el hospital y sus operaciones. Podremos revelar información médica a la fundación relacionada con el hospital a fin de que dicha fundación pueda ponerse en contacto con usted para recaudar fondos para el hospital. Solo revelaremos información de contacto, como su nombre, domicilio, número de teléfono y las fechas en que recibió tratamiento o servicios en el hospital. Si no desea que el hospital se comuniquen con usted durante sus actividades de recaudación de fondos, debe notificarlo por escrito a la facilidad e indicar que no desea que se revele la información.

Directorio del Hospital

Es posible que incluyamos su PHI por un periodo limitado en el directorio del hospital mientras usted sea paciente interno del hospital, siempre que usted este de acuerdo, o que le demos la oportunidad de objetar o restringir la inclusión de su PHI en dicho directorio. Esta información puede incluir su nombre, su ubicación en el hospital, su estado general (por ejemplo, regular, estable, crítico, etc.) y su afiliación religiosa. Excepto que haya una solicitud específica por escrito en la que nos pida que no hagamos esto, se podrá dar esta información en el directorio, con excepción de su afiliación religiosa, a las personas que pregunten por usted identificándole por su nombre. Se podrá dar su afiliación religiosa (por ejemplo, católica, protestante, budista, judía, etc.) a un miembro del clero, como un sacerdote o un rabino, aunque no pregunten por usted identificándole por su nombre. Se revela la información de manera que su familia, amigos y clérigos puedan visitarle en el hospital y saber en general como se encuentra.

Personas implicadas en prestarle atención o en pagar por la atención que usted reciba

Podremos revelar su PHI a un amigo o familiar que este implicado en su atención médica o en el pago relacionado con su atención médica, siempre que usted este de acuerdo en que se revele la información o que le demos la oportunidad de oponerse a que se revele la información. Sin embargo, en las circunstancias apropiadas, entre ellas las emergencias, usaremos nuestro criterio profesional para decidir si esta revelación de la información es conveniente para usted o inferir que usted no se opondría a revelarla.

Para ayuda en caso de desastre

Podremos revelar su PHI a un organismo que ayude en caso de desastre a fin de que se pueda notificar a su familia sobre su condición, situación y ubicación. Le daremos la

oportunidad de que de o niegue su autorizaci6n para revelar la informaci6n, excepto si decidimos que necesitamos revelar su PHI para poder responder a una emergencia.

Investigaci6n cientifica

Podremos revelar su PHI sin su autorizaci6n en determinados casos. Per ejemplo, en circunstancias limitadas podremos revelar su informaci6n a los investigadores que esten preparando un protocolo de investigaci6n o si nuestro comite del Consejo de Evaluaci6n (que se encarga de asegurarse de la protecci6n de sujetos humanos en las investigaciones) determina que no es necesario tener autorizaci6n. Es posible que tambien demos informaci6n limitada sobre su salud (sin incluir su nombre, domicilio ni ningun date que le identifique directamente) para actividades de investigaci6n, salud publica o atenci6n medica, perc s61o si quien reciba dicha informaci6n firma un acuerdo de que la protegera y de que no la usara para identificarle a usted.

Conforme se requiera per ley

Revelaremos su PHI cuando se requiera hacerlo conforme a las leyes federales, estatales o locales.

Para evitar una amenaza grave a la salud y la seguridad

Podremos usar y revelar su PHI cuando sea necesario para prevenir una amenaza grave contra su salud y la seguridad, o contra la salud y la seguridad publica o de terceros; sin embargo, cualquier revelaci6n se hara a una persona que pueda ayudar a prevenir la amenaza.

Compensaci6n del seguro obrero (Workers' Compensation)

Podremos entregar su PHI en los casos de compensaci6n del seguro obrero o programas similares. Estes programas ofrecen beneficios para lesiones o enfermedades relacionadas con el trabajo.

Riesgos para la salud publica

Podremos revelar su informaci6n medica para actividades relacionadas con la salud publica, como las que tienen como objetivo prevenir o controlar enfermedades, prevenir lesiones o discapacidades y reportar el maltrato o abandono de nines, ancianos y adultos dependientes.

Donaci6n de 6rganos y tejidos

Podremos revelar su PHI a organizaciones que se encargan de conseguir 6rganos o del trasplante de 6rganos, ojos o tejidos, o a un banco de donaci6n de 6rganos, segun sea necesario para facilitar la donaci6n o el trasplante de 6rganos o tejidos.

Militares y veteranos

Si pertenece a las fuerzas armadas, podremos revelar su PHI cuando lo requieran las autoridades de mando militar. Tambien podremos revelar informaci6n medica sobre personal militar extranjero a las autoridades militares extranjeras correspondientes.

Actividades para la supervisi6n de la salud

Podremos revelar su PHI a una agencia supervisora de la salud para actividades autorizadas per ley, entre las que se incluyen, per ejemplo, auditorias, investigaciones,

inspecciones, y concesión de licencias. Estas actividades son necesarias para que el gobierno supervise el sistema de atención médica, los programas gubernamentales y el cumplimiento de las leyes de derechos civiles.

Demandas y disputas

Si usted está involucrado en una demanda o en una disputa, podremos revelar su PHI si recibimos una orden judicial o administrativa. Podremos revelar también su PHI si recibimos una citación judicial, solicitud de entrega de pruebas o algún otro procedimiento legal por parte de un tercero implicado en la disputa, pero sólo si se trató de informarle a usted sobre dicha solicitud (que puede incluir notificarle por escrito) o de obtener una orden para proteger la PHI que se solicita.

Organismos encargados del cumplimiento de la ley

Podremos revelar la PHI a las agencias gubernamentales encargadas del cumplimiento de la ley en los siguientes casos:

- En respuesta a órdenes judiciales, citaciones judiciales o procedimientos semejantes que dicte un tribunal.
- Para identificar o localizar a un sospechoso, fugitivo, testigo esencial o persona desaparecida.
- Si usted es víctima de un delito, en determinadas circunstancias limitadas, y no podemos obtener su consentimiento.
- Acerca de una muerte que pueda ser el resultado de conducta delictiva.
- Acerca de conducta delictiva en las instalaciones.
- En casos de emergencia para reportar un delito; la ubicación del delito o de las víctimas; o la identidad, descripción o ubicación de la persona que cometió el delito.
- Si creemos que usted, mientras está hospitalizado, ha cometido o ha sido víctima de un delito. Dichas revelaciones se deberán limitar a la información que constituya prueba de conducta delictiva que haya ocurrido en las instalaciones y no deberán incluir ningún dato que se relacione con su salud o las circunstancias de su tratamiento.
- Para reportar que se le ha dado de alta, si se le detuvo involuntariamente después de que un policía inició una detención de 72 horas para una evaluación y solicitó notificación.
- En determinadas circunstancias, si se le admite en unas instalaciones y usted desaparece o le transfieren a otro lado.

Médicos forenses, examinadores médicos y directores de funerarias

Podremos entregar la PHI a un médico forense o a un examinador médico. Esto puede ser necesario, por ejemplo, para identificar a una persona que ha fallecido o para determinar la causa de la muerte. También podremos revelar información médica sobre pacientes de las instalaciones a un director de una funeraria según sea necesario para que desempeñe su trabajo.

Funciones especializadas del gobierno

Podremos revelar su PHI a agentes federales autorizados para usarla en actividades de inteligencia, contrainteligencia y otras operaciones de seguridad nacional autorizadas por ley.

Podremos revelar su PHI a agentes federales autorizados para que puedan proporcionar proteccion al Presidente de los Estados Unidos, otras personas autorizadas o jefes de estado extranjeros, o para realizar investigaciones especiales.

Presos

Si esta preso o un agente encargado del cumplimiento de la ley lo tiene detenido, podremos entregar su PHI a la correccional o a dicho agente. Esta revelacion de informacion serfa necesaria: 1) para que la institucion le preste atencion medica; 2) para proteger su propia salud y seguridad o las de otras personas; o 3) para la seguridad y proteccion de la correccional.

Otros usos de su informacion medica

Solo se usara y revelara su PHI con su autorizacion par escrito en los casas que nose cubran en esta Notificacion o las leyes correspondientes. Si nos da su autorizacion para usar o revelar su PHI, la podra revocar par escrito en cualquier momenta. Si la revoca, ya no podremos usar ni revelar su PHI en los casas que cubre la autorizacion, excepto que no podremos recuperar la informacion que hayamos revelado cuando la autorizacion estuvo en vigencia, y se requiere que mantengamos nuestros registros de la atencion que le hemos proporcionado. Par ejemplo, si ya hemos usado o revelado su PHI para un estudio de investigacion de acuerdo con su autorizacion, no estamos obligados a destruir la PHI que ya hayamos recopilado ni a recuperar la que hayamos revelado a fin de poder preservar la integridad de la investigacion.

DERECHOS RELACIONADOS CON SU PHI

Usted tiene los siguientes derechos con respecto a su PHI en nuestros registros:

Derecho a revisar y copiar informacion

Con excepcion de algunos casas, usted tiene derecho a revisar y copiar su PHI que tenemos en nuestros registros, en la cual se incluyen generalmente los registros de tratamiento y facturacion. Si desea revisar y copiar la PHI que se pueda usar para tamar decisiones sabre usted, debera llenar y entregar par escrito una "Solicitud de acceso a informacion sabre la salud" ("*Request for Access to Health Information*"). Si solicita una copia de su PHI, es posible que le cobremos par los costas de las copias, el envfo par correo u otros suministros relacionados con su solicitud. En determinadas circunstancias podremos rechazar su solicitud para revisar y copiar la informacion. Si se le niega el derecho a revisar y copiar su PHI que tenemos en nuestros registros, podra solicitar que se revise la negativa. Excepto par las pocas circunstancias que no estan sujetas a revision, otro profesional autorizado de atencion medica dentro de LACDHS, que no este implicado en la negativa, revisara la decision. Cumpliremos con los resultados de la revision.

Derecho a solicitar enmiendas

Si piensa que la PHI sabre usted que tenemos en nuestros registros es incorrecta o no esta completa, puede pedirnos que enmendemos la informacion. Usted tiene derecho a solicitar enmiendas durante todo el tiempo que tengamos la PHI. Si desea solicitar una enmienda, debe llenar y entregar una "Solicitud para enmendar informacion medica protegida" ("*Request to Amend Protected Health Information*"). Debe entregar tambien un motive que respalde su solicitud. Podremos rechazar su solicitud para hacer una

enmienda si no la presenta por escrito o no incluye un motive que respalde la solicitud. Tambien podremos rechazar su solicitud si nos pide que enmendemos PHI que:

- No hayamos creado nosotros, excepto si nos puede proporcionar una base razonable para creer que la persona o entidad que haya creado la PHI ya no esta disponible para efectuar la enmienda;
- No es parte de la PHI que mantienen las instalaciones para su uso;
- No es parte de la PHI que se le permitiria revisar y copiar; o
- Es exacta y completa.

Aunque le rechazemos su solicitud para efectuar una enmienda, usted tiene derecho a presentar una "Solicitud de revisi6n de la negativa de acceso" ("*Request for Review of Denial of Access*") con una descripci6n de un maximo de 250 palabras sobre cualquier punto o declaraci6n en su registro que usted crea que este incompleta o sea incorrecta. Si usted indica claramente por escrito que desea que este documento pase a formar parte de su registro medico, lo adjuntaremos a su registro y lo incluiremos siempre que demos informaci6n del punto o la declaraci6n que usted piensa que esta incompleta o incorrecta.

Derecho a recibir una relaci6n de casos de revelaci6n de informaci6n

Tiene derecho a solicitar una "relaci6n de casos de revelaci6n de informaci6n", la cual es una lista de los casos en los que se haya revelado su PHI para fines ajenos a nuestro propio uso para actividades de tratamiento, page y atenci6n medica (segun se describen previamente) o de acuerdo con su autorizaci6n y otras excepciones segun se estipulan en la ley.

Si desea solicitar esta lista o la relaci6n de los casos en que se revel6 informaci6n, debe llenar y entregar una "Solicitud de una relaci6n de casos de revelaci6n de informaci6n" ("*Request for an Accounting of Disclosures*"). En su solicitud se debera indicar un periodo que no podra ser mayor de seis aios y no podra incluir fechas antes del 14 de abril de 2003. Recibira gratis la primera lista que solicite en un periodo de 12 meses. Podremos cobrarle por el coste de listas adicionales. Le informaremos cual es el coste y usted podra optar por retirar o modificar su solicitud en ese momento antes de que se incurra en dicho coste.

Derecho a solicitar restricciones

Tiene derecho a solicitar que se apliquen restricciones especiales adicionales cuando se use o revele su PHI para actividades de tratamiento, page o atenci6n medica. Tambien tiene derecho a solicitar que sigamos restricciones especiales adicionales cuando usemos o revelemos su PHI a una persona, un familiar o un amigo por ejemplo, que este implicada en prestarle atenci6n o en el page de su atenci6n medica. Por ejemplo, puede pedirnos que no usemos ni revelemos informaci6n de que usted esta recibiendo servicios en estas instalaciones. No estamos obligados a estar de acuerdo con su solicitud. Si estamos de acuerdo, cumpliremos con su solicitud, excepto si se necesita la informaci6n para proporcionarle un tratamiento de emergencia. Si desea pedir que se apliquen restricciones, debe llenar y entregar una "Solicitud para restricciones adicionales en el uso o la revelaci6n de informaci6n medica protegida" ("*Request for Additional Restrictions on Use or Disclosure of Protected Health Information*"). En su solicitud debera decirnos:

1) cual informacion desea restringir; 2) si desea limitar nuestro uso de la informacion, la revelacion de la misma o ambos; y 3) a quien desea que se apliquen las restricciones (revelar informacion a su conyuge, por ejemplo).

Derecho a solicitar que le demos informacion en forma confidencial

Tiene derecho a solicitar que nos comuniquemos con usted sobre sus citas u otros asuntos relacionados con su tratamiento de una manera especifica o en un lugar determinado. Por ejemplo, puede pedir que solo nos pongamos en contacto con usted en su trabajo o por correo. Si desea solicitar que le demos informacion en forma confidencial, debe llenar y entregar una "Solicitud para recibir informacion en forma confidencial por medicos alternos o en sitios alternos" (*"Request to Receive Confidential Communications by Alternative Means or at Alternative Locations"*). En su solicitud se debe especificar la manera o el lugar en donde desea que nos pongamos en contacto con usted. No le preguntaremos el motive de su solicitud. Haremos los arreglos apropiados para todas las solicitudes razonables.

Derecho a recibir una copia impresa de esta Notificacion Conjunta

Tiene derecho a recibir una copia impresa de esta Notificacion Conjunta. En cualquier momento puede solicitar que le demos una copia de esta Notificacion. Aunque usted haya estado de acuerdo en recibir esta Notificacion electronicamente, de todas formas tiene derecho a recibir una copia impresa de la misma. Puede obtener una copia de esta Notificacion Conjunta en el sitio Web del DHS: www.dhs.co.la.ca.us.

CAMBIOS A ESTA NOTIFICACION CONJUNTA

Nos reservamos el derecho a cambiar los terminos de esta Notificacion, y a hacer que entre en vigencia la Notificacion revisada o modificada en la informacion medica que ya tenemos sobre usted, ademas de cualquier informacion que recibamos en el futuro. Pondremos en las instalaciones, a la vista publica, una copia de la Notificacion vigente, la cual contendra la fecha de vigencia en la esquina superior derecha de la primera pagina. Si cambiamos nuestra Notificacion, podra obtener una copia revisada si se la solicita a nuestro personal o si visita el sitio Web en www.dhs.co.la.ca.us.

QUEJAS

Si cree que no se han respetado sus derechos a la confidencialidad, puede presentar una queja con nosotros, con el Condado de Los Angeles o con el gobierno federal. Todas las quejas se deben presentar por escrito. No se le castigara ni sufrira represalias por el hecho de presentar una queja. Si desea presentar una queja con nosotros, o si tiene comentarios o preguntas sobre nuestras normas de confidencialidad, comunfquese con la administraci6n de las instalaciones o con cualquiera de estas oficinas:

Los Angeles County Department of Health Services (LACDHS)
DHS Privacy Officer
313 N. Figueroa Street, Room 708
Los Angeles, CA 90012
(800) 711-5366

Si desea presentar una queja con el Condado de Los Angeles, comunfquese con:

Los Angeles County Chief Information Office
Chief Information Privacy Officer
500 West Temple Street, Suite 493
Los Angeles, CA 90012
Direcci6n electr6nica: CIPO@cio.co.la.ca.us

Si desea presentar una queja ante el gobierno federal, comunfquese con:

Region IX, Office of Civil Rights
US Department of Health and Human Services
50 United Nations Plaza, Room 322
San Francisco, CA 94102
(415) 437-8310
(415) 437-8329 (Fax)
(415) 437-8311 (TDD)

CONFIRMACION DE RECIBO

Con la firma de este formulario, usted confirma recibo de la *Notificaci6n de Normas de Confidencialidad* del Departamento de Servicios de Salud del Condado de Los Angeles (LACDHS). En nuestra *Notificaci6n de Normas de Confidencialidad* se proporciona informaci6n sobre la manera en que podremos usar y revelar su informaci6n m6dica protegida. Le invitamos a que la revise cuidadosamente. Nuestra *Notificaci6n de Normas de Confidencialidad* esta sujeta a cambios. Si hacemos cambios a nuestra Notificaci6n, usted podra obtener una copia de la Notificaci6n revisada si visita nuestro sitio Web www.dhs.co.la.ca.us o si la solicita a nuestro Personal.

Yo confirmo recibo de la *Notificaci6n de Normas de Confidencialidad* de LACDHS.

Firma: _____ Fecha: _____
(paciente/padre o madre/conservador" o curador/tutor)

INCAPACIDAD PARA OBTENER LA CONFIRMACION DE RECIBO

Llenar unicamente si no se obtiene la firma. Si no es posible conseguir la confirmaci6n de recibo de la persona, describa los intentos de buena fe que se hayan hecho para obtener la confirmaci6n de recibo del individuo y los motivos por los cuales no se pudo conseguir:

Firma del Miembro del Personal: _____ Fecha: _____

Motivos por los cuales no se pudo obtener la confirmaci6n de recibo:

- El Paciente se nego a firmar
- Otro motivo o comentarios:
