

Notice of Privacy Practices

Effective April 14, 2003

Revised September 10, 2013; March 23, 2015; July 1, 2026

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

If you have any questions about this Notice, please contact our **Service Excellence Department**.

OUR PLEDGE TO PROTECT YOUR PRIVACY

Palomar UCSD Health Authority 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.

Palomar UCSD Health Authority includes the following entities: Palomar UCSD Medical Center Escondido, Palomar UCSD Medical Center Poway, The Villas at Poway, and outpatient clinics.

We understand that health information about you and your health is personal. We are committed to protecting health information about you. We create a record of care and services you receive at Palomar UCSD Health Authority facilities. 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 generated by Palomar UCSD Health Authority, whether made by Palomar UCSD Health Authority personnel or your personal physician. Your personal physician may have different policies or notices regarding the physician’s use and disclosure of your health information created in the physician’s office or clinic.

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

We are required by law to:

- Make sure that health information that identifies you 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 that is currently in effect.

WHO WILL FOLLOW THIS NOTICE

This Notice describes Palomar UCSD Health Authority’s practices and that of:

- Any health care professional authorized to enter information into your health record
- All facilities, departments and units of Palomar UCSD Health Authority
- Any member of a volunteer group we allow to help you while you are in our care
- All employees, staff and other Palomar UCSD Health Authority personnel
- Affiliated providers and entities

All these entities, sites and locations follow the terms of this Notice. In addition, these entities, sites and locations may share health information with each other for treatment, payment or health care operations purposes described in this Notice.

HOW WE MAY USE AND DISCLOSE HEALTH INFORMATION ABOUT YOU

The following categories describe different ways that we use and disclose 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.

Disclosure at Your Request: We may disclose information when requested by you. This disclosure at your request may require a written authorization by you.

Treatment: We may use health information about you to provide you with medical treatment and services. We may disclose health information about you to physicians and other health care providers, nurses, technicians, health care students, or other Palomar UCSD Health Authority personnel who are involved in taking care of you. For example, we may disclose health information about you to people outside of Palomar UCSD Health Authority who may be involved in your medical care after you leave the hospital, such as skilled nursing facilities, home health agencies, and physicians or other practitioners.

Payment: We may use and disclose health information about you so that the treatment and services you receive at Palomar UCSD Health Authority facilities may be billed to and payment may be collected from you, an insurance company or a third party. For example, we may need to give information about surgery you receive at Palomar UCSD Health Authority facilities to your health plan so it will pay us or reimburse you for the surgery. 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. However, we cannot disclose information to your health plan for payment purposes if you ask us not to, and you pay for the services in full.

Health Care Operations: We may use and disclose health information about you for health care operations. These are the activities we need to run our health care facilities and ensure that all of our patients receive quality care. For example, we may use health information to review our services and to evaluate the performance of our staff in caring for you. We may also disclose information to physicians, nurses, technicians, medical students, and other Palomar UCSD Health Authority personnel for performance improvement and educational purposes. In addition, we may remove information that identifies you from this set of health information so others may use it to study health care and health care delivery without learning who the specific patients are.

Business Associates: We may disclose your health information to our contractors so that they can assist us in providing care and services. To protect your health information, we require these business associates to sign a written agreement to safeguard your health information.

Secure Patient Portal: We have established a web-based system called a patient portal, which allows us to securely communicate and transfer health care information to you. With your written consent, you will receive a user ID and password to access the patient portal. If your user ID or password to your patient portal is obtained by another person, your health information is subject to improper disclosure. Please notify us immediately if you feel your patient portal is being improperly accessed.

Health Information Exchanges: We participate in one or more health information exchanges (HIEs), which permit us to share health information about you with other health care providers who are permitted to access your health information. For example, information about your medical care, conditions and medications can be available to Palomar UCSD Health Authority or to a non-Palomar UCSD Health Authority provider or hospital, which helps us provide better care to you by providing us with a more complete picture of your health and care you have received.

If you do not want Palomar UCSD Health Authority to share your information in an HIE, you can opt out by

communicating your choice during the registration process or by sending your request to our Privacy Office via our website (www.palomarucsdhealth.org) or submitting a written request to our Privacy Office (Attn: Privacy Office, Palomar UCSD Health Authority, 2185 Citracado Parkway, Escondido, CA 92029). Opting out stops Palomar UCSD Health Authority from sharing your information with other health care providers through the HIE; it does not stop other health care providers from sharing your information with Palomar UCSD Health Authority, and it does not stop a health care provider that already received your information from keeping it. To stop other health care providers from sharing your information with Palomar UCSD Health Authority, you must contact those providers directly.

Interoperability: We may send electronic event notifications when a patient is admitted, discharged or transferred, if the law allows or requires it. We may also share your information through application programming interface (API) technology with third parties who are permitted or required by law to access it. This can include third parties you choose to share your information with, such as applications on your smartphone.

Use of Artificial Intelligence: We may use artificial intelligence (AI) tools to help with various health care and operational tasks to the extent permitted by law. These tools may be provided by our business associates and are typically used to help us analyze health data, support clinical decision making, and streamline administrative tasks. For example, we may use AI tools to assist with routine tasks like medical transcription and summarization to help caregivers spend more time with their patients.

Facility Directory (hospitals only): We may include certain limited information about you in the facility directory while you are a patient. This information may include your name, location in the hospital, your general condition (e.g., good, fair, etc.) and your religious affiliation. Unless there is a specific written request from you to the contrary, this directory information, except for your religious affiliation, may also be released to people who ask for you by name. Your religious affiliation 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.

To Individuals Involved in Your Care or Payment for Your Care: We may release health information about you to a friend or family member who is involved in your medical care. We may also give information to someone who helps pay for your care. Unless there is a specific written request from you to the contrary, we may also tell your family or friends your condition and that you are in the hospital. If you arrive at the emergency department either unconscious or otherwise unable to communicate, we are required to attempt to contact someone we believe can make health care decisions for you (e.g., a family member or agent under a health care power of attorney).

Emergency Situations: We may disclose information about you (including substance use disorder information) as needed to respond to declared emergencies, natural disasters, serious disruptions to treatment facilities and services, and medical emergencies. This may include disclosing health information about you to an organization assisting in a disaster relief effort so that your family can be notified about your condition, status and location.

Organ and Tissue Donation: We may release health information to organizations that handle organ, eye or tissue procurement or transplantation, or to an organ donation bank, as necessary to facilitate organ, eye or tissue donation and transplantation.

As Required by Law: We will disclose health information about you when required to do so by federal, state or local law. For example, we may share your health information with the Department of Health and Human Services if it wants to see that we're complying with federal privacy law.

To Avert a Serious Threat to Health or Safety: We may use and disclose health information about you

when necessary to prevent a serious threat to your health and safety or the health and safety of the public or another person. Any disclosure, however, would only be to someone able to help prevent the threat.

Public Health and Safety Activities: We may disclose health information about you for public health and safety activities. These activities generally include the following:

- To prevent or control disease, injury or disability;
- To report births and deaths;
- To report suspected abuse, neglect, domestic violence, or suspicious injuries;
- To report reactions to medications, problems with products, or other adverse events;
- To notify people of recalls of products they may be using;
- To notify a person who may have been exposed to a disease or may be at risk for contracting or spreading a disease or condition;
- To notify emergency response employees regarding possible exposure to HIV/AIDS, to the extent necessary to comply with state and federal laws.

Health Oversight Activities: We may disclose health information 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.

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.

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, discovery request, or other lawful process by someone else involved in the dispute.

Coroners, Medical Examiners and Funeral Directors: We may release health information 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 health information about patients of the hospital to funeral directors as necessary to carry out their duties.

Law Enforcement: We may release health information to a law enforcement official:

- In response to a court order, subpoena, warrant, summons or similar process;
- To identify or locate a suspect, fugitive, material witness, or missing person;
- About the victim of a crime if, under certain limited circumstances, we are unable to obtain the person's agreement;
- About a death or injury we believe may be the result of criminal conduct;
- About criminal conduct at our facility(ies); 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.

Inmates: If you are an inmate of a correctional institution or under the custody of a law enforcement official, we may disclose health information about you to the correctional institution or law enforcement official. This disclosure 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.

National Security and Intelligence Activities: We may release health information about you to authorized federal officials for intelligence, counterintelligence, and other national security activities authorized by law.

Protective Services for the President and Others: We may disclose health information about you to authorized federal officials so they may provide protection to the President, other authorized persons or foreign heads of state or conduct special investigations.

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

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.

Fundraising Activities: We may use information about you or disclose such information to a foundation related to Palomar UCSD Health Authority, to contact you in an effort to raise money for Palomar UCSD Health Authority and its operations. You have the right to opt out of receiving fundraising communications. If you receive a fundraising communication, it will tell you how to opt out.

Research: Under certain circumstances, we may use and disclose health information about you for research purposes. For example, a research project may involve comparing the health and recovery of all patients who received one medication to those who received another, for the same condition. All research projects, however, 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' need 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, but we may, however, disclose health information about you to people preparing to conduct a research project, for example, to help them look for patients with specific medical needs, as long as the health information they review does not leave Palomar UCSD Health Authority.

Marketing Use, Disclosure or Sale of Information: Most uses and disclosures of health information for marketing purposes, and disclosures that constitute a sale of health information, require your authorization.

Special Categories of Information: Special laws apply to certain kinds of health information considered particularly private or sensitive to a patient. This sensitive information includes psychotherapy notes and other records related to mental health treatment, drug and alcohol abuse treatment records, sexually transmitted diseases, and HIV/AIDS information. When required by law, we will not share this type of information without your written permission. In certain circumstances, a minor's health information may receive additional protections.

Reproductive Health Care: As required by law, we may not use or share your health information to investigate or impose liability or punish you, or others, for seeking or providing reproductive health care that is legal. For example, we cannot share your reproductive health care information, such as information regarding an abortion, to a person who intends to investigate you for seeking lawful care.

In certain instances, when we receive a request to share your reproductive health care information, we will only do so if the person requesting the information confirms to us that they are not asking for the information in order to investigate or punish you or others. For example, if law enforcement requests information relating to you seeking an abortion, they must confirm to us that they are not trying to investigate or punish you or others for seeking lawful reproductive health care.

Drug and Alcohol Abuse Treatment Records: We maintain additional protections for records related to drug and alcohol abuse, also known as substance use disorder (SUD), treatment as required by law. These records are kept confidential and cannot be disclosed without your written consent, except in limited situations allowed by law, such as for coordinating your care or during a medical emergency. For example,

we may not disclose SUD information for use in a civil, criminal, administrative, or legislative proceeding against you unless we have your consent or a court order. As required by law, we may only use your drug and alcohol treatment records for fundraising purposes after we have given you a chance to opt out of receiving fundraising information.

Potential for Redisclosure: Once we share your health information with others outside of Palomar UCSD Health Authority, the people receiving your health information may be able to share it again, and it may no longer be protected by the same laws that apply to us.

YOUR RIGHTS REGARDING HEALTH INFORMATION ABOUT YOU

You have the following rights regarding health information we maintain about you:

Right to a Personal Representative: If you have authorized someone to make medical decisions for you (for example, through an Advance Health Care Directive), or if you are unable to do so and someone is legally authorized to make decisions for you (for example, next of kin or a court-appointed conservator), that person can exercise your rights and make choices about your health information. We will confirm that the person has authority and can act on your behalf.

Right to Inspect and Copy: You have the right to inspect and obtain a copy of health information that may be used to make decisions about your care. Usually, this includes medical and billing records, but may not include some mental health information. If you request a copy of the information, we may charge a fee for the costs of copying, mailing or other supplies associated with your request. You can ask for an electronic or paper copy of your health information. We may deny your request to inspect and obtain a copy in certain very limited circumstances. If you are denied access to health information, you may request that the denial be reviewed.

Right to Request an Amendment: If you feel that health information we have about you is incorrect or incomplete, you may ask us to amend the information. You have the right to request an amendment for as long as the information is kept by or for Palomar UCSD Health Authority. Your request must be made in writing, and it must include a reason that supports your request. We may deny your request as authorized by law. Even if we deny your request for amendment, you have the right to submit a statement of disagreement.

Right to an Accounting of Disclosures: You have the right to request an “accounting of disclosures.” This is a list of health information shared about you, who we shared the information with, and why. This accounting will not include disclosures for treatment, payment, health care operations, and certain other permitted disclosures. Your request must state a time period which 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.

Right to Request Restrictions: You have the right to request a restriction or limitation on the health information we use or disclose about you for treatment, payment or health care operations; for use in a facility directory; or to family members and others involved in your care. We are not required to agree to your request, except to the extent that you request us to restrict disclosure to a health plan or insurer for payment or health care operations purposes if you, or someone else on your behalf (other than the health plan or insurer), has paid for the item or service out of pocket in full.

Right to Request Confidential Communications: You have the right to request that we communicate with you in a specific way (for example, home or office phone) or to send mail to a different address. We will accommodate all reasonable requests. We will not ask you the reason for your request, but all requests must be in writing and specify how or where you wish to be contacted.

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 our website: www.palomarucsdhealth.org.

Right to Breach Notification: You have the right to be notified of any breach, which means your health information has been used or disclosed in a way that is inconsistent with law and results in it being compromised, to the extent required by law.

Right to File a Complaint: If you believe your privacy rights have been violated, you may file a complaint with Palomar UCSD Health Authority by contacting the Privacy Office at Attn: Privacy Office, Palomar UCSD Health Authority, 2185 Citracado Parkway, Escondido, CA 92029, or by telephone at 1-800-850-2551. You may also file a complaint with the **Secretary of the U.S. Department of Health and Human Services, Office for Civil Rights**. You will not be penalized or retaliated against for filing a complaint.

OTHER USES OF HEALTH INFORMATION

Other uses and disclosures of health information not covered by this Notice or the laws that apply to us will be made only with your written permission. If you provide us permission to use or disclose health information about you, you may revoke that permission, in writing, at any time. If you revoke your permission, this will stop any further use or disclosure of your health information for the purposes covered by your written 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 permission, and that we are required to retain our records of the care that we provided to you.

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 as well as any information we receive in the future. We will post a copy of the current Notice in our facilities and on our website.