



LOMA LINDA UNIVERSITY  
HEALTH

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## NOTICE OF PRIVACY PRACTICES

Last Updated: February 16, 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.**

### **Who Follows This Notice**

The Loma Linda University Health (“LLUH”) core entities listed on page 14 of this Notice and their affiliated clinics and institutes of care (“We”) will follow the terms of this Notice and will only use or disclose your health information as is described in this Notice. We are an organized health care arrangement and for purposes of our privacy practices, are considered one single entity, the Loma Linda University Health Organized Health Care Arrangement (“LLUH OHCA”).

The terms “use” and “disclosure” will be referenced frequently throughout this Notice. As you read this Notice, understand that “use” applies only to activities within the LLUH OHCA and “disclosure” applies to activities such as releasing, transferring, or providing access to information about you to other parties outside the LLUH OHCA.

### **I. Your Health Information**

As a patient, the care and treatment you receive is recorded in a health record. So that we can best meet your health care needs, we may share your record with the health care providers involved in your care for treatment, payment, and health care operations purposes.

For any other reason besides treatment, payment, and health care operations, we cannot share your information without your written permission unless the law specifically permits or requires that we do so. For example, in most circumstances, laws pertaining to mental health and substance use disorder (“SUD”) related services require that we obtain your written permission prior to acknowledging your participation in these services or disclosing such information to third parties.

Some health information (such as SUD information) is protected by additional federal and state confidentiality laws. “Part 2-Protected SUD Information” means information related to SUD services that would identify you as having or having had a SUD. “Patient-identifying information” includes information such as your name, address, Social Security number, fingerprints, photograph, or similar information by which your identity can be determined with reasonable accuracy and speed, either directly or by reference to other publicly available information.

## II. Your Health Information Rights

Although your health record is the physical property of the health care practitioner or facility that compiled it, the information belongs to you. You have the following rights regarding health information we maintain about you:

### Right of Access to Inspect and Copy

- You have the right of access to inspect and obtain a copy of information in your health and billing record except for items limited and/or prohibited by law. Your health information includes but is not limited to clinical laboratory test results, diagnostic images, billing and payment records, insurance information, and medical records. You have a right to request copies of your lab results directly from the laboratory. If your health information is maintained by us in electronic format, you may request to receive a copy in electronic format (e.g., PDF file) and/or to direct us that we transmit a copy to an entity or person that you designate, provided such request is in writing, signed by you or your personal representative, and clearly identifies the designated person and where to send the copy of your health information. You must submit your request for inspection or copies of records in writing to the department/address listed in the “Contact Information” section on page 13 of this Notice. A reasonable cost-based fee as applicable and allowed by law may apply. We will provide a copy of your records in the time frame required by law. Alternatively, you may access your lab results and other portions of your health information electronically via a secure patient web portal (“MyChart”). Please contact your health care provider’s office for more information about availability of this service.
- In limited circumstances, we may deny your request to access your health information. If you are denied access to health information you may request in some instances that the denial be reviewed. In this case, we will conduct an independent review and comply with the outcome of the review.

### Mental Health and Substance Use Disorder Records:

- We can lawfully deny access to a patient of that patient’s mental health records/SUD records when we determine that there is a substantial risk of harm to the patient in seeing or receiving a copy of that information.
- We may choose to furnish a summary report in lieu of permitting inspection or providing copies of the record.
- If your request involves SUD information protected by Part 2, additional federal confidentiality rules may apply.

### Right to Request an Amendment to Your Record

- You have the right to request an amendment to your record if you feel that health information we have about you is incorrect or incomplete. You have the right to request an amendment for as long as the information is kept by or for an entity within the LLUH OHCA. To request an amendment, you must submit your request in writing to the department/address listed in the “Contact Information” section on page 13 of this Notice. In addition, 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 information that: (a) was not created by us, unless the person or entity that created the information is no longer available to make the amendment; (b) is not part of the health information kept by or for us; (c) is not part of the information which you would be permitted to inspect and copy; or (d) is accurate and complete.
- Even if we deny your request for amendment, you have the right to submit a written addendum, not to exceed 250 words, with respect to any item or statement in your record you believe is incomplete or

incorrect. If you clearly indicate in writing that you want the addendum to be made part of your health record, then 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 a list (called an Accounting of Disclosures) of certain disclosures that we made about you. All disclosures that are required to be listed by law will appear on the Accounting of Disclosures list. The items that typically would be listed on an Accounting of Disclosures list are indicated in the section titled “How We May Use and Disclose Health Information About You”. Your request must state a period for which you are requesting the information; however, we are not required to provide an accounting for disclosures made earlier than six (6) years from the date of your request. To request an Accounting of Disclosures, you must submit your request in writing to the department/address listed in the “Contact Information” section on page 13. The first request for an accounting in any 12-month period is provided to you free of charge. Any subsequent requests within that 12-month period may be subject to reasonable fees allowed by law. Disclosures made with your written permission, disclosures of information that do not identify you (“de-identified data” or “limited data set”), disclosures that you have been made aware of, and disclosures about treatment, payment and health care operations will not be included in the Accounting of Disclosures.
- ✦ For electronic substance use disorder patient records protected by 42 C.F.R. Part 2 (“Part 2 records”), you have the right to request an accounting of disclosures of those electronic Part 2 records for the past three (3) years. If you provided consent using a general designation through an intermediary, you also have the right to request a list of individuals to which your Part 2 records were disclosed by that intermediary for the past three (3) years. Requests must be submitted in writing to the department/address listed in the “Contact Information” section on page 13.

### **Right to Request Restrictions**

- ✦ You have the right to request a restriction on certain uses and disclosures of your Protected Health Information for treatment, payment and/or health care operations. However, we are not legally required to agree to your request, unless:
  - a. The disclosure is to a health plan/insurance company for purposes of payment or health care operations (and is not for purposes of carrying out treatment), and
  - b. The disclosure pertains solely to a health care item or service for which you requested restriction and self-paid all costs in full prior or at the time the service was provided, thus forgoing reimbursement from the health plan/insurance company.
- ✦ You must submit your request in writing directly to your health care provider or to the department/address listed in the “Contact Information” section on page 13.
- ✦ This restriction does not include subsequent care items or services you receive at one of our facilities that pertain solely to the item or service you had previously self-paid in full out-of-pocket and requested restriction of disclosure to your health plan/insurance. For example, if you need follow up care that involves or discusses the services for which you had previously self-paid in full out-of-pocket, that information may be noted in your chart by the treating physician and subsequently sent to your health plan/insurance, unless you request in writing that you want to restrict the disclosure of that follow up care and self-pay in full prior to the items or services being provided to you.
- ✦ Information about items or services you plan to have at one of our facilities may be disclosed to your health plan/insurance during verification of health plan/insurance eligibility (i.e., authorization), unless you notify us ahead of time of your intention to submit a written request for restriction of disclosure and self-pay for such items or services.

- ✦ You have the right to request a limit on the health information we disclose about you to someone who is involved in your care or the payment for your care, like a family member or friend. For example, you can request we not discuss your course of treatment with a particular family member in attendance. If we do agree, we will comply with your request unless the information is needed to provide you with emergency treatment or as is otherwise required by law. You can speak directly with your health care provider concerning your request for these types of restrictions. Your health care provider may require that you submit your request in writing.
- ✦ If we agree to a restriction, we are bound not to use or disclose your PHI in violation of such restriction, except in certain emergency situations. You cannot request to restrict uses or disclosures that are otherwise required by law.

### **Right to Receive Notifications of Data Breach**

- ✦ You have the right to be notified upon a breach of unsecured health information. Health information is “unsecured” if it is not protected by a technology or methodology specified by the Secretary of the U.S. Department of Health and Human Services. The notice must be made within the time frame specified by federal or state breach notification laws, whichever is more stringent. We must notify you by first class mail at the address we have on file for you or by electronic mail if you have agreed to electronic notices. However, we may give telephonic notice to you if we reasonably believe there is a possibility of imminent misuse of your unsecured health information; however, such telephonic notice will not substitute for our written notice obligations. First class mail notification of the breach will be sent to either the next of kin or personal representative of deceased patients in case their address is known to us.

### **Right to Request Confidential Communications**

- ✦ You can ask us to contact you in a specific way (e.g., home or office phone) or to send mail to a different address. You may also update your communication preferences via MyChart at <https://mylluhealth.org>.

### **Right to Notice**

- ✦ You have the right to adequate notice of how we use and disclose your health information. The Notice (or Notice of Privacy Practices) must also advise you of your rights and our legal duties with respect to your health information. You have the right to receive a paper copy of the Notice upon request. A copy of the Notice currently in effect will be available through your health care provider.

## **III. How We May Use and Disclose Health Information About You**

Generally, we can only disclose information in your record 1) with your permission, 2) for your treatment, or 3) if federal, state or local law tells us that we can or must disclose information in your record. We can or must disclose information in your record for the purposes listed in this section. When federal, state or local law tells us that we can or must disclose information in your record, in certain cases, we will list these disclosures in a report if requested. Page 3, under the section titled “Right to an Accounting of Disclosures” explains how you can request a list of these disclosures. The disclosures described below that will typically be listed on an Accounting of Disclosures are noted with the statement “Included in an Accounting of Disclosures”.

### **Use or Disclosure not requiring your permission**

#### **1) We May Use or Disclose Your Health Information for Treatment.**

- ✦ For example: We may use or disclose health information about you to doctors, nurses, technicians,

students, or other hospital personnel who are involved in taking care of you. Information that you have provided us, including through our website and services, or that has been obtained by a nurse, physician, or other member of your health care team will be recorded in your record and used to determine the course of treatment that should work best for you. In that way, the physician will know, for example, your current and/or past medical conditions and symptoms, and how you are responding to treatment. We may also provide your treating physician, referring physician, or a subsequent health care provider with copies of various reports that should assist him or her in treating you. The disclosure of your health information to your health care providers, including non-LLUH OHCA providers, may be done electronically through a secure health information exchange system that allows health care providers involved in your care to access your records to coordinate services for you. For continuity of patient care, your health information may also be used or disclosed by non-LLUH OHCA health care providers using our common electronic health record platform (“CareConnect”) in accordance with their use and disclosure practices as described in their Notice of Privacy Practices. A common electronic health record platform means that health care providers using CareConnect will have access to the information they need to provide you with care and treatment. A list of health care providers that use CareConnect is available at the website <http://Careconnectpartners.lluh.org>.

## **2) We May Use or Disclose Your Health Information for Payment.**

- ✦ For example: We may use or disclose health information about you so that the treatment and services you received from LLUH OHCA providers may be billed to your health plan or health insurance and payment may be collected from you, your insurance company or a third party. For example, we may need to give your health plan information about a surgical procedure you had so your health plan will pay us or reimburse you for the surgery. We may also inform 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. Refer to page 3 for information on how you may request restriction of disclosure to health plans. Your health information may also be used or disclosed by non-LLUH OHCA health care providers using our common electronic health record platform (“CareConnect”) to bill your health plan or health insurance for the treatment and services you have received directly from them, in accordance with their use and disclosure practices as described in their Notice of Privacy Practices. A common electronic health record platform means that health care providers using CareConnect will have access to the information they need to provide you with care and treatment and bill for services provided. A list of health care providers that use CareConnect is available at the website <http://Careconnectpartners.lluh.org>.

## **3) We May Use or Disclose Your Health Information for Health Care Operations.**

- ✦ For example: Members of the medical and clinical staff, the risk or quality improvement manager, or members of the quality improvement team, may use information in your health record needed to assess the care and outcomes in your case and others like it. This information will then be used to continually improve the quality and effectiveness of the health care and service we provide. We may also use or disclose information to doctors, nurses, technicians, students, other hospital personnel for review and learning purposes, and as necessary to conduct our business operations, to administer the policies and processes of our health staff, and to comply with the laws that govern health care. Other examples of how we may use or disclose your health information for health care operations include using or disclosing information for compliance and audit activities, customer service initiatives, and the coordination or provision of spiritual care services. We may remove information that identifies you from this set of medical information so others may use it to study health care and health care delivery without learning who you are. For example, your information may be used for purposes of quality assurance and quality improvement by either the hospital or its physicians.

#### **4) We May Also Use or Disclose Your Health Information for the following Purposes**

##### **Facility Directory**

- ✦ When you are an inpatient in our facility, we may provide your location in the facility and your general condition to someone who calls and asks for you by name. If you tell us your religious affiliation, we may provide your name, location in the facility, general condition, and religious affiliation to members of the clergy. You can request a restriction on the use and disclosure of your health information for the facility directory by “opting out” or requesting that we do not include any or all of your information in the facility directory. To “opt out” of the facility directory, you must make your request in writing through the Admitting or Registration desk.

##### **Communication with Individuals Involved in Your Care**

- ✦ We may use or disclose information regarding your location and general condition to notify or assist in notifying a family member, friend, personal representative, or another person responsible for your care. Health professionals, using their best judgment, may disclose to individuals such as family members, other relatives, close personal friends or any other individuals involved in your care, health information about you that is relevant to that person’s involvement in your care. We may share portions of your health information to someone responsible for payment related to your care. See page 3 under “Right to Request Restrictions” for information on what to do if you object to our communication with individuals involved in your care.

##### **Disaster Relief Purposes**

- ✦ In the event of a disaster, we may share your information with other health care professionals, government representatives, or disaster-relief organizations such as the Red Cross, to the extent that it is necessary to respond to the emergency situation so they can coordinate disaster-relief efforts.

##### **Research**

- ✦ We may use or disclose information for research purposes as allowed by law or when the research activity has been approved by an Institutional Review Board (IRB) or Privacy Board. In order to be approved, the research activity must have a protocol and adequate plan to ensure the use or disclosure of your health information involves no more than a minimal risk to your privacy. We may also use or disclose information about you to authorized individuals preparing to conduct a research project, for example, to help them look for patients with specific health needs, so long as the health information they review does not leave the facility. Your physician or other caregiver may discuss the possibility of enrolling you in a clinical trial. Disclosures of identifiable information made outside our institution for an IRB/ Privacy Board approved research activity where your individual permission is not given, are Included in an Accounting of Disclosures, when required by law. Disclosures of de-identified information or limited data sets for research purposes are not included in an Accounting of Disclosures. De-identified data or limited data set do not contain any information that can directly identify you.

##### **Health Information Exchanges**

- ✦ We may make your health information available electronically through Health Information Exchange (HIE) services or through other electronic exchange networks to facilitate the secure exchange of information between and among several health care providers or other health care entities providing treatment to you. This means we may share information we obtain or create about you with your non-LLUH OHCA providers who will be able to request and receive a summary of your allergies, medications, medical history, tests, insurance information, and other clinical information, or we may receive information they create or obtain about you so each entity can provide better services and coordination of your care. In cases where your specific consent or authorization is required to disclose

disclose certain health information to others, we will not disclose that health information without first obtaining your consent. This includes Part 2-Protected SUD Information, which may require your written consent before it is shared through an HIE or other electronic exchange. We do not sell or receive remuneration from HIEs on the use and sharing of your health information.

**Opt Out** - If you are not interested in having your health information shared with other non-LLUH OHCA health care providers in the HIE or in other electronic exchange networks, you are entitled to submit a written request to opt-out by contacting your health care provider's office or to the department/address listed in the "Contact Information" section on page 13. Data that has already been shared will not be recalled from the non-LLUH OHCA provider(s) who have already received it, but your information will no longer be accessible to other non-LLUH OHCA health care providers or non-LLUH OHCA health care entities participating in the HIE or other electronic exchange networks. If you opt out of sharing your health information via the HIE or other electronic exchange networks and change your mind, you may choose to opt in at a later time by contacting your LLUH OHCA health care provider's office or the department/address listed in the "Contact Information" section on page 13.

### **California Immunization Registry (CAIR)**

- We participate in an Immunization Registry with the California Immunization Registry (CAIR), a statewide, confidential database of patient immunization information. The purpose of CAIR is to consolidate immunization information among health care professionals, assure adequate immunization levels, and avoid unnecessary immunizations. Only you, your doctor, or health care workers who can assist you have access to your immunization information.
- If you do not want your immunization or tuberculosis (TB) screening test records to be shared with other health care providers, agencies, or schools in the CAIR, contact the CAIR Help Desk directly at (800-578- 7889 or [CAIRHelpDesk@cdph.ca.gov](mailto:CAIRHelpDesk@cdph.ca.gov)) for assistance.

### **Teaching**

- As the primary teaching site for Loma Linda University, residents, fellows, and students in medicine, dentistry, nursing, pharmacy, allied health and other graduate studies, may be assisting with your care under the supervision of a licensed health care provider as a part of their professional health care training program.

### **Health care Appointment Reminders and Health-Related Communications**

- We may use or disclose your health information to contact you as a reminder that you have an appointment for treatment or health care, to remind you to follow up on ordered tests or labs, or to communicate with you on other health-related benefits and services that may be of benefit or interest to you. The methods of communication may include mail, telephone, text message, fax, electronic mail, MyChart patient portal, or other electronic means.

### **Incidental Uses and Disclosures**

- There are certain incidental uses or disclosures of your health information that occur while we are providing services to you or conducting our business. For example, after surgery the nurse or doctor may need to use your name to identify family members that may be waiting for you in a waiting area, other individuals waiting in the same area may hear your name called. Other examples of incidental disclosures include but are not limited to hospital visitors overhearing a provider's confidential conversation with another provider or another patient, having a glimpse of patient's information on a sign-in sheet or nursing station whiteboard. We will make reasonable efforts and apply reasonable and

minimum necessary policies and procedures to limit these incidental uses and disclosures.

### **Treatment Alternatives**

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

### **Health-Related Products and Services:**

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

### **Development Activities**

- We may contact you as part of a fundraising effort to expand and support health care services, educational programs, and research activities related to curing disease. We may use your name, address, and other limited information allowed by law such as dates on which we provided health care to you in order to contact you and provide you with an opportunity to donate to our fundraising programs. We do not access or use your diagnosis or treatment information for fundraising activities, unless we have your written authorization to do so. We will not sell, trade, or loan your information to any third party, but we may share it with closely related foundations and business associates that assist us in our development activities. Any fundraising communications you receive from us or one of our foundations will include information on how you may opt out from receiving any further fundraising communications.

### **Medical Staff Administration**

- The Medical Staff Administration is responsible for ensuring appropriate conduct of physicians and other licensed health professionals in the provision of patient care and safety within our facilities. It is sometimes necessary for the Medical Staff administrators and committees to conduct an internal review of patient records to ensure quality care by the professionals privileged to practice in our facilities.

### **Business Associates**

- There are some services provided through contracts with third party organizations (“Business Associates”). We may disclose your health information to our Business Associates as needed to accomplish the fulfillment of the contracted services. An example of a business associate is a transcription service we may use for transcribing physician dictation of your health record or a billing service that will bill you or your third-party payor for services rendered to you. Another example is the conducting of patient satisfaction surveys or the sharing of summarized information about patients who have been treated with similar problems, such as cancer or trauma, to registries (e.g., Cancer Registry) for quality improvement purposes. To protect your health information, we require our Business Associates, through contract, to appropriately safeguard the privacy of your health information. In addition, these Business Associates are also governed by federal law and required to comply directly with provisions related to the maintenance of your health information in a confidential manner.

### **Enhancement of the Quality and Efficiency of Care Using Technology**

- We may use artificial intelligence (AI) technologies to assist in providing healthcare services, such as transcribing encounters in real-time, crafting suitable replies to messages, supporting clinical decision-making, or summarizing patient information. These tools are used to assist, not replace, licensed healthcare professionals and are designed to enhance the quality and efficiency of care. All AI systems

used comply with applicable privacy and security standards, and your protected health information (PHI) is safeguarded in accordance with state and federal regulations requirements.

## **Use or Disclosure Required by Law**

We will disclose health information about you when required to do so by federal, state or local law.

### **Public Health**

- As required by law, we may disclose your health information to local, state or federal central registries, public health or legal authorities for activities that include but are not limited to the following: (a) to prevent or control disease, injury or disability; (b) to report births and deaths; (c) to report the abuse or neglect of children, elders and dependent adults; (d) to report reactions to medications or problems with products; (e) to notify people of recalls of products they may be using; (f) 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; (g) to notify the appropriate government authority if we believe a patient has been the victim of abuse, neglect or domestic violence. We will only make this disclosure if you agree or when required or authorized by law. *(Included in an Accounting of Disclosures)*

### **Food and Drug Administration (FDA)**

- We may disclose to the FDA health information relative to adverse events with respect to food, supplements, product defects, or post marketing surveillance information to enable product recalls, repairs, or replacement. *(Included in an Accounting of Disclosures)*

### **Workers Compensation**

- We may disclose health information to the extent authorized by and to the extent necessary to comply with laws relating to workers compensation or other similar programs established by law. *(Included in an Accounting of Disclosures)*

### **Health Oversight Activities**

- We may disclose health information to a health oversight agency for activities authorized by law. Health oversight agencies include the Centers for Medicare and Medicaid Services (CMS), the Joint Commission, the Department of Health Services (DHS), the Department of Health and Human Services (HHS), and other state or federal regulatory agencies. Oversight activities include, for example, audits, investigations, inspections and licensure. *(Included in an Accounting of Disclosures)*

### **Correctional Institution**

- Should you be an inmate of a correctional institution, we may disclose to the institution or agents thereof health information necessary for your health and the health and safety of other individuals.

### **Law Enforcement**

- We may disclose health information for law enforcement purposes as required or allowed by law or in response to a valid subpoena. *(Included in an Accounting of Disclosures)*

### **Lawsuits and Disputes**

- If you are involved in a lawsuit or 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, but only if efforts have been made to tell you about the request by that person, (e.g., notice to consumer), which

would give you an opportunity to obtain an order protecting the information requested. *(Included in an Accounting of Disclosures)*.

### **To Avert a Serious Threat to Health or Safety**

- ✦ We may use and disclose health information about you when necessary to prevent serious threats 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. *(Included in an Accounting of Disclosures)*

### **Coroners, Medical Examiners, and Funeral Directors**

- ✦ Consistent with applicable law, we may disclose your health information to funeral directors to carry out their duties. *(Included in an Accounting of Disclosures)*

### **Organ, Eye, and Tissue Procurement Organizations**

- ✦ Consistent with applicable law, we may disclose your health information to organ procurement organizations or other entities engaged in the procurement, banking, or transplantation of organs and/or tissues for the purpose of tissue donation and transplant. *(Included in an Accounting of Disclosures)*

## **Uses and Disclosures Requiring Your Authorization**

### **Marketing or Sale of Health Information**

- ✦ Most uses and sharing of your health information for marketing purposes or any sale of your health information are strictly limited and require your written authorization.

### **Genetic Information**

- ✦ Certain federal and state laws may require special privacy protections that restrict the use and disclosure of certain health information, including genetic information. For example, we might talk to your provider to suggest a disease management or wellness program that could help improve your health; however, we will not use or disclose your genetic information for underwriting purposes.

### **Other Uses and Disclosures 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 (e.g., most uses and disclosures of psychotherapy notes, sexually transmitted diseases, SUD information as defined in the “Your Health Information” section above, and mental health records). If you provide 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. You understand that 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.
- ✦ For SUD patient records protected by 42 C.F.R. Part 2, you may provide a single consent for all future uses and disclosures for treatment, payment, and health care operations purposes.

### **Additional Privacy for Substance Use Disorder (SUD) Treatment (42 C.F.R. Part 2)**

- ✦ **PART 2 NOTICE TO PATIENTS (42 C.F.R. § 2.22)**. For purposes of 42 C.F.R. Part 2, LLUBMC Substance Use Recovery Unit is the applicable Part 2 program within the LLUH OHCA, and this Part 2 Notice applies to its Part 2 records. Federal law protects the confidentiality of Part 2 records. This section describes how Part 2 records may be used and disclosed, your rights with respect to Part

2 records, and how to file a complaint if you believe your Part 2 privacy rights have been violated. You have a right to a copy of this Part 2 Notice (in paper or electronic form) and to discuss it with the Privacy Office at (909) 558-6460 or [ComplianceAssistant@llu.edu](mailto:ComplianceAssistant@llu.edu). To file a complaint, please see the “For More Information or to Report a Problem” section below.

- ✦ Part 2 records generally may not be used or disclosed without your written consent unless permitted by law. For definitions of SUD information and patient-identifying information protected by Part 2, see the “Your Health Information” section above.
- ✦ You may provide a single consent for all future uses and disclosures of your Part 2 records for treatment, payment, and health care operations purposes.
- ✦ Records, or testimony relating the content of such records, shall not be used or disclosed in any civil, administrative, criminal, or legislative proceedings against you unless based on your specific written consent or a court order. Records shall only be used or disclosed based on a court order after notice and an opportunity to be heard is provided to you or the holder of the record, where required by law. A court order authorizing use or disclosure must be accompanied by a subpoena or other similar legal mandate compelling disclosure before the record is used or disclosed.
- ✦ Part 2 records that are disclosed to a Part 2 program, covered entity, or business associate pursuant to your written consent for treatment, payment, and health care operations may be further disclosed by that Part 2 program, covered entity, or business associate, without your written consent, to the extent the HIPAA regulations permit such disclosure.

#### **Redisclosure of Health Information**

- ✦ Health information that we disclose under the HIPAA Privacy Rule may be subject to redisclosure by the recipient and may no longer be protected by the HIPAA Privacy Rule. However, Part 2 records remain subject to 42 C.F.R. Part 2, and recipients may not further disclose Part 2 records in a manner that identifies you as having or having had a SUD except as permitted by your written consent or otherwise permitted by law.
- ✦ In addition to the Part 2 rights described elsewhere in this Part 2 Notice (including the 3-year accounting of disclosures of electronic Part 2 records and the 3-year intermediary disclosure list described under “Right to an Accounting of Disclosures”), you may request restrictions and confidential communications as described in “Right to Request Restrictions” and “Right to Request Confidential Communications,” and you may obtain a paper copy of this Notice of Privacy Practices at any time.

You also have the right to discuss this Part 2 Notice with the Privacy Office at (909) 558-6460 or [ComplianceAssistant@llu.edu](mailto:ComplianceAssistant@llu.edu).

## **IV. Our Responsibilities**

The LLUH OHCA is required to:

- ✦ Maintain the privacy of your health information.
- ✦ Provide you with a notice as to our legal duties and privacy practices with respect to information we collect and maintain about you.
- ✦ Abide by the terms of this Notice.

## **V. Other Important Information**

#### **Changes to this Notice**

- ✦ We reserve the right to change the terms of this Notice and to make the new provisions effective for health information we maintain. We will post a copy of the current Notice at each affiliated site and on

our main website at <https://lluh.org/privacy>. The Notice will contain the date when it was last updated in the top right-hand corner of its first page.

**For More Information or to Report a Problem**

- If you believe your privacy rights have been violated, you may file a complaint. To file a complaint, contact the Patient Relations representative listed in the Contact Information section on page 13 of this Notice. All complaints must be submitted in writing. There will be no retaliation for filing a complaint.
  
- You may also file a complaint with the Secretary of the U.S. Department of Health and Human Services. Our Patient Relations representative can provide you with the appropriate address upon request.

## Important Contact Information

Contact Reason	Contact Department		
<ul style="list-style-type: none"> <li>✦ Requests to Access, Inspect and Obtain Copy of Lab Results, Health and/or Billing Records</li> <li>✦ Requests to Amend your Health and/or Billing Record</li> </ul>	LLU Medical Center (Adult, Surgical, and East Campus Hospitals) LLUHC-Faculty Groups LLU Children's Hospital Highland Springs Imaging Center (HSIC)		
	Health Information Management 101 East Redlands Blvd. Suite 1200 San Bernardino, CA 92408 Tel: 909-651-4191		
<ul style="list-style-type: none"> <li>✦ Requests for an Accounting of Disclosures</li> <li>✦ Requests to Opt-Out of Health Information Exchanges</li> </ul>	<b>LLU Behavioral Medicine Center (LLUBMC)</b> Health Information Management 1710 Barton Road Redlands, CA 92374 Tel: 909-558-9250	<b>LLU Medical Center - Murrieta</b> Health Information Management 28078 Baxter Rd #526 Murrieta, CA 92563 Tel: 951-290-4510	<b>LLU School of Dentistry</b> Dental Records 11092 Anderson St. Loma Linda. CA 92354 Tel: 909-558-4612
<ul style="list-style-type: none"> <li>✦ Request for Alternate Means of Communication</li> </ul>	Make Request Directly to your health care provider. If you are an inpatient, you can also make your request to the Admitting or Registration Desk		
<ul style="list-style-type: none"> <li>✦ Requests for Alternate Means of Communication</li> </ul>	Make request directly to your health care provider		
<ul style="list-style-type: none"> <li>✦ Complaints (in writing)</li> </ul>	<b>LLU Medical Center - Murrieta</b> <i>Patient Relations</i> 28062 Baxter Road Murrieta, CA 92563	<b>LLUHC-Faculty Groups and Center for Health Promotion</b> <i>Patient Relations</i> 11370 Anderson St. Loma Linda, CA 92354	<b>LLU Medical Center (Adult, Children, Surgical, and East Campus Hospitals)</b> <i>Patient Relations</i> 11234 Anderson St. Loma Linda, CA 92354
	<b>LLUBMC</b> <i>Patient Relations</i> 1710 Barton Road Redlands, CA 92374	<b>LLU School of Dentistry</b> <i>Patient Relations</i> 11092 Anderson St. Loma Linda, CA 92354	<b>Highland Springs Imaging Center (HSIC)</b> <i>Patient Relations</i> 81 South highland Springs Ave. Ste 102 Beaumont, CA 92223
<b>Privacy Complaint Telephone Line</b>	<b>Main Campus: 909-558-8282</b> <b>Highland Springs Imaging Center: 951-849-3055</b>		

# **Entities That Are Included in the Loma Linda University Health (LLUH) Organized Health Care Arrangement (OHCA)**

## **Loma Linda University Medical Center (LLUMC)**

- Loma Linda University Medical Center – East Campus Hospital
- Loma Linda University Surgical Hospital
- Loma Linda University Behavioral Medicine Center (LLUBMC)
- LLUBMC Substance Use Recovery Unit

## **Loma Linda University Children’s Hospital (LLUCH)**

## **Loma Linda University Medical Center – Murrieta (LLUMC-M)**

## **Loma Linda University Health Care (LLUHC)**

## **Loma Linda University Faculty Practice Plan (LLUFPP)**

- Faculty Physicians and Surgeons of Loma Linda University School of Medicine (LLUSM)
- Loma Linda University Faculty Medical Group
- Faculty Medical Group of LLUSM
- Loma Linda University Anesthesiology Medical Group, Inc.
- Loma Linda University Pathology Medical Group, Inc.
- Loma Linda University Radiation Medicine

## **Loma Linda University**

## **Loma Linda University Health Education Consortium (LLUHEC)**

## **Behavioral Health Institute (BHI)**

## **Beaumont Radiology Services, LLC dba Highland Springs Imaging Center (HSIC)**

## **Loma Linda University Shared Services**



3000

## Acknowledgment Receipt of Notice of Privacy Practices

### PATIENT ACKNOWLEDGMENT

By signing this form, you acknowledge receipt of the Notice of Privacy Practices of this entity and all others included in the Loma Linda University Health (LLUH) Organized Health Care Arrangement (OHCA).

Our *Notice of Privacy Practices* provides information about how we may use and disclose your protected health information. We encourage you to read it in full.

Our *Notice of Privacy Practices* is subject to change. If we change our notice, you may obtain a copy of the revised notice by accessing our web site at <https://lluh.org/privacy> or contacting the Privacy Office at (909) 558-6460.

If you have any questions about our *Notice of Privacy Practices*, please contact the Privacy Office at (909) 558-6460.

Signature of  Patient/  Legal Representative: \_\_\_\_\_ Date/Time: \_\_\_\_\_

Name of Legal Representative: \_\_\_\_\_ Relationship: \_\_\_\_\_  
(print)

Name of Patient: \_\_\_\_\_ Date of Birth: \_\_\_\_\_  
(print)

Patient Social Security Number (Last 4 digits): \_\_\_\_\_

### INABILITY TO OBTAIN PATIENT ACKNOWLEDGMENT *For Internal Use Only*

We attempted to obtain written acknowledgment of receipt of our Notice of Privacy Practices, but acknowledgment could not be obtained because:

- Individual refused to sign
- An emergency situation prevented us from obtaining acknowledgment, and an attempt to obtain the acknowledgment will be made at the next available opportunity. (Please specify below)
- Patient incapacitated/unable to sign
- Other please specify below

Signature of Facility Representative: \_\_\_\_\_ Date/Time: \_\_\_\_\_

Department: \_\_\_\_\_

#### PATIENT IDENTIFICATION

NAME:

BIRTH DATE:

MEDICAL RECORD #:



LOMA LINDA UNIVERSITY  
HEALTH