

# NOTICE OF PRIVACY PRACTICES

Effective Date: April 5, 2016

**THIS NOTICE DESCRIBES HOW MEDICAL INFORMATION ABOUT YOU MAY BE USED AND DISCLOSED AND HOW YOU CAN GET ACCESS TO THIS INFORMATION.**

## **PLEASE REVIEW IT CAREFULLY**

If you have any questions about this notice, please contact the MPTF HIPAA Privacy Line at 818-876-4082.

### **I. WHO WILL FOLLOW THIS NOTICE**

For purposes of this Notice, the terms "we" or "MPTF" means the Motion Picture and Television Fund and others providing services, as follows:

- Any health care professional authorized to enter information into your medical record.
- All departments and units of MPTF Hospital.
- Any member of a volunteer group we allow to help you while you are at one of the treating facilities indicated below.
- All employees, staff and other MPTF personnel.
- All members of the Medical Staff of Motion Picture and Television Fund Hospital ("Hospital") while providing services to you at the Hospital.

The services covered by this Notice are being provided to you while at the

**MPTF Hospital**  
23388 Mulholland Drive  
Woodland Hills, CA 91364

The foregoing legal entities, providers and locations may share medical information with each other for treatment, payment, or health

care operations purposes described in this Notice.

### **II. OUR PLEDGE REGARDING 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 MPTF. 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 MPTF.

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 we have regarding the use and disclosure of medical information.

We are required by law to:

- make sure that medical information that identifies you is kept private (with certain exceptions);
- give you this notice of our legal duties and privacy practices with respect to medical information about you; and
- follow the terms of the notice that is currently in effect.

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## **I. HOW WE MAY USE AND DISCLOSE MEDICAL INFORMATION ABOUT YOU**

The following categories describe different ways that we use and disclose medical 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 may use medical information about you to provide you with medical treatment or services. We may disclose medical information about you to doctors, nurses, technicians, students, or other MPTF personnel who are involved in taking care of you at MPTF. For example, a doctor treating you for a broken leg may need to know if you have diabetes because diabetes may slow the healing process. In addition, the doctor may need to tell the dietitian if you have diabetes so that we can arrange for appropriate meals. Different departments of MPTF also may share medical information about you in order to coordinate the different things you need, such as prescriptions, lab work and x-rays. We also may disclose medical information about you to people outside MPTF who may be involved in your medical care after you leave MPTF, such as skilled nursing facilities or home health agencies, paramedics, emergency departments, hospitals, and other medical providers.

### **For Payment.**

We may use and disclose medical information about you so that the treatment and services you receive at MPTF 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 your health plan information about

surgery you received at MPTF so your health plan 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.

### **For Health Care Operations.**

We may use and disclose medical information about you for health care operations. These uses and disclosures are necessary to run MPTF and 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 patients to decide what additional services MPTF 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, social workers and other MPTF personnel for review and learning purposes. We may also combine the medical information we have with medical information from other organizations to compare how we are doing and see where we can make improvements in the care and services we offer. 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 the specific patients are.

### **Appointment Reminders.**

We may use and disclose medical information to contact you as a reminder that you have an appointment for treatment or medical care at MPTF. These reminders may be sent by text, email or telephone.

### **Treatment Alternatives.**

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

### **Fundraising Activities.**

We may use medical information about you to contact you in an effort to raise money for MPTF and its operations. We may disclose medical information to an affiliate of MPTF so that the affiliate may contact you in raising money for MPTF. We only would release contact information, such as your name, address and phone number and the dates you received treatment or services at MPTF. You have the right to opt out of fundraising communications. If you receive a fundraising communication from MPTF, it will tell you how to opt out. If you do not want MPTF or its affiliate to contact you for fundraising efforts, you must send written notice to the Motion Picture and Television Fund Foundation, a division of MPTF, 23388 Mulholland Drive, MS# 220, Woodland Hills, CA 91364.

### **Marketing and Sale**

**Most uses and disclosures of medical information for marketing purposes, and disclosures that constitute a sale of medical information, require your written authorization.**

### **Hospital Directory.**

We may include certain limited information about you in the Hospital directory while you are a patient at MPTF's Hospital. This information may include your name, location in the hospital, your general condition (e.g., fair, stable, etc.) and your religious affiliation. Unless you indicate otherwise at the time of your admission to the Hospital, or thereafter provide us with your specific written objection, this directory information, except for 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.

If you are admitted to the Samuel Goldwyn Jr. Behavioral Health Unit of the Hospital, a family member, subject to your consent, may request and be given notification of your diagnosis, prognosis, medications prescribed and their side effects and progress. If a request for information is made by your spouse, parent, child, or sibling and you are unable to authorize the release of this information, we are required to give the requesting person notification of your presence in the hospital unit, except to the extent prohibited by federal law. Upon your admission, we must make reasonable attempts to notify your next of kin or any other person designated by you, of your admission, unless you request that this information not be provided. Unless you request that this information not be provided we must make reasonable attempts to notify your next of kin or any other person designated by you, of your release, transfer, serious illness, injury, or death only upon request of the family member.

### **Individuals Involved in Your Care or Payment for Your Care.**

We may release medical 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 MPTF. In addition, we may disclose medical information about you to an entity assisting in a disaster relief effort so that your family can be notified about your condition, status and location.

## **Research.**

Under certain circumstances, we may use and disclose medical 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 medical information, trying to balance the research needs with patients' need for privacy of their medical information. Before we use or disclose medical information for research, the project will have been approved through this research approval process, but we may, however, disclose medical information about you to people preparing to conduct a research project, for example, to help them look for patients with specific medical needs, so long as the medical information they review does not leave MPTF. We will almost always ask for your specific permission if the researcher will have access to your name, address or other information that reveals who you are, or will be involved in your care at MPTF.

## **As Required By Law.**

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

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

We may use and disclose medical 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.

## **SPECIAL SITUATIONS**

### **Organ and Tissue Donation.**

We may release medical information to organizations that handle organ procurement or

organ, eye or tissue transplantation or to an organ donation bank, as necessary to facilitate organ or tissue donation and transplantation.

### **Military and Veterans.**

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

### **Workers' Compensation.**

We may release medical information about you for workers' compensation or similar programs. These programs provide benefits for work-related injuries or illness.

### **Public Health Activities.**

We may disclose medical information about you for public health activities. These activities generally include the following:

- to prevent or control disease, injury or disability;
- to report births and deaths;
- to report the suspected abuse or neglect of children, elders and dependent adults;
- to report reactions to medications or problems with products;
- 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; and
- 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.

#### **Health Oversight Activities.**

We may disclose medical 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.

#### **Lawsuits and Disputes.**

If you are involved in a lawsuit or a dispute, we may disclose medical information about you in response to a court or administrative order. We may also disclose medical 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 (which may include written notice to you) or to obtain an order protecting the information requested.

We may disclose mental health information to courts, attorneys and court employees in the course of conservatorship, and certain other judicial or administrative proceedings.

#### **Law Enforcement.**

We may release medical information if asked to do so by 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 we believe may be the result of criminal conduct;
- About criminal conduct at MPTF; 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.
- When requested at the time of a patient's involuntary hospitalization.

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

We may release medical 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 medical information about patients of the Hospital to funeral directors as necessary to carry out their duties.

#### **National Security and Intelligence Activities.**

We may release medical 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 medical 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.

#### **Inmates.**

If you are an inmate of a correctional institution or under the custody of a law enforcement official, we may release medical information about you 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.

### **Advocacy Groups.**

If you are admitted to the Samuel Goldwyn Jr. Behavioral Health Unit of the Hospital, we may release mental health information to the statewide protection and advocacy organization if it has a patient authorization or patient representative's authorization, or for purposes of certain investigations. We may release mental health information to the County Patient's Rights Office if it has a patient or patient's representative's authorization, or for investigations resulting from reports required by law to be submitted to the Director of Mental Health.

### **Senate and Assembly Rules Committees.**

If you are admitted to the Samuel Goldwyn Jr. Behavioral Health Unit of the Hospital, we may disclose your mental health information to the California Senate or Assembly Rules Committee for purpose of legislative investigation.

### **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.

### **Special Categories of Information**

In some circumstances, your health information may be subject to restrictions that may limit or preclude some uses or disclosures described in this notice. For example, there are special restrictions on the use or disclosure of certain categories of information – e.g., tests for HIV or treatment for mental health conditions.

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## **II. YOUR RIGHTS REGARDING MEDICAL INFORMATION ABOUT YOU**

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

### **Right to Inspect and Copy.**

You have the right to inspect and copy medical 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.

To inspect and copy medical information that may be used to make decisions about you, you must submit your request in writing to the MPTF Health Information Management Department, at 23388 Mulholland Drive, Mail Stop #38, Woodland Hills, CA 91364. 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.

We may deny your request to inspect and copy in certain very limited circumstances. If you are denied access to medical information, you may request that the denial be reviewed. Another licensed health care professional chosen by MPTF will review your request and the denial. The person conducting the review will not be the person who denied your request. We will comply with the outcome of the review.

### **Right to Amend.**

If you feel that medical 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 MPTF.

To request an amendment, your request must be made in writing and submitted to the MPTF Health Information Management Department, at 23388 Mulholland Drive, Mail Stop #38, Woodland Hills, CA 91364. 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:

- Was not created by us, unless the person or entity that created the information is no longer available to make the amendment;
- Is not part of the medical information kept by or for MPTF;
- Is not part of the information 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 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 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 medical information about you other than our own uses for treatment, payment and health care operations (as those functions are described above) and with other exceptions pursuant to the law.

To request this list or accounting of disclosures, you must submit your request in writing to the MPTF Health Information Management Department, at 23388 Mulholland Drive, Mail Stop #38, Woodland Hills, CA 91364. Your

request must state a time period which may not be longer than six years and may not include dates before April 14, 2003. Your request should indicate in what form you want the list (for example, on paper, electronically). 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.

In addition, we will notify you as required by law following a breach of your unsecured protected health information.

#### **Right to Request Restrictions.**

You have the right to request a restriction or limitation on the medical information we use or disclose about you for treatment, payment or health care operations. You also have the right to request a limit on the medical 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 could ask that we not use or disclose information about a surgery you had.

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 and in full. Even if you request this special restriction, we can disclose the information to a health plan or insurer for purposes of treating you.

If we agree to another special restriction, we will comply with your request unless the information is needed to provide you emergency treatment.

To request restrictions, you must make your request in writing to MPTF Health Information Management Department, at 23388 Mulholland Drive, Mail Stop #38, Woodland Hills, CA

91364. 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, disclosure to your spouse.

***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 make your request in writing to the MPTF Health Information Management Department, at 23388 Mulholland Drive, Mail Stop #38, Woodland Hills, CA 91364. 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 medical matters in a certain way or at a certain location. For example, you can ask that we only contact you at work or by mail.

To request confidential communications, you must make your request in writing to the MPTF Health Information Management Department, at 23388 Mulholland Drive, Mail Stop #38, Woodland Hills, CA 91364. We will not ask you the reason for your request. We will accommodate all reasonable requests. Your request must specify how or where you wish to be contacted.

**Charity and Discount Policies**

If you are a patient of our Hospital or Health Centers and do not have health insurance and do not qualify for a government sponsored insurance program or have limited financial resources, you may be eligible for charitable or discounted services depending upon your income level and circumstances. In addition, extended payment plans are available to

patients who qualify for financial assistance and who are making good faith efforts to settle their bills. To apply for our Charity or Discount programs, please contact our Business Office, Monday through Friday between 8:30 AM – 4:30 PM at (818) 876-1636.

**Right to a Copy of This Notice.**

You have the right to a 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.mptf.com](http://www.mptf.com).

To obtain a paper copy of this Notice, submit your written request to:

MPTF Privacy Officer  
23388 Mulholland Drive, Mail Stop #38  
Woodland Hills, CA 91364-2792

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**III. 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 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 on our website at <http://www.MPTF.com>. The Notice will contain on the first page, in the top right-hand corner, the effective date.

#### **IV. COMPLAINTS**

If you believe your privacy rights have been violated, you may file a complaint with MPTF or with the Secretary of the Department of Health and Human Services. To file a complaint with MPTF, please contact the MPTF HIPAA Privacy Line at telephone: 818-876-4082 or send your written complaint to:

MPTF Privacy Officer  
23388 Mulholland Drive, Mail Stop #38  
Woodland Hills, CA 91364-2792

**We will not take retaliatory action against you if you file a complaint about our privacy practices.**

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#### **V. OTHER USES OF MEDICAL INFORMATION.**

Other uses and disclosures of medical 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 medical 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 medical 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.

In the future, Electronic Health Services such as appointment scheduling, pharmacy refills or email may be available. The Privacy Notice shall be made available electronically to individuals upon accessing those services.

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