This notice describes how medical information about you may be used and disclosed and how you can get access to this information.

The UCR’s Student Health Services is one of the health care components of the University of California. The University of California health care components consist of the UC medical centers, the UC medical groups, clinics and physician offices, the UC schools of medicine, pharmacy, health sciences, the student health service areas, employee health units, and the administrative and operational units that are part of the health care components of the University of California.

This notice applies to information and records regarding your health care maintained at SHS.

OUR PLEDGE REGARDING YOUR MEDICAL INFORMATION

SHS is committed to protecting medical information about you. We create a record of the care and services you receive at SHS for use in your care and for other purposes described in this Notice.

This Notice tells you about the ways in which we may use and disclose medical information about you. It also describes your rights and certain obligations we have regarding the use and disclosure of your medical information.

We are required by law to:

- make sure that your medical information is protected
give you this Notice describing 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

HOW WE MAY USE AND DISCLOSE MEDICAL INFORMATION ABOUT YOU

The following sections describe different ways that we may use and disclose your medical information. For each category of uses or disclosures, we will describe them and give some examples. Some information about you, including protected health information, HIV information and mental health information is entitled to special respect and protection under federal law.

- Treatment: We may use or disclose medical information to provide you with medical treatment or services. We may disclose medical information to your other doctors, nurses, technicians, or other health system personnel who are involved in taking care of you in the system.
- 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 hospital's food service if you have diabetes so that we can arrange for appropriate meals. We may also share medical information about you with other SHS personnel or non-SHS providers, agencies or facilities to provide or coordinate or 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 SHS who may be involved in your continuing medical care after you leave SHS such as other health care providers, transport companies, community agencies and family members.

- For Payment: We may use and disclose medical information about you so that the treatment and services you receive at SHS or from other entities, such as an ambulance company, may be billed to and paid for by you, an insurance company or a third party. For example, we may need to give information to your health plan about surgery you received at SHS so your health plan will pay us or reimburse you for the surgery. We may also tell your health plan about a proposed treatment to determine whether your plan will cover the treat-

For Health Care Operations: We may use and disclose medical information about you for SHS operations. These uses and disclosures are made for quality of care and medical staff activities, SHS health sciences education, and other teaching programs. Your medical information may also be used or disclosed to comply with law and regulation, for contractual obligations, patients’ claims, grievances or lawsuits, health care contracting, legal services, business planning and development, business management and administration, the sale of all or part of SHS to another entity, underwriting and other insurance activities and to operate the health system. For example, we may review medical information to find ways to improve treatment and services to our patients. We may also disclose information to doctors, nurses, technicians, medical and other students, and other health system personnel for performance improvement and education-

purposes.

Appointment Reminders: We may contact you to remind you that you have an appointment at SHS.

Treatement Alternatives: We may tell you about or recommend possible treatment options or alternatives that may be of interest to you.

Health-Related Benefits and Services: We may contact you about benefits or services that we provide.

News Gathering Activities: A member of your health care team may contact you or one of your family members to discuss whether or not you want to participate in a media or news story. News reporters often seek interviews with patients injured in accidents or experiencing particular medical conditions or procedures. For example, a reporter working on a story about a new cancer therapy may ask whether any of the patients undergoing that therapy might be willing to be interviewed.

Individuals Involved in Your Care or Payment for Your Care: We may release medical information to anyone involved in your medical care, e.g., a friend, family member, personal representative, or any individual you identify. We may also give information to someone who helps pay for your care. We may also tell your family or friends about your general condition and that you are in the hospital.

Disaster Relief Efforts: 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.

As Required By Law: We will disclose medical information about you when required to do so by federal or state 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 would be to someone able to help stop or reduce the threat.

Organ and Tissue Donation: If you are an organ donor, we may release medical information related to that donor or transplantation to the organ donation bank, as necessary to facilitate organ or tissue donation and transplantation.

Military and Veterans: If you are or were a member of the armed forces, we may release medical information about you to military command authorities as authorized or required by law. We may also release medical information about foreign military persons to the appropriate military authority as authorized or required by law.

Workers’ Compensation: We may use or disclose medical information about you for workers’ compensation or similar programs as authorized or required by law. These programs provide benefits for work-related injuries or illness.

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

- preventing or controlling disease (such as cancer and tuberculosis), injury or disability
- reporting vital events such as births and deaths
- reporting child abuse or neglect
- reporting information about a medical product or device suspected of causing death or disease
- notifying persons of recalls, repairs or replacements of medical products they may be using
- notifying a person who may have been exposed to a disease or may be at risk of contracting or spreading a disease or condition
- notifying the appropriate government authority if we believe a patient has been injured from a crime, neglect or domestic violence and make this disclosure as authorized or required by law.

Health Oversight Activities: We may disclose medical information to government agencies to carry out public health, and accrediting agen-
cies as authorized or required by law.

Legal Proceedings: We may disclose medical information to courts, attorneys and court employees in the course of conserva-
tory, administrative, or judicial proceedings.

Lawsuits and Other Legal Actions: In connection with lawsuits or other legal proceedings, we may disclose medical informa-
tion about you in response to a court or administrative order, or in response to a subpoena, discovery request, warrant, summons or other lawful process.

Law Enforcement: If asked to do so by law en-
forcement, and as authorized or required by law, we may release medical information:

- To identify or locate a suspect, fugitive, material wit-
ness, or missing person
- About a suspected victim of a crime if, under certain lim-
ited circumstances, we are unable to obtain the person’s agreement
- About a death suspected to be the result of criminal con-
duct
- About criminal conduct at SHS, and
- About a medical emergency, to report a crime; the location of the crime or victims; or the identity, description or location of the person who committed the crime.

Coroners, Medical Examiners and Funeral Directors: In most circumstances, we may disclose medical information to a coroner or medical examiner. This may be necessary, for example, to identify a deceased person or determine cause of death. We may also disclose medical information about patients of SHS to funeral directors as necessary to carry out their duties.

National Security and Intelligence Activities: As authorized or required by law, we may disclose medical information about you to authorized federal officials to conduct special investigations or provide protection to the President, other au-
 thorized persons or foreign heads of state.

Inmates: If you are an inmate of a correctional institution or other federal facilities, we may disclose medical information about you to the correctional institution as authorized or required by law.

YOUR RIGHTS REGARDING MEDICAL INFORMATION ABOUT YOU

Your medical information is the property of SHS. You have the following rights, however, regarding medical information we maintain about you:

- The right to inspect and receive a copy of your medical information
- The right to request an amendment or addendum to your medical information
- The right to an accounting of disclosures we have made of your medical information
- The right to request restrictions on the medical information we use or disclose about you for treatment, payment or health care operations or to someone who is involved in your care or the payment for your care, such as a family member or friend.
- The right to request that we communicate with you about medical matters in a certain way at or at a certain location.
- The right to a paper copy of this notice.

For further information about any of these rights see the SHS website, inquire at SHS’ front desk or call (951) 827-3031.

QUESTIONS OR COMPLAINTS
If you have any questions about this Notice, or if you feel your privacy rights have been violated contact the Campus Health Center.

OTHER USES OF MEDICAL INFORMATION

Other uses and disclosures of medical information not covered by this notice will be made only with your written permission.

If you provide us permission to use or disclose medical informa-
tion about you, you may revoke that permission, in writing, at any time.

If you revoke your permission, we will no longer use or dis-
close medical information about you for the reasons covered by your written permission. You understand that we are unable to take back any disclosures we have already made with your permission, and that we will retain our records of the care provided to you as required by law.