

**NOTICE OF PRIVACY PRACTICES****Effective Date: February 5, 2026****UNIVERSITY OF CALIFORNIA LOS ANGELES HEALTH SYSTEM**

**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**

**UCLA HEALTH**

UCLA Health 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 and other UC health professional schools. The administrative and operational units supporting the provision of care at all locations listed are also health care components of the University of California.

**OUR PLEDGE REGARDING YOUR HEALTH INFORMATION**

UCLA Health is committed to protecting the privacy of your medical or health information. We are required by law to maintain the privacy of your health information and to provide you with this Notice of our legal duties and privacy practices. We will follow the legal duties and privacy practices described in this notice ("Notice").

**YOUR RIGHTS REGARDING YOUR HEALTH INFORMATION****YOU HAVE THE FOLLOWING RIGHTS REGARDING THE HEALTH INFORMATION WE MAINTAIN ABOUT YOU**

**Right to See and Copy.** You have the right to see or get a copy of your health information, with certain exceptions. If we have the information in electronic format, you have the right to obtain your health information in an electronic format if possible. If not, we will work with you to find a way for you to receive the information electronically or as a paper copy. Your request must be made in writing and submitted to UCLA Health System, Health Information Management Services, at 10833 Le Conte Avenue, CHS BH 921265, Los Angeles, CA 90095-7305. Requests may be submitted through the MyUCLAhealth portal, by email at [Identity@mednet.ucla.edu](mailto:Identity@mednet.ucla.edu), or by fax at (310) 983-1468. You may also call (310) 825-6021 during business hours to speak with a staff member for assistance. If you request a copy of the information, there may be a reasonable, cost-based fee for these services. You may also request that a copy of your health information be released to a third party that you choose.

**Right to Ask for a Correction.** If you feel that your health information is incorrect or incomplete, you may ask us to change or add more information to complete your record. Your request must be made in writing and submitted to UCLA Health System, Health Information Management Services, at 10833 Le Conte Avenue, CHS BH 921265, Los Angeles, CA 90095-7305. Requests may be submitted through the MyUCLAhealth portal, by email at [Identity@mednet.ucla.edu](mailto:Identity@mednet.ucla.edu), or by fax at (310) 983-1468. You may also call (310) 825-6021 during business hours to speak with a staff

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member for assistance. We may say “no” to your request, but we will provide a written explanation of the reason for the denial.

**Right to Know How We Have Shared Your Health Information.** You have the right to request a list (accounting) of the times UCLA Health has shared your health information with others, such as to government agencies. The list will not include any disclosures made for treatment, payment, health care operations, or any disclosure you asked us to make. The request may be for a period covering up to six years before the date you ask for the list. Your request must be made in writing and submitted to UCLA Health System, Health Information Management Services, at 10833 Le Conte Avenue, CHS BH 921265, Los Angeles, CA 90095-7305. Requests may be submitted through the MyUCLAhealth portal, by email at [Identity@mednet.ucla.edu](mailto:Identity@mednet.ucla.edu), or by fax at (310) 983-1468. You may also call (310) 825-6021 during business hours to speak with a staff member for assistance. If you request an accounting more than once during a 12-month period, we may charge you a reasonable, cost-based fee.

**Right to Ask for Restrictions.** You have the right to ask us to limit how we use and share certain health information for treatment, payment, or health care operations. We are not required to agree to most restriction requests. However, if you pay for a service or health care item out-of-pocket in full, you may request that we not disclose information about that service to your health plan for payment or health care operations purposes, and we will honor that request as required by law. Your request must be made in writing and submitted to UCLA Health System, Health Information Management Services, at 10833 Le Conte Avenue, CHS BH 921265, Los Angeles, CA 90095-7305. Requests may be submitted through the MyUCLAhealth portal, by email at [Identity@mednet.ucla.edu](mailto:Identity@mednet.ucla.edu), or by fax at (310) 983-1468. You may also call (310) 825-6021 during business hours to speak with a staff member for assistance.

**Right to Ask for Confidential Communications.** You have the right to ask that we communicate with you about your health information in a certain way or at a certain location. For example, you may ask that we contact you only at home or only by mail. Your request must be made in writing and submitted to UCLA Health System, Health Information Management Services, at 10833 Le Conte Avenue, CHS BH 921265, Los Angeles, CA 90095-7305. Requests may be submitted through the MyUCLAhealth portal, by email at [Identity@mednet.ucla.edu](mailto:Identity@mednet.ucla.edu) or by fax at (310) 983-1468. You may also call (310) 825-6021 during business hours to speak with a staff member for assistance. We will accommodate all reasonable requests.

**Right to a Paper Copy of This Notice.** You can ask for a paper copy of this Notice at any time, even if you have agreed to receive this Notice electronically. Copies of this Notice are available throughout UCLA Health locations, or you may obtain a copy at our website, <https://www.uclahealth.org/privacy-practices>.

**Right to be Notified of a Breach.** You have the right to be notified if we discover a breach that may have compromised the privacy or security of your health information.

## HOW WE MAY USE AND DISCLOSE YOUR HEALTH INFORMATION

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We typically use and disclose your health information in the following ways. Where state or federal law restricts one of the described uses or disclosures, we follow the requirements of the more stringent law.

**For Treatment.** We use your health information to provide you with treatment or services. We disclose your health information to doctors, nurses, technicians, medical and health sciences students, or other health system personnel involved in your care. We may also share your health information with other non-UCLA Health providers for care or treatment. For example, we may share your health information if you are being referred to another provider at a non-UC Health institution.

**For Payment.** We use and share your health information to bill or get payment from health plans or other entities. For example, we give information to your health plan so it will pay us for your services.

**For Health Care Operations.** We use and share your health information to manage your treatment and services, run our business and teaching institution operations, improve your care, and contact you when necessary. For example, your health information may be used to review the quality and safety of our services, or for business planning, management and administrative services. We may also share your health information with an outside company performing services for us such as accreditation, legal, or auditing services. These companies are required by law to keep your health information confidential.

## OTHER WAYS WE SHARE YOUR HEALTH INFORMATION

We are permitted or required by law to share your health information in other ways that may not require your authorization—usually in ways that help the public, such as public health and research. We have to meet many conditions in state and federal law before we can share your information for these reasons.

**Hospital Directory.** If you are hospitalized, we may include certain information about you in the hospital directory. This is so your family, friends, and clergy can visit you in the hospital and generally know how you are doing. You have the right to object to the release of directory information.

**Individuals Involved in Your Care or Payment for Your Care.** We may share health information with your family, close friends, or others involved in your care or payment for your care.

**Health Information Exchanges.** UCLA Health may participate in one or more health information exchanges (HIE), where we may share your health information, as allowed by law, to other health care providers or entities for coordination of your care. This allows health care providers at different facilities participating in your treatment to have the information needed to treat you. We currently participate in the HIEs listed here <https://www.uclahealth.org/patient-resources/support-information/medical-records/health-information-exchange>.

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If you do not want UCLA Health to share your information through an HIE, you may opt out by submitting an opt-out form and submitting it to UCLA Health System, Health Information Management Services, at 10833 Le Conte Avenue, CHS BH 921265, Los Angeles, CA 90095-7305. Requests may be submitted through the MyUCLAhealth portal, by email at [Identity@mednet.ucla.edu](mailto:Identity@mednet.ucla.edu), or by fax at (310) 983-1468. You may also call (310) 825-6021 during business hours to speak with a staff member for assistance. UCLA Health will honor opt-out requests as required by applicable law. Opting out prevents UCLA Health 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 UCLA Health, 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 UCLA Health, you must contact those providers directly.

If you opt out, you can choose to resume participation by submitting a written request to UCLA Health System, Health Information Management Services, at 10833 Le Conte Avenue, CHS BH 921265, Los Angeles, CA 90095-7305. Requests may be submitted through the MyUCLAhealth portal, by email at [Identity@mednet.ucla.edu](mailto:Identity@mednet.ucla.edu), or by fax at (310) 983-1468.

**Research.** UCLA Health is a research institution. In certain circumstances, we can use or share your information for research without obtaining your authorization. For example, we may use your health information without your authorization for certain research when the research goes through a special review process to protect patient safety, welfare, and confidentiality.

University of California researchers may contact you about your interest in participating in certain research studies. Researchers may only contact you if they have approval to do so under a special review process.

**Organ and Tissue Donation.** If you are an organ donor, we may share your health information with organ procurement organizations.

**Coroners, Medical Examiners and Funeral Directors.** As allowed by law, we may share health information with a coroner, medical examiner, or funeral director when an individual dies. This may be necessary, for example, to identify a deceased person or determine cause of death.

**Disaster Relief Efforts.** We may share your health information to an entity assisting in a disaster relief effort so that others can be notified about your condition, status and location.

**Fundraising Activities.** As allowed by law, we may use information you provided us, including drug and alcohol treatment records, to contact you about fundraising programs and events. You can opt out of receiving fundraising information for UCLA Health by contacting us at 1-855-364-6945 or by email at [OptOutUCLAHSD@Support.ucla.edu](mailto:OptOutUCLAHSD@Support.ucla.edu).

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

**Respond to Lawsuits and Legal Actions.** As allowed by law, we can share health information about you in response to a court or administrative order, or in response to a subpoena.

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**Military and Veterans.** If you are or were a member of the armed forces, we may release your health information to military authorities as allowed or required by law.

**Inmates.** If you are an inmate of a correctional institution or under the custody of law enforcement officials, we may release your health information to the correctional institution as allowed or required by law.

**Workers' Compensation.** We may use or share your health information for Workers' Compensation or similar programs as allowed or required by law. These programs provide benefits for work-related injuries or illness.

**Public Health and Safety.** We may disclose your health information for certain situations such as:

- preventing or controlling disease (such as cancer and tuberculosis), injury or disability
- reporting vital events such as births and deaths
- reporting suspected abuse, neglect, or domestic violence
- preventing or reducing a serious threat to anyone's health or safety
- reporting adverse events or surveillance related to food, medications or defects or problems with products
- notifying people of recalls, repairs or replacements of 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
- providing limited information to your employer for legally required reporting of an employee's serious injury or death that occurs in the workplace
- providing limited information to your employer for legally required reporting related to medical surveillance of the workplace or work-related illness or injury, including infectious disease prevention and control.

**Health Oversight Activities.** We may share your health information with governmental, licensing, auditing, and other agencies as allowed or required by law.

**Law Enforcement.** As allowed or required by law, when certain conditions are met, we may release your health information to law enforcement.

**National Security and Intelligence Activities.** As required by law, we may share your health information for special government functions such as national security and presidential protective services.

**Marketing or Sale of Health information.** Most uses and disclosures of your health information for marketing purposes, or any sale of your health information, require your written authorization, unless an exception applies.

**Other Uses and Disclosures of Health Information.** Other ways we share and use your health information not covered by this Notice will be made only with your written authorization. If you authorize us to use or disclose your health information, you may cancel that authorization, in

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writing, at any time. However, the cancellation will not apply to information we have already used and disclosed based on the earlier authorization.

Special laws apply to certain kinds of health information considered particularly private or sensitive to a patient. This sensitive information includes psychotherapy notes, sexually transmitted diseases, drug and alcohol abuse treatment records, mental health records, 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.

**Drug and Alcohol Abuse Treatment Records.** The [Confidentiality of Substance Use Disorder Patient Records at 42 U.S.C. §290dd-2 and 42 CFR Part 2](#) may provide additional privacy protections for these records.

As required by law, we generally may not use or share your drug and alcohol treatment records in a court, administrative, or legislative proceeding against you without your written consent, unless disclosure is permitted or required by law, including pursuant to a court order issued in accordance with 42 CFR Part 2.

We may use your drug and alcohol treatment records for fundraising purposes only after we have given you a chance to opt out of receiving fundraising communications. For more information about how to opt out, please see the "Fundraising Activities" section.

### CHANGES TO UCLA HEALTH'S PRIVACY PRACTICE AND THIS NOTICE

We may change the terms of this Notice at any time, and the changes will apply to all health information we have about you. The current Notice will be available upon request, at our locations, and on our website.

### QUESTIONS OR COMPLAINTS

If you have questions about this Notice or how we use your health information, contact: UCLA Health Office of Compliance Services, 924 Westwood Boulevard, Suite 810, Los Angeles, CA 90024-2929; Phone: (310) 794-8638; Email: [compooffice@mednet.ucla.edu](mailto:compooffice@mednet.ucla.edu). If you believe your privacy rights have been violated, you may file a complaint with UCLA Health using the contact above, or with the U.S. Department of Health and Human Services, Office for Civil Rights at [www.hhs.gov/ocr](http://www.hhs.gov/ocr). You will not be retaliated against for filing a complaint.