

Effective Date: September 23, 2013

**NOTICE OF PRIVACY PRACTICES**

**UNIVERSITY OF CALIFORNIA  
UC IRVINE HEALTH**

**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.**

**UC IRVINE HEALTH**

UC Irvine 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 School of Medicine departments engaged in clinical care, the student health service areas on some campuses, employee health units on some campuses, and the administrative and operational units that are part of the health care components of the University of California.

**OUR PLEDGE REGARDING YOUR HEALTH INFORMATION**

UC Irvine Health is committed to protecting medical, mental health and personal information about you ("Health Information"). We are required by law to maintain the privacy of your Health Information, provide you information about our legal duties and privacy practices, inform you of your rights and the ways in which we may use Health Information and disclose it to other entities and persons.

**HOW WE MAY USE AND DISCLOSE HEALTH INFORMATION ABOUT YOU**

The following sections describe different ways that we may use and disclose your Health Information. Some information, such as certain drug and alcohol information, HIV information, genetic information and mental health information is entitled to special restrictions related to its use and disclosure. Not every use or disclosure will be listed. All of the ways we are permitted to use and disclose information, however, will fall within one of the following categories. Other uses and disclosures not described in this Notice will be made only if we have your written authorization.

**For Treatment.** We may use Health Information about you to provide you with medical and mental health treatment or services. We may disclose Health Information

about you to doctors, nurses, technicians, students, or other health system personnel who are involved in taking care of you in the health 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. A doctor treating you for a mental condition may need to know what medications you are currently taking, because the medications may affect what other medications may be prescribed to you. We may also share Health Information about you with other non-UC Irvine Health providers. The disclosure of your Health Information to non-UC Irvine Health providers may be done electronically through a health information exchange that allows providers involved in your care to access some of your UC Irvine Health records to coordinate services for you.

**For Payment.** We may use and disclose Health Information about you so that the treatment and services you receive at UC Irvine Health or from other entities, such as an ambulance company, may be billed to and payment may be collected from you, an insurance company or a third party. For example, we may need to give information to your health plan about surgery or therapy you received at UC Irvine Health so your health plan will pay us or reimburse you for the surgery or therapy. We may also tell your health plan about a proposed treatment to determine whether your plan will pay for the treatment.

**For Health Care Operations.** We may use and disclose Health Information about you for our business operations. 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 contact you about alternative treatment options for you or about other benefits or services we provide. We may also use and disclose your health information to an outside company that performs services for us such as accreditation, legal, computer or auditing services. These outside companies are called “business associates” and are required by law to keep your Health Information confidential. We may also disclose information to doctors, nurses, technicians, medical and other students, and other health system personnel for performance improvement and educational purposes.

**Appointment Reminders.** We may contact you to remind you that you have an appointment at UC Irvine Student Health Center.

**Fundraising Activities.** We may contact you to provide information about UC Irvine Health sponsored activities, including fundraising programs and events. We may use contact information, such as your name, address and phone number, date of birth, physician name, the outcome of your care, department where you received services and the dates you received treatment or services at UC Irvine Health. You may opt-out of receiving fundraising information for UC Irvine Health by contacting us toll free at 855-824-3768 or by email at [OptOutHealthAffairs@uadv.uci.edu](mailto:OptOutHealthAffairs@uadv.uci.edu).

**Hospital Directory.** If you are hospitalized, we may include certain limited 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. This information may include your name, location in the hospital, your general condition (e.g., fair, stable, etc.) and your religious affiliation. The directory information, except for your religious affiliation,

may also be released to people who ask for you by name. Your religious affiliation may be given to members of the clergy, such as ministers or rabbis, even if they don't ask for you by name. You have the opportunity to limit the release of directory information by telling UC Irvine Health at the time of your hospitalization.

Our disclosure of this information about you if you are hospitalized in a psychiatric hospital will be more limited.

**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 Health Information about you to an entity assisting in a disaster relief effort so that others can be notified about your condition, status and location.

**Research.** The University of California is a research institution. We may disclose Health Information about you for research purposes, subject to the confidentiality provisions of state and federal law. All research projects involving patients or the information about living patients conducted by the University of California must be approved through a special review process to protect patient safety, welfare and confidentiality.

In addition to disclosing Health Information for research, researchers may contact patients regarding their interest in participating in certain research studies. Researchers may only contact you if they have been given approval to do so by the special review process. You will only become a part of one of these research projects if you agree to do so and sign a specific permission form called an Authorization. When approved through a special review process, other studies may be performed using your Health Information without requiring your authorization. These studies will not affect your treatment or welfare, and your Health Information will continue to be protected.

**As Required By Law.** We will disclose Health Information about you when required to do so by federal or state law.

**To Prevent a Serious Threat to Health or Safety.** We may use and disclose Health Information about you when necessary to prevent or lessen a serious and imminent 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 your Health Information to organizations that obtain, bank or transplant organs, eyes or tissue, 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 Health Information about you to military command authorities as authorized or

required by law.

**Workers' Compensation.** We may use or disclose Health 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 Disclosures.** We may disclose Health Information about you for public health activities such as:

- 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 adverse events or surveillance related to food, medications or defects or problems with products;
- notifying persons 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;

**Abuse and Neglect Reporting.** We may disclose your Health Information to a government authority that is permitted by law to receive reports of abuse, neglect or domestic violence.

**Health Oversight Activities.** We may disclose Health Information to governmental, licensing, auditing, and accrediting agencies as authorized or required by law.

**Lawsuits and Other Legal Proceedings.** We may disclose Health Information to courts, attorneys and court employees in the course of conservatorship, writs and certain other judicial or administrative proceedings. We may also disclose Health Information about you in response to a court or administrative order, or in response to a subpoena, discovery request, warrant, or other lawful process.

**Law Enforcement.** If asked to do so by law enforcement, and as authorized or required by law, we may release Health Information:

- To identify or locate a suspect, fugitive, material witness, certain escapees, or missing person;
- About a suspected victim of a crime if, under certain limited circumstances, we are unable to obtain the person's agreement;
- About a death suspected to be the result of criminal conduct;
- About criminal conduct at UC Irvine Health/UC Irvine Student Health Center; and
- In case of 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.** 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 UC Irvine Health/UC Irvine Student Health Center to funeral directors as necessary to carry out their duties.

**National Security and Intelligence Activities.** As required by law, we may disclose Health Information about you to authorized federal officials for intelligence, counterintelligence, and other national security activities.

**Protective Services for the President and Others.** As required by law, we may disclose Health Information about you to authorized federal officials so they may conduct special investigations or provide protection to the President, other authorized persons or foreign heads of state.

**Inmates.** If you are an inmate of a correctional institution or under the custody of law enforcement officials, we may release Health Information about you to the correctional institution as authorized or required by law.

**Psychotherapy Notes.** *Psychotherapy notes* means notes recorded (in any medium) by a health care provider who is a mental health professional documenting or analyzing the contents of conversation during a private counseling session or a group, joint, or family counseling session and that are separated from the rest of the individual's medical record.

Psychotherapy notes have additional protections under federal law and most uses or disclosures of psychotherapy require your written authorization.

**Marketing or Sale of Health Information.** Most uses and disclosures of your Health Information for marketing purposes or any sale of your Health Information would require your written authorization.

## **OTHER USES AND DISCLOSURES OF HEALTH INFORMATION**

Other uses and disclosures of 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 revoke that authorization, in writing, at any time. However, the revocation will not be effective for information that we have already used and disclosed in reliance on the authorization.

## **YOUR RIGHTS REGARDING YOUR HEALTH INFORMATION**

**Your Health Information is the property of UC Irvine Health. You have the following rights regarding the Health Information we maintain about you:**

**Right to Inspect and Copy.** With certain exceptions, you have the right to inspect and/or receive a copy of your Health Information. If we have the information in electronic

format then you have the right to get your Health Information in electronic format if it is possible for us to do so. If not, we will work with you to agree on a way for you to get the information electronically or as a paper copy.

To inspect and/or to receive a copy of your Health Information, you must submit your request in writing to: UC Irvine Student Health Center, Medical Correspondence, Health Information Management Department, 501 Student Health, Irvine, CA 92697. If you request a copy of the information, there is a fee for these services.

We may deny your request to inspect and/or to receive a copy in certain limited circumstances. If you are denied access to Health Information, in most cases, you may have the denial reviewed. Another licensed health care professional chosen by UC Irvine Student Health Center 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 Request an Amendment or Addendum.** If you feel that Health Information we have about you is incorrect or incomplete, you may ask us to amend the information or add an addendum (addition to the record). You have the right to request an amendment or addendum for as long as the information is kept by or for UC Irvine Student Health Center.

**Amendment.** To request an amendment, your request must be made in writing and submitted to: UC Irvine Student Health Center, Medical Correspondence, Health Information Management Department, 501 Student Health, Irvine, CA 92697. You must be specific about the information that you believe to be incorrect or incomplete and you must provide a reason that supports the request.

We may deny your request for an amendment if it is not in writing; if we cannot determine from the request the information you are asking to be changed or corrected; or if your request does not include a reason to support the change or addition. In addition, we may deny your request if you ask us to amend information that:

- Was not created by UC Irvine Health/UC Irvine Student Health Center;
- Is not part of the Health Information kept by or for UC Irvine Health/UC Irvine Student Health Center;
- Is not part of the information which you would be permitted to inspect and copy;  
or
- UC Irvine Health/UC Irvine Student Health Center believes to be accurate and complete.

**Addendum.** To submit an addendum, the addendum must be made in writing and submitted to: UC Irvine Student Health Center, Medical Correspondence, Health Information Management Department, 501 Student Health, Irvine, CA 92697. An addendum must not be longer than 250 words per alleged incomplete or incorrect item in your record.

**Right to an Accounting of Disclosures.** You have the right to receive a list of certain disclosures we have made of your Health Information.

To request this accounting of disclosures, you must submit your request in writing to: UC Irvine Student Health Center, Medical Correspondence, Health Information Management Department, 501 Student Health, Irvine, CA 92697. Your request must state a time period that may not be longer than the six previous years. You are entitled to one accounting within any 12-month period at no cost. If you request a second accounting within that 12-month period, there will be a charge for the cost of compiling the accounting. 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.

**Right to Request Restrictions.** You have the right to request a restriction or limitation on the Health Information we use or disclose about you for treatment, payment or health care operations. You also 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, such as a family member or friend.

To request a restriction, you must make your request in writing to: UC Irvine Student Health Center, Medical Correspondence, Health Information Management Department, 501 Student Health, Irvine, CA 92697. 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, only to you and your spouse. *We are not required to agree to your request* except in the limited circumstance described below. If we do agree, our agreement must be in writing, and we will comply with your request unless the information is needed to provide you emergency care.

We are required to agree to a request not to share your information with your health plan if the following conditions are met:

1. We are not otherwise required by law to share the information
2. The information would be shared with your insurance company for payment purposes;
3. You pay the entire amount due for the health care item or service out of your own pocket or someone else pays the entire amount for you.

**Right to Request Confidential Communications.** You have the right to request 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.

To request confidential medical communications, you must make your request in writing to: UC Irvine Student Health Center, Medical Correspondence, Health Information Management Department, 501 Student Health, Irvine, CA 92697. We will accommodate all reasonable requests. Your request must specify how or where you wish to be contacted.

**Right to a Paper Copy of This Notice.** You have the right to a paper copy of this

Notice. You may ask us to give you a copy of this Notice at any time. Even if you have agreed to receive this Notice electronically, you are still entitled to a paper copy of this Notice.

Copies of this Notice are available throughout UC Irvine Student Health Center, or you may obtain a copy at our website: <http://www.shc.uci.edu>.

**Right to be Notified of a Breach.** You have the right to be notified if we or one of our Business Associates discovers a breach of unsecured Health information about you.

### **CHANGES TO UC IRVINE HEALTH'S PRIVACY PRACTICES AND THIS NOTICE**

We reserve the right to change UC Irvine Health's privacy practices and this Notice. We reserve the right to make the revised or changed Notice effective for Health Information we already have about you as well as any information we receive in the future. We will post a copy of the current Notice throughout UC Irvine Student Health Center. In addition, at any time you may request a copy of the current Notice in effect.

### **QUESTIONS OR COMPLAINTS**

If you have any questions about this Notice, please contact: UC Irvine Student Health Center, Attn: Administrative Director, 501 Student Health, Irvine, CA 92697.

If you believe your privacy rights have been violated, you may file a complaint with UC Irvine Student Health Center or with the Secretary of the Department of Health and Human Services, Office for Civil Rights. To file a written complaint with UC Irvine Student Health Center, contact: Administrative Director, 501 Student Health, Irvine, CA 92697. You will not be penalized for filing a complaint.



The University of California  
Statement of Privacy Practices– General Data Protection Regulation  
UC SHIP

**1. Transparency Regarding the Use of Your Personal Data**

As part of our commitment to protecting your privacy, this statement is designed to provide you with information regarding how the University of California Student Health Insurance Plan (UC SHIP) collects and processes the information you share when you use our website located at [www.ucop.edu/ucship](http://www.ucop.edu/ucship) and each of its associated domains (together, the "Sites"), utilize the services of ours which include the provision of health insurance to UC's students, or when you otherwise communicate with UC SHIP ("UC SHIP Services"). This statement is applicable to individuals using UC SHIP Services who are located in the European Economic Area ("EEA").

For purposes of the General Data Protection Regulation ("GDPR"), the data controller is the Regents of the University of California, with a location at 1111 Franklin Street, 10<sup>th</sup> Floor, Oakland, CA 94607.

**2. Your Personal Data We Use**

**Information you provide directly to UC:** UC SHIP collects personal information about you called Personal Data. Your Personal Data is collected when you register for classes or fill in an enrollment form on the UC SHIP Services Sites, or contact UC SHIP. This includes information you provide when you register for enrollment at the University of California, voluntarily enroll in UC SHIP, or seek a waiver from enrollment in UC SHIP. If you enroll or are enrolled in UC SHIP, or seek a waiver to enroll in UC SHIP, the information you give us includes your name, address and telephone number and e-mail address, UC student identification number, and date of birth, as well as any information about you that is associated with or linked to, or could be linked to, any of the foregoing data. If you request a waiver to enroll in UC SHIP, the information you give us also includes your identification number associated with your health insurance, and the name of the subscriber of your health insurance.

**Information from Other Sources:** We also obtain information about you from other departments within UC and combine that information with information we collect from you directly. The information we obtain from other sources includes your UC student identification number as well as any information about you that is associated with or linked to, or could be linked to, any of the foregoing data.

The information you give or we collect also includes more sensitive information, such as information relating to a medical condition or a medical diagnosis, biometric information about you, or demographic information relating to you. This information is collected for purposes of preventive medicine, or to provide medical treatment to you pursuant to a contract with a health professional bound by ethical requirements to maintain the confidentiality of your information.

### 3. **How We Use Your Personal Data and the Lawful Basis for Such Processing**

UC SHIP processes your Personal Data for the following purposes and bases:

- Evaluating your request to waive enrollment into UC SHIP. This is generally required under the contract we have with you as a student.
- Enrolling you into UC SHIP. This is generally required under the contract we have with you as a student and UC SHIP enrollee.
- Administering your participation in UC SHIP. This is generally required under the contract we have with you as a UC SHIP enrollee.
- Assessing/appraising provision of student health insurance. It is in our legitimate interest as a health insurance provider to understand and improve our processes.
- Providing you with information regarding UC SHIP events and initiatives. We will generally only do this where it is in our legitimate interest and where you have not objected or withdrawn any prior consent given.
- Processing and dealing with any complaints or inquiries made by you or legally on your behalf. We do this because it is in our legitimate interest as part of the services UC SHIP offers to you.
- UC may also be required to disclose your Personal Data to authorities who can request this information by law that is binding on UC.
- Utilizing sensitive personal data in connection with our Services, with your consent.

In certain instances, UC SHIP may be required to obtain your consent to collect and process your Personal Data for a specific purpose. This depends on the specific category of data collected and the intended use of the data. In these instances, UC will inform you of the specific category of Personal Data that will be collected and the intended purpose of the collection, and will request that you affirmatively indicate that you consent to the intended collection of your Personal Data for that purpose, prior to collecting the data.

In these instances, if you do not consent to the collection and intended processing purpose, UC will refrain from collecting and processing your Personal Data.

### 4. **Recipients of Your Personal Data**

UC SHIP may share your Personal Data with the following recipients:

- **Other UC locations or departments:** Other UC locations or departments in order to provide you with a UC Service, including the registrar's office or financial aid, or where it is in UC's legitimate interests.
- **Service Providers:** Vendors that need access to your Personal Data in order to provide UC SHIP Services. These include vendors to evaluate requests for waiver of enrollment in UC SHIP, and claims administrators and UC SHIP insurance carriers and brokers who administer UC SHIP. Where UC SHIP analyzes your Personal Data in order for UC to improve its provision and administration of its Services, it will share your Personal Data with data analytics vendors, and where consent is required, will only do so with your consent.

If your Personal Data is shared with a third party, UC will require that the third party use appropriate measures to protect the confidentiality and security of your Personal Data.

We may also need to share your Personal Data as required to respond to lawful requests and legal process; to protect our rights and property and those of our agents, customers and

others, including to enforce our agreements and policies; and in an emergency, to protect UC and the safety of our students, faculty and staff or any third party.

## 5. **Security**

UC takes appropriate physical, administrative and technical measures to protect Personal Data that are consistent with applicable privacy and data security laws and regulations. For more information about how UC protects data, refer to [Systemwide Information Security Policies and Standards](#).

## 6. **Retaining and Deleting Your Personal Data**

UC will retain your Personal Data for seven years from the date of enrollment in UC SHIP, unless there is a legal requirement to maintain it for a longer period.

## 7. **International Transfer of Your Personal Data**

In order to fulfill the intended processing purposes described above, your Personal Data will be transferred outside of the European Economic Area (EEA), specifically to the United States, which does not protect Personal Data in the same way that it is protected in the EEA. UC will undertake appropriate measures to ensure adequate protection of Personal Data, including utilizing appropriate physical, administrative, and technical safeguards to protect Personal Data, as well as executing standard contractual clauses approved by the European Commission or a supervisory authority under GDPR, or obtaining your consent, where appropriate.

## 8. **Your Rights**

As required by the General Data Protection Regulation and applicable EU Member State and EEA state law, if you are located in the European Economic Area, you have a right to:

- **Access your Personal Data**, as well as information relating to the recipients of your Personal Data, the purposes of processing your Personal Data, the duration for which the Personal Data will be stored, and the source of Personal Data that has not been provided by you;
- **Rectify or correct inaccurate or incomplete Personal Data** concerning you, taking into account the purposes of the processing, and the right to have incomplete Personal Data completed;
- **Move your Personal Data** to another controller or processor. UC will facilitate the lawful transfer of your data to the extent possible;
- Have your **Personal Data erased** in certain circumstances;
- **Restrict the processing of your Personal Data** in certain circumstances;
- **Object** to the processing of Personal Data in certain circumstances;
- **Withdraw your consent to the processing of your Personal Data**, should UC ask for your consent for the processing of your Personal Data. The withdrawal does not affect the lawfulness of Processing based on your consent before its withdrawal.
- Know whether your Personal Data is being used for **automated decision-making, including profiling**. In those cases, UC will give you meaningful information about the logic involved, the significance and the envisaged consequences of such processing for your data, and the right to request human intervention;
- **Lodge a complaint with a supervisory authority**;

UC may be obligated to retain your Personal Data as required by U.S. federal or state law.

If you wish to exercise your rights, you can contact the UC Privacy Official identified below.

**9. Questions and Complaints; UC Privacy Official**

If you have questions or complaints about our treatment of your Personal Data, or about our privacy practices more generally, please feel free to contact the UC Privacy Official:  
Scott Seaborn, (510)987-0459; [Scott.Seaborn@ucop.edu](mailto:Scott.Seaborn@ucop.edu).

Effective Date: This statement is effective as of July 1, 2018