

NOTICE OF PRIVACY PRACTICES

Effective Date: July 8, 2025

**UCLA ARTHUR ASHE STUDENT HEALTH AND WELLNESS CENTER,
INCLUDING
U SEE LA OPTOMETRY AND BRUIN HEALTH PHARMACY, AND THE
COUNSELING AND PSYCHOLOGICAL SERVICES (UCLASHCS)**

**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

UCLASHCS

UCLA Arthur Ashe Student Health and Wellness Center (including U See LA Optometry and Bruin Health Pharmacy) and UCLA Counseling and Psychological Services (“UCLASHCS”) 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 professions schools 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

UCLASHCS 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.

About Student Health Records at UCLASHCS

UCLASHCS uses the same electronic medical record (EMR) system as UCLA Health. Authorized providers within the UCLA Health network may access these records for treatment or care coordination, in line with Family Educational Rights and Privacy Act (FERPA), California Medical Information Act (CMIA) and/or the Health Insurance Portability and Accountability Act (HIPAA) and institutional policies. Access is limited to what is necessary, logged for audit purposes, and subject to strict confidentiality and privacy protocols. Any unauthorized access or misuse of records may result in disciplinary action under UCLA Health and UCLASHCS policies.

NOTICE OF PRIVACY PRACTICES

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- UCLASHCS Health providers. The disclosure of your Health Information to non-UCLASHCS providers may be done electronically through a health information exchange that allows providers involved in your care to access some of your UCLASHCS 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 UCLASHCS 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 UCLASHCS 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.

NOTICE OF PRIVACY PRACTICES

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

Fundraising Activities. We may contact you to provide information about UCLASHCS or UCLA Health sponsored activities, including fundraising programs and events. We may use contact information, such as your name, address and phone number, date of birth, provider name, the outcome of your care, department where you received services and the dates you received treatment or services at UCLASHCS or UCLA Health. You may opt-out of receiving fundraising information for the UCLASHCS or UCLA Health by contacting us at 1-855-364-6945 or by email at OptOutUCLAHSD@Support.ucla.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 UCLA 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 Health 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.

Health Information Exchanges. UCLASHCS 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. If you do not want UCLASHCS to share your information in an HIE, you can opt out by completing an [opt-out form](#) and submitting it to:

UCLA Health, Health Information Management Services
10833 Le Conte Avenue, CHS BH921
Los Angeles CA 90095-7305

NOTICE OF PRIVACY PRACTICES

UCLASHCS will agree with your opt-out request as needed to comply with the laws that apply to us. Opting out stops UCLASHCS 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 UCLASHCS, 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 UCLASHCS, you must contact those providers directly. If you opt out, you can choose to resume participation by submitting a written request to:

UCLA Health, Health Information Management Services
10833 Le Conte Avenue, CHS BH921
Los Angeles CA 90095-7305

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.

NOTICE OF PRIVACY PRACTICES

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 UCLASHCS; 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

NOTICE OF PRIVACY PRACTICES

medical information about patients of UCLASHCS 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

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.

NOTICE OF PRIVACY PRACTICES

To inspect and/or receive a copy of your Health Information for care provided **on or after July 8, 2025**, at UCLASHCS, you must submit your request in writing to:

UCLA Health, Health Information Management
Services 10833 Le Conte Avenue, CHS BH921
Los Angeles CA 90095-7305

To inspect and/or receive a copy of your Health Information for care provided **prior to July 8, 2025**, at the UCLA Arthur Ashe Student Health and Wellness Center (including U See LA Optometry and Bruin Health Pharmacy), you must submit your request in writing to:

UCLA Arthur Ashe Student Health & Wellness
Center
Medical Records
BOX 951703, 221 Westwood Plaza
Los Angeles CA 90095-1703

To inspect and/or receive a copy of your Health Information for care provided **prior to July 8, 2025**, at the UCLA Counseling and Psychological Services (CAPS), you must submit your request in writing to:

UCLA Counseling and Psychological Services
John Wood West, BOX 951556
Los Angeles CA 90095-1556

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 UCLASHCS 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 UCLASHCS.

Amendment:

To request an amendment for care provided **on or after July 8, 2025**, at UCLASHCS, you must submit your request in writing to:

UCLA Health, Health Information Management
Services 10833 Le Conte Avenue, CHS BH921
Los Angeles CA 90095-7305

To request an amendment for care provided **prior to July 8, 2025**, at the UCLA Arthur Ashe Student Health and Wellness Center (including U See LA Optometry and Bruin Health Pharmacy), you must submit your request in writing to:

NOTICE OF PRIVACY PRACTICES

UCLA Arthur Ashe Student Health & Wellness
Center
Medical Records
BOX 951703, 221 Westwood Plaza
Los Angeles CA 90095-1703

To request an amendment for care provided **prior to July 8, 2025**, at the UCLA Counseling and Psychological Services (CAPS), you must submit your request in writing to:

UCLA Counseling and Psychological Services
John Wood West, BOX 951556
Los Angeles CA 90095-1556

You must be specific about the information that you believe to be incorrect or incomplete and you must provide a reason that support the request.

We may deny your request for an amendment if it is not in writing, we cannot determine from the request the information you are asking to be changed or corrected or 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 UCLASHCS
- Is not part of the Health Information kept by or for UCLASHCS;
- Is not part of the information which you would be permitted to inspect and copy; or
- UCLASHCS believes to be accurate and complete.

Addendum:

To submit an addendum for care provided **on or after July 8, 2025**, at UCLASHCS, you must submit your request in writing to:

UCLA Health, Health Information Management
Services 10833 Le Conte Avenue, CHS BH921
Los Angeles CA 90095-7305

To submit an addendum for care provided **prior to July 8, 2025**, at the UCLA Arthur Ashe Student Health and Wellness Center (including U See LA Optometry and Bruin Health Pharmacy), you must submit your request in writing to:

UCLA Arthur Ashe Student Health & Wellness
Center
Medical Records
BOX 951703, 221 Westwood Plaza
Los Angeles CA 90095-1703

To submit an addendum for care provided **prior to July 8, 2025**, at the UCLA Counseling and Psychological Services (CAPS), you must submit your request in writing to:

NOTICE OF PRIVACY PRACTICES

UCLA Counseling and Psychological Services
John Wood West, BOX 951556
Los Angeles CA 90095-1556

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 for care provided **on or after July 8, 2025**, at UCLASHCS, you must submit your request in writing to:

UCLA Health, Health Information Management
Services 10833 Le Conte Avenue, CHS BH921
Los Angeles CA 90095-7305

To request this accounting of disclosures for care provided **prior to July 8, 2025**, at the UCLA Arthur Ashe Student Health and Wellness Center (including U See LA Optometry and Bruin Health Pharmacy), you must submit your request in writing to:

UCLA Arthur Ashe Student Health & Wellness
Center
Medical Records
BOX 951703, 221 Westwood Plaza
Los Angeles CA 90095-1703

To request this accounting of disclosures for care provided **prior to July 8, 2025**, at the UCLA Counseling and Psychological Services (CAPS), you must submit your request in writing to:

UCLA Counseling and Psychological Services
John Wood West, BOX 951556
Los Angeles CA 90095-1556

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 for care provided **on or after July 8, 2025**, at UCLASHCS, you must submit your request in writing to:

NOTICE OF PRIVACY PRACTICES

UCLA Health, Health Information Management
Services 10833 Le Conte Avenue, CHS BH921
Los Angeles CA 90095-7305

To request a restriction for care provided **prior to July 8, 2025**, at the UCLA Arthur Ashe Student Health and Wellness Center (including U See LA Optometry and Bruin Health Pharmacy), you must submit your request in writing to:

UCLA Arthur Ashe Student Health & Wellness
Center
Medical Records
BOX 951703, 221 Westwood Plaza
Los Angeles CA 90095-1703

To request a restriction for care provided **prior to July 8, 2025**, at the UCLA Counseling and Psychological Services (CAPS), you must submit your request in writing to:

UCLA Counseling and Psychological Services
John Wood West, BOX 951556
Los Angeles CA 90095-1556

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:

UCLA Health, Health Information Management
Services 10833 Le Conte Avenue, CHS BH921
Los Angeles CA 90095-7305

We will accommodate all reasonable requests. Your request must specify how or

NOTICE OF PRIVACY PRACTICES

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 UCLASHCS, or you may obtain a copy at our [Ashe](#) or [CAPS](#) website, .

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 UCLASHCS's PRIVACY PRACTICES AND THIS NOTICE

We reserve the right to change UCLASHCS'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 UCLASHCS. In addition, at any time you may request a copy of the current Notice in effect.

PRIVACY OF MINORS AND PERSONAL REPRESENTATIVES

If you have given someone the legal authority to exercise your rights and choices about your health information, we will honor such requests once we verify their authority through appropriate legal documentation or other required verification processes. This Notice also applies to minors and some disabled adults. They enjoy the same privacy protections for their medical information. However, because they usually cannot make health care decisions for themselves, a parent or a guardian can make decisions on their behalf. Parents or guardians can permit the use and release of this medical information. Parents or guardians may also hold all rights listed in this Notice including the right to inspect and copy and the right to amend.

There are, however, some situations where minors can make independent health care decisions without parental or guardian knowledge or permission. It is important to note in these situations that the minor may be the only one to permit the use and release of medical information. The minor may hold all rights listed in this Notice with respect to an independent health care decision.

QUESTIONS OR COMPLAINTS

If you have any questions about this Notice, please contact:

Office of Compliance Services
Chief Privacy Officer
10920 Wilshire Boulevard, Suite 700
Los Angeles CA, 90095-1366.

NOTICE OF PRIVACY PRACTICES

If you believe your privacy rights have been violated, you may file a complaint with UCLA Health or with the Secretary of the Department of Health and Human Services, Office for Civil Rights. To file a written complaint with UCLA Campus contact:

Office of Compliance Services –
Chief Privacy Officer
10920 Wilshire Boulevard, Suite 700
Los Angeles CA, 90095-1366

You will not be penalized for filing a complaint.

NOTICE OF PRIVACY PRACTICES

Effective Date: July 8, 2025

NOTICE OF PRIVACY PRACTICES ACKNOWLEDGMENT OF RECEIPT

The UCLASHCS Notice of Privacy Practices provides information about how we may use and disclose protected health information about you.

In addition to the copy we are providing you, copies of the current notice are available by accessing our [Ashe](#) or [CAPS](#) websites and may be obtained throughout the UCLASHCS.

I acknowledge that I have received the Notice of Privacy Practices.

Signature of Patient or Patient's Representative Date Time

Print Name Relationship to Patient

Interpreter (if applicable) Interpreter ID #

COMPLETE IF WRITTEN ACKNOWLEDGMENT WAS NOT OBTAINED

Please document your efforts to obtain acknowledgment and reason it was not obtained (please initial).

1. _____ Notice of Privacy Practices Given - Patient Unable to Sign
2. _____ Notice of Privacy Practices Given - Patient Declined to Sign
3. _____ Notice of Privacy Practices and Acknowledgment Mailed to Patient
4. Other Reason Patient Did Not Sign: _____

Signature of UCLA Health Representative Date Time

Print Name Department