



CEDARS-SINAI MEDICAL CENTER

**NOTICE OF PRIVACY PRACTICES - SUMMARY**

PATIENT I.D.

Effective Date: January 2007

This document provides a summary of how medical information about you may be used and disclosed and how you can get access to this information. For additional information on any item below, please review the Notice of Privacy Practices attached to this summary.

**How We May Use and Disclose Medical Information about You**

**Treatment** – your caregivers may share information to provide treatment to you.

**Payment** – we may disclose information about you to bill for services and treatment you received.

**Health care operations** – we may use information about you to carry out functions necessary to run the hospital and to make sure all our patients receive quality care.

We may also use your information for the following purposes:

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To send you an appointment reminder .....	3
To perform reporting activities as we are required by federal, state, or local law.....	3
To share with our business associates (contractors) who perform services for us.....	3
To list you in our directory so we can respond to people asking for you by name .....	3
For fundraising purposes .....	3
For advising you about our products and services .....	3
To share with individuals involved in your care or payment for your care ....	3
For research purposes.....	3
For health and safety purposes .....	4
To advise you of alternative treatment options .....	4
For funeral director or coroner purposes .....	4
For health oversight activities such licensure inspections, audits and investigations .....	4
For law enforcement purposes .....	4
For lawsuits and disputes .....	5
For military, veterans, national security, intelligence purposes .....	5
For organ procurement purposes.....	5
For protective services for the President and others.....	5
For public health purposes .....	5
For workers' compensation purposes .....	5



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**Electronic Health Care Records**..... 5

**You have the following rights**

- To inspect and copy your medical information with certain limitations ..... 6
- To request restrictions or limitations on the information we disclose about you..... 6
- To amend your medical information..... 6
- To request an accounting of disclosures of your information other than for treatment, payment and healthcare operations..... 7
- To request to receive information in a certain way or at a certain location... 7
- To obtain a paper copy of the Notice of Privacy Practices ..... 7
- To file a complaint with the hospital or the Secretary of the Department of Health and Human Services. You will NOT be penalized for filing a complaint..... 8

For additional information on the Notice of Privacy Practices or to file a complaint with the hospital, please contact the **Privacy Manager at 323-866-7877**. All complaints must be submitted in writing to:

Privacy Manager, Corporate Compliance Department  
Cedars-Sinai Medical Center  
8700 Beverly Blvd.  
Los Angeles, CA 90048.

I acknowledge I have received the *Notice of Privacy Practices* of Cedars-Sinai Medical Center.

Patient/Patient Representative Name: \_\_\_\_\_  
(Please Print)

Signature/Initials: \_\_\_\_\_ Date: \_\_\_\_\_  
Patient/Patient Representative

If it is not possible to obtain the individual's acknowledgement, describe the good faith efforts made to obtain the individual's acknowledgement, and the reasons why the acknowledgement was not obtained: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

\_\_\_\_\_  
Signature of Hospital Representative Date: \_\_\_\_\_

\_\_\_\_\_  
Job Title of Hospital Representative