

NOTICE OF PRIVACY PRACTICES

THIS NOTICE OF PRIVACY PRACTICE (“NPP”) DESCRIBES HOW HEALTH INFORMATION ABOUT YOU MAY BE USED AND DISCLOSED AND HOW YOU CAN GET ACCESS TO THIS INFORMATION. THIS NPP PROVIDES YOU WITH INFORMATION TO PROTECT THE PRIVACY OF YOUR CONFIDENTIAL HEALTH CARE INFORMATION, HEREAFTER, REFERRED TO AS PROTECTED HEALTH INFORMATION (“PHI”). THE NPP ALSO DESCRIBES THE PRIVACY RIGHTS YOU HAVE AND HOW YOU CAN EXERCISE THOSE RIGHTS. PLEASE REVIEW IT CAREFULLY.

If you have any questions about this NPP, please contact Kim Miller, HIPAA Compliance Officer, 24255 Pacific Coast Highway, Malibu, CA 90263, 310.506.4208.

OUR COMMITMENT REGARDING YOUR PHI:

Pepperdine University is committed to maintaining and protecting the confidentiality of your PHI. This NPP applies to Pepperdine University (Athletics, Boone Center for the Family, Counseling Center, Disability Services Office, Graduate School of Education and Psychology (PRYDE, Union Rescue Mission, Clinics), Human Resources, and Student Health Center) (“Departments”). Pepperdine University is required by federal and state law, including the Health Insurance Portability and Accountability Act (“HIPAA”), to protect your PHI and other personal information. We are required to provide you with this NPP about our policies, safeguards, and practices. When Pepperdine University uses or discloses your PHI, Pepperdine University is bound by the terms of this NPP, or the revised NPP, if applicable.

OUR OBLIGATIONS:

We are required by law to:

- Maintain the privacy of PHI (with certain exceptions)
- Give you this notice of our legal duties and privacy practices regarding health information about you
- Follow the terms of our NPP that is currently in effect

HOW WE MAY USE AND DISCLOSE PHI:

The following describes the ways we may use and disclose PHI. Except for the purposes described below, we will use and disclose PHI only with your written permission. You may revoke such permission at any time by writing to Pepperdine University’s Compliance Officer.

For Treatment. We may use and disclose PHI for your treatment and to provide you with treatment-related health care services. For example, we may disclose PHI to doctors, nurses, technicians, or other personnel, including people outside our office, who are involved in your medical care and need the information to provide you with medical care.

For Payment. We may use and disclose PHI so that we or others may bill and receive payment from you, an insurance company, or a third party for the treatment and services you received. For example, we may tell your insurance company about a treatment you are going to receive to determine whether your insurance company will cover the treatment.

For Health Care Operations. We may use and disclose PHI for health care operations purposes. These uses and disclosures are necessary to

make sure that all of our patients receive quality care and to operate and manage our office. For example, we may share information with doctors, residents, nurses, technicians, clerks, and other personnel for quality assurance and educational purposes. We also may share information with other entities that have a relationship with you (for example, your insurance company and anyone other than yourself who pays for your services) for their health care operation activities. Appointment Reminders, Treatment Alternatives, and Health-Related Benefits and Services. We may use and disclose PHI to contact you to remind you that you have an appointment with us. We also may use and disclose PHI to tell you about treatment alternatives or health-related benefits and services that may be of interest to you. Individuals Involved in Your Care or Payment for Your Care. When appropriate, we may share PHI with a person who is involved in your medical care or payment for your care, such as your family or a close friend. We also may notify your family about your location or general condition or disclose such information to an entity (such as the Red Cross) assisting in a disaster relief effort. Research. Under certain circumstances, we may use and disclose PHI for research. For example, a research project may involve comparing the health of patients who received one treatment to those who received another, for the same condition. We will generally ask for your written authorization before using your PHI or sharing it with others to conduct research. Under limited circumstances, we may use and disclose PHI for research purposes without your permission. Before we use or disclose PHI for research without your permission, the project will go through a special approval process to ensure that research conducted poses minimal risk to your privacy. Your information will be deidentified. Researchers may contact you to see if you are interested in or eligible to participate in a study.

SPECIAL SITUATIONS:

As Required by Law. We will disclose PHI when required to do so by international, federal, state or local law.

To Avert a Serious Threat to Health or Safety. We may use and disclose PHI when necessary to prevent a serious threat to your health and safety or the health and safety of others. Disclosures, however, will be made only to someone who may be able to help prevent or respond to the threat, such as law enforcement or a potential victim. For example, we may need to disclose information to law enforcement when a patient reveals participation in a violent crime.

Business Associates. We may disclose PHI to our business associates that perform functions on our behalf or provide us with services if the information is necessary for such functions or services. For example, we may use another company to perform billing services on our behalf. All of our business associates are obligated to protect the privacy of your information and are not allowed to use or disclose any information other than as specified in our contract.

Organ and Tissue Donation. If you are an organ donor, we may use or release PHI to organizations that handle organ procurement or other entities engaged in procurement, banking or transportation of organs, eyes or tissues to facilitate organ, eye or tissue donation and transplantation.

Military and Veterans. If you are a member of the armed forces, we may release PHI as required by military command authorities. We also may release PHI to the appropriate foreign military authority if you are a member of a foreign military.

Workers' Compensation. We may release PHI for workers' compensation or similar programs. These programs provide benefits for work-related injuries or illness.

Public Health Risks. We may disclose PHI for public health risks or certain occurrences. These risks and occurrences generally include disclosures to prevent or control disease, injury or disability; report births and deaths; report child, elder or dependent adult abuse or neglect; report reactions to medications or problems with products; notify people of recalls of products they may be using; a person who may have been exposed to a disease or may be at risk for contracting or spreading a disease or condition; and the appropriate government authority if we believe a patient has been the victim of abuse, neglect, or domestic violence (we will only make this disclosure when required or authorized by law).

Health Oversight Activities. We may disclose PHI to a health oversight agency, such as the California Department of Health and Human Services or Center for Medicare and Medical Services, for activities authorized by law. These oversight activities include, for example, audits, investigations, inspections, and licensure. These activities are necessary for the government to monitor the health care system, government programs, and compliance with civil rights laws.

Data Breach Notification Purposes. We may use or disclose your PHI to provide legally required notices of unauthorized access to or disclosure of PHI.

Lawsuits and Disputes. If you are involved in a lawsuit or a dispute, we may disclose PHI in response to a court or administrative order. We also may disclose PHI in response to a subpoena, discovery request, or other lawful request by someone else involved in the dispute, but only if efforts have been made to tell you about the request or to allow you to obtain an order protecting the information requested.

Law Enforcement. We may release PHI if asked by a law enforcement official if the information is: (1) in response to a court order, subpoena, warrant, summons or similar process; (2) limited information to identify or locate a suspect, fugitive, material witness, or missing person; (3) about the victim of a crime even if, under certain very limited circumstances, we are unable to obtain the person's agreement; (4) about a death we believe may be the result of criminal conduct; (5) about criminal conduct on our premises; and (6) in an 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 release PHI to a coroner or medical examiner. This may be necessary, for example, to identify a deceased person or

determine the cause of death. We also may release PHI to funeral directors as necessary for their duties.

National Security and Intelligence Activities. We may release PHI to authorized federal officials for intelligence, counter—intelligence, and other national security activities authorized by law. Protective Services for the President and Others. We may disclose PHI to authorized federal officials so they may provide protection to the President, other authorized persons or foreign heads of state, or to conduct special investigations.

Inmates or Individuals in Custody. If you are an inmate of a correctional institution or under the custody of a law enforcement official, we may release PHI to the correctional institution or law enforcement official. This release would be necessary if: (1) for the institution to provide you with health care; (2) to protect your health and safety or the health and safety of others; or (3) the safety and security of the correctional institution.

USES AND DISCLOSURES THAT REQUIRE US TO GIVE YOU AN OPPORTUNITY TO OBJECT/OPT OUT:

Individuals Involved in Your Care or Payment for Your Care. Unless you object, we may disclose to a member of your family, a relative, a close friend or any other person you identify, your PHI that directly relates to that person's involvement in your health care. If you are unable to agree or object to such a disclosure, we may disclose such information as necessary if we determine that it is in your best interest based on our professional judgment.

Disaster Relief. We may disclose your PHI to disaster relief organizations that seek your PHI to coordinate your care, or notify family and friends of your location or condition in a disaster. We will provide you with an opportunity to agree or object to such a disclosure whenever we practically can do so.

Fundraising. We may notify you about fundraising events that support Pepperdine University.

YOUR WRITTEN AUTHORIZATION IS REQUIRED FOR OTHER USES AND DISCLOSURES:
The following uses and disclosures of your PHI will be made only with your written authorization: 1. Uses and disclosures of PHI for marketing purposes; 2. Disclosures that constitute a sale of your PHI; and 3. Disclosures of psychotherapy notes. Other uses and disclosures of PHI not covered by this NPP or the laws that apply to us will be made only with your written authorization. If you do give us authorization, you may revoke it at any time by submitting a written revocation to our Compliance Officer and we will no longer disclose PHI under the authorization. But disclosure that we made in reliance on your authorization before you revoked it will not be affected by the revocation.

YOUR RIGHTS REGARDING YOUR PHI: Right to Inspect and Copy. You have a right to inspect and copy PHI that may be used to make decisions about your care or payment for your care. This includes medical and billing records, other than psychotherapy notes. To inspect and

copy your PHI, you must make your request, in writing, to the Department in which your care was provided. We have up to 30 days to make your PHI available to you and we may charge you a reasonable fee for the costs of copying, mailing or other supplies associated with your request. We may not charge you a fee if you need the information for a claim for benefits under the Social Security Act or any other state or federal needs—based benefit program. We may deny your request in certain limited circumstances. If we do deny your request, you have the right to have the denial reviewed by a licensed healthcare professional who was not directly involved in the denial of your request, and we will comply with the outcome of the review.

Right to Get Notice of a Breach. Pepperdine University is committed to safeguarding your PHI. If a breach of your PHI occurs, we will notify you in accordance with state and federal law.

Right to Amend, Correct or Add an Addendum. If you feel that the PHI we have is incorrect, incomplete, or you wish to add an addendum to your records, you have the right to make such request for as long as the information is kept by or for our office. You must make your request in writing to the Department in which your care was provided. In the case of claims that the information is incorrect, incomplete, or if the record was not created by Pepperdine University, we may deny your request. However, if we deny any part of your request, we will provide you with a written explanation of the reasons for doing so within 60 days of your request.

Right to an Accounting of Disclosures. You have the right to request a list of certain disclosures we made of PHI for purposes other than treatment, payment, health care operations, certain other purposes consistent with law, or for which you provided written authorization. To request an accounting of disclosure, you must make your request, in writing, to the Department in which your care was provided. You may request an accounting of disclosures for up to the previous six years of services provided before the date of your request. If more than one request is made during a 12 month period, Pepperdine University may charge a cost-based fee.

Right to Request Restrictions. You have the right to request a restriction or limitation on the PHI we use or disclose for treatment, payment, or health care operations. You also have the right to request a limit on the PHI we disclose to someone involved in your care or the payment for your care, like a family member or friend. For example, you could ask that we not share information about a particular diagnosis or treatment with your spouse. To request a restriction, you must make your request, in writing, to the Department in which your care was provided. We are not required to agree to your request unless you are asking us to restrict the use and disclosure of your PHI to a health plan for payment or health care operation purposes and such information you wish to restrict pertains solely to a health care item or service for which you have paid us out—of—pocket in full. If we agree, we will comply with your request unless the information is needed to provide you with emergency treatment or to comply with law. If we do not agree, we will provide an explanation in writing.

Out—of—Pocket—Payments. If you paid out—of—pocket (or in other words, you have requested that we not bill your health plan) in full for a specific item or service, you have the

right to ask that your PHI with respect to that item or service not be disclosed to a health plan for purposes of payment or health care operations, and we will honor that request.

Right to Request Confidential Communications. You have the right to request that we communicate with you about medical matters in a certain way or at a certain location. For example, you can ask that we only contact you by mail or at work. To request confidential communications, you must make your request, in writing, to the Department in which your care was provided. Your request must specify how or where you wish to be contacted. We will accommodate reasonable requests.

Right to Choose Someone to Act for You. If you give someone medical power of attorney or if someone is your legal guardian, that person can exercise your rights and make choices about your PHI. We will use our best efforts to verify that person has authority to act for you before we take any action.

Right to a Paper Copy of This NPP. You have the right to a paper copy of this NPP. You may ask us to give you a copy of this NPP at any time. Even if you have agreed to receive this NPP electronically, you are still entitled to a paper copy of this NPP. You may obtain a copy of this NPP on our website at, http://www.pepperdine.edu/provost/content/policies/hipaa_manual_5_2012.pdf. To obtain a paper copy of this NPP, contact the Department in which your care was provided.

CHANGES TO THIS NPP: We reserve the right to change this NPP and make the new NPP apply to PHI we already have as well as any information we receive in the future. We will post a copy of our current NPP at our office. The NPP will contain the effective date on the first page, in the top right—hand corner. You will be sent information regarding the changes via email or via mail on how you can obtain a new copy. You will be asked to sign off on the new Notice of Privacy Practices at your next scheduled appointment.

COMPLAINTS: If you believe your privacy rights have been violated, you may file a complaint with Kim Miller, HIPAA Compliance Officer, 24255 Pacific Coast Highway, Malibu, CA 90263, 310.506.4208. All complaints must be made in writing. You may also contact the Secretary of the Department of Health and Human Services or Director, Office of Civil Rights of the U.S. Department of Health and Human Services. Please contact our Compliance Officer if you need assistance locating current contact information. You will not be penalized or retaliated against for filing a complaint.

Acknowledgment of Receipt of Notice of Privacy Practices I acknowledge that I have received or been offered a copy of Pepperdine University's NPP which describes how my PHI is used and shared. I understand that Pepperdine University has the right to change this NPP at any time. I may obtain a current copy by contacting the Department in which my care was provided or by visiting Pepperdine University's website at http://www.pepperdine.edu/provost/content/policies/hipaa_manual_5_2012.pdf. My signature below acknowledges that I have been offered a copy or provided with a copy of the NPP