

Notice of Privacy Practices for Patients

UCI Health

NOTICE OF PRIVACY PRACTICES

UCI HEALTH

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.

UCI Health

UCI Health is one of the healthcare components of the University of California. The University of California healthcare components consist of the UC medical centers, UC community-based hospitals, 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

UCI 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. 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: [UCI Health Medical Records | UCI Health | Orange County, CA](#) or to one of the locations listed below. 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: [UCI Health Medical Records | UCI Health | Orange County, CA](#) or to one of the location listed below. We may say “no” to your request, but we will explain why in writing.

Right to Know How We Have Shared Your Health Information

You have the right to request a list (accounting) of the times UCI 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 have asked us to make. The request may be for a period covering up to six years before the date you request the list. Your request must be made in writing and submitted to: [UCI Health Medical Records | UCI Health | Orange County, CA](#) or to one of the locations listed below. If you request an accounting more than once in 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 your request. If you pay for a service or healthcare item out-of-pocket in full, you may ask us not to share that information for purposes of payment or our operations. Your request must be made in writing and submitted to Your request must be made in writing and submitted to: [UCI Health Medical Records | UCI Health | Orange County, CA](#) or to one of the locations listed below.

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. You must make your request in writing to Your request must be made in writing and submitted to: [UCI Health Medical Records | UCI Health | Orange County, CA](#) or to one of the locations listed below. We will agree to all reasonable requests.

UCI Health Medical Records Locations:

UCI Health – Fountain Valley: 170 Warner Ave, Suite 102, Fountain Valley, CA 92708
Direct Phone: (714) 966-8027, Fax Number: (714) 966-3367 and (714) 966-3352

UCI Health – Los Alamitos: 3951 Katella Ave., Los Alamitos, CA 92720
Direct Phone: (562) 799-3246 or (562) 799-3256, Fax Number: (562) 799-3225

UCI Health – Placentia Linda: Medical Records Department, 1301 Rose Drive, Placentia, CA, 92870
Direct Phone: (714) 524-4846, Fax Number: (714) 524-4867

UCI Health – Lakewood: 3700 E. South Street, Lakewood, CA 90712
Direct Phone: (562) 602-6790, Fax Number: (562) 602-6779

UCI Health – Orange and UCI Health – Irvine: Building 25, 01 The City Drive South, Route 118, Orange, CA 92868, Direct Phone: (714) 456-5670, Fax Number: (888) 522-3679, Email: roi@hs.uci.edu

Right to a Paper Copy of This Notice

You may 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 at all UCI Health locations or visit our website, UCI Health Notice of 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

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-UCI 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-UCI 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 that 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 to 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 federal and state before we share your information for these reasons.

Information disclosed pursuant to this Notice of Privacy Practices is subject to redisclosure by the recipient and may no longer be protected by federal or state privacy laws.

Hospital Directory

If you are hospitalized, we may include certain information about you in the hospital directory. This is to enable your family, friends, and clergy to visit you in the hospital and generally learn 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

UCI 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 that participate in your treatment to have information needed to treat you. We currently participate in the HIEs listed below:

- Care Everywhere (Epic)
- eHealth Exchange
- CareQuality

If you do not want UCI Health to share your information in an HIE, you may opt out by completing an opt-out form and submitting it to [UCI Health Medical Records | UCI Health | Orange County, CA](#). UCI Health will agree with your opt-out request as needed to comply with the laws that apply to us. Opting out stops UCI 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 UCI 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 UCI Health, you must contact those providers directly. If you opt out, you may choose to resume participation by submitting a written request to [UCI Health Medical Records | UCI Health | Orange County, CA](#).

Research

UCI Health is a research institution. In certain circumstances, we may 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 required 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 may 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 may opt out of receiving fundraising information for UCI Health by contacting us at optouthealthaffairs@uadv.uci.edu or by calling (855) 824-3768.

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 the agency wants to ensure that we're complying with federal privacy law.

Respond to Lawsuits and Legal Actions

As allowed by law, we may share health information about you in response to a court or administrative order, or in response to a subpoena.

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 sharing of your health information for marketing purposes or any sale of your health information are strictly limited and require your written authorization.

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 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.

The following section applies only if you have received care covered by the 42 CFR Part 2 program:

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 stricter privacy protections for these records.

As required by law, we cannot use or share your drug or alcohol treatment records in a court, or administrative or legislative proceedings against you without your written consent, unless there is a court order that requires disclosure.

As required by law, we may only use your drug and alcohol treatment records for fundraising purposes after we have given you a chance to opt out of receiving fundraising information. See “Fundraising Activities” section for more information about how to opt out.

Changes to UCI 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, [UCI Health Notice of Privacy Practices](#).

Organized Healthcare Arrangements

UCI Health participates in an Organized Healthcare Arrangement (OCHA) with other healthcare providers. Within the OCHA, member organizations may share your health information for treatment, payment or operations related to the OCHA. For a list of UCI Health’s current OCHA participants, visit: <https://care.ucihealth.org/UCI-health-physician-network/>

Questions or Complaints

If you have any questions or concerns about this notice, please contact the UCI Health Compliance & Privacy Office, 101 The City Drive South, Orange, CA 92868, or call (888) 456-7006. If you feel your rights have been violated, you may file a complaint with:

UCI Health Patient Experience, P.O. Box 14091, Orange, CA 92868, or call (714) 456-7004. You may also file a complaint with the Secretary of the U.S. Department of Health and Human Services, Office for Civil Rights. You will not be retaliated against for filing a complaint.

Effective Date: February 16, 2026

Additional information

Notice of privacy practices — other languages

English	Korean	Arabic
Spanish	Armenian	Punjabi
Chinese	Persian (Farsi)	Mon-Khmer, Cambodian
Vietnamese	Russian	Hmong
Tagalog	Japanese	Hindi
		Thai