

Scripps Health Notice of Privacy Practices

This notice is effective 02/16/26 and describes:

- How medical information about you may be used and shared.
- Your rights about the health information Scripps Health (“Scripps”) keeps about you.
- How to file a complaint if you think your privacy or rights have been violated.
- You have the right to get a copy of this notice (paper or electronic) and ask questions about it. Contact information is at the bottom of this notice.
- Please read this notice carefully.

Our Pledge Regarding Health Information About You

Scripps Health is dedicated to keeping health information about you private. Every time you visit a Scripps facility, we make a record of the care and services you receive. This record helps us give you the best possible care and meets certain legal requirements. We protect health information about you in accordance with this notice.

How We May Use and Disclose Health Information About You

The following sections explain how we use health information about you at Scripps and share it with people or organizations outside of Scripps. While we haven’t included every example, all uses and disclosures will fit into one of these categories. Some uses and disclosures may require your specific permission.

Treatment: We use and share protected health information about you to provide, coordinate, or manage your care and related services. This includes sharing information about you with doctors, nurses, technicians, medical students, interns, and other health professionals involved in your care during your visit. We may also share health information about you with providers outside of Scripps, including affiliated groups or locations. For example, we might share information about you with your personal doctor to coordinate your care, with a Scripps-connected group to support your treatment, or with a provider outside of Scripps if you are, or will be, receiving care from them.

Sharing health information electronically between providers helps improve and coordinate care. **Scripps is part of health information exchanges, which let doctors and healthcare providers—even in other states—securely access health information about you when they need it to care for you. As a patient, you have the right to opt out of these electronic health exchanges if you choose.** For more information or to opt out, visit Scripps’ Health Information Exchange webpage.

Payment: We may use and share health information about you to bill and collect payment for the healthcare services you receive at Scripps. This includes sharing information with your insurance company, a third party, or a collection agency to process payments. We might also share details about a treatment you plan to receive with your insurance company to find out if they will cover the cost. If you choose to pay for a healthcare service yourself, you can ask us not to share information about that service with your insurance company.

Health Care Operations: We may use and share health information about you for healthcare operations. This means activities needed to run our healthcare facilities and ensure all patients receive quality care. These activities include things like quality checks, follow-up phone calls after your discharge to check on your health, credentialing medical staff, and customer service tasks like patient satisfaction surveys or investigating complaints. We may also use health information about you for certain marketing purposes, such as sharing health education or treatment options with you. Healthcare operations also includes using health information about you for Scripps Health’s financial and business planning, like deciding what additional services a location should offer.

Business Associates: Scripps Health works with outside organizations that provide services for us, such as accreditation agencies, management consultants, quality assurance reviewers, and billing or collection services. We may need to share health information about you with these business partners so they can do their work for us. To make sure information about you stays safe, we require all our business partners to sign a contract, or written agreement, agreeing to protect the privacy and security of information about you.

Special Situations That Do Not Require Your Authorization

State and federal law allows us to share health information about you in certain situations without your verbal or written permission. Examples may include:

Organ and Tissue Donation: We may share health information about you with organizations responsible for organ, eye, or tissue donation and transplantation to help with the donation process. However, these organizations must have your permission for the actual organ or tissue donation to take place.

Research: We may use health information about you without your permission for certain research purposes, such as preparing for a research project or reviewing past records. This is only allowed when the research goes through a special review process to protect patient safety, well-being, and privacy. In these cases, the protected health information must stay within Scripps and cannot be shared outside of Scripps. If you would like to opt out of participating in research you can change your settings in the patient portal, or notify registration/check-in staff.

Military and Veterans: If you are in the armed forces, we may share health information about you when required by military command authorities.

Worker's Compensation: We may share health information about you with worker's compensation or similar programs if you have a work-related injury or illness. These programs provide benefits to help cover work-related injuries or illnesses.

Averting a Serious Threat to Health or Safety: We may use or share health information about you if needed to prevent a serious threat to your health or safety, or the health and safety of another person or the public. We would only share this information with someone who can help prevent the threat.

Health Oversight Activities: We may share health information about you with a health oversight agency for activities allowed by law. These activities include audits, investigations, inspections, and licensing. They are important for the government to monitor the healthcare system, government programs, and compliance with civil rights laws.

Public Health Activities: We may share health information about you for public health or required reporting purposes. These activities may include:

- Preventing or controlling diseases, injuries, or disabilities.
- Reporting births and deaths.
- Reporting reactions to medications, product issues, or other adverse events.
- Informing patients about recalls of products they may be using.
- Notifying individuals who may have been exposed to a disease or are at risk of spreading or contracting an illness.
- Reporting suspected cases of abuse, neglect, or domestic violence (such as for children, elders, or dependent adults) when required by law.
- Reporting inpatient admissions, emergency room visits, and same-day surgeries to the California Department of Statewide Health Planning and Development.
- Notifying state registries, like the California Emergency Medical Services Authority, if you are treated at the hospital for certain diseases or conditions.

Lawsuits and Disputes: If you are involved in a lawsuit or legal dispute, we may share health information about you if required by a court or administrative order. We may also share health information about you in response to a subpoena, legally enforceable discovery request, or other legal process from someone involved in the dispute.

Law Enforcement: We may share health information about you with law enforcement officials for the following reasons:

- In response to a court order, subpoena, warrant, summons, or similar legal process.
- To help identify or locate a suspect, fugitive, material witness, or missing person.
- To identify a crime victim if, in certain situations, we cannot get the victim's permission.
- To share information about a death we believe may have been caused by criminal activity.
- To report criminal activity that occurs at our facility.
- In emergency situations, 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 Mortuaries: We may share health information with a coroner or medical examiner to help identify a deceased person or determine their cause of death. We may also provide health information to funeral homes as needed to help them perform their duties.

National Security and Intelligence Activities: We may share health information about you with authorized federal officials for intelligence, counterintelligence, and other national security activities as allowed by law.

Inmates: If you are an inmate at a correctional facility or in the custody of law enforcement, we may share health information about you with the correctional facility or law enforcement officials. This is necessary to provide you with healthcare, protect your health and safety or the health and safety of others, and ensure the security of the correctional facility.

Legal Requirements: We may share health information about you without your permission when required by federal, state, or local laws not specifically mentioned in this notice. For example, we might share health information as part of a lawful request during a government investigation.

Situations Requiring Your Verbal Agreement

Patient Hospital Directory: Each Scripps hospital keeps a “directory” of information about patients currently admitted. This directory is available to anyone who asks for a patient by name and allows us to share: 1) your name, 2) your location in the hospital, 3) your general condition (e.g., serious, fair, good, etc.), and 4) your religious affiliation (available only to clergy). The directory helps visitors find your room and allows florists to deliver flowers to you. Each time you are admitted to a Scripps hospital, you will be asked if you agree to have all or part of this information included in the directory. If you choose not to include information about you, we will not be able to share your presence or location in the hospital with your family, friends, or visitors.

Individuals Involved in Your Care or Payment for Your Care: We may share health information about you with a family member or friend involved in your care, unless you tell us ahead of time not to do so. At Scripps, we may also share health information about you with organizations helping with disaster relief efforts, like the Red Cross, so your family can be informed about your condition, status, and location.

Situations Requiring Your Written Authorization

If we need to use health information about you in ways not described above, we will ask for your written permission. This written permission is called an “authorization.” For any uses or disclosures not covered in this notice, we will get your authorization before sharing health information about you. If you give Scripps Health permission to use or share health information about you, you can change your mind and revoke your authorization at any time by letting us know in writing. Once you revoke your authorization, we will stop using or sharing health information about you for the reasons covered by that authorization. However, we cannot undo any actions we have already taken based on your previous permission, and we are required to keep records of the care we provided to you. Below are examples of situations where your authorization is typically required.

Special Categories of Treatment Information: In most cases, federal or state law requires your written permission, or the written permission of your representative, to share information about drug and alcohol abuse treatment, HIV and AIDS test results, and mental health treatment.

Substance Use Disorder Treatment Information: If Scripps Health receives or keeps information about you from a substance use disorder treatment program covered by 42 CFR Part 2 (a Part 2 Program), and you give general consent to the program to use and share your records for treatment, payment, or healthcare operations, we may use and share your Part 2 Program records for those same purposes as described in this Notice. If we receive or keep your Part 2 Program records through specific consent you give to us or another third party, we will only use or share your records as allowed by that consent.

Scripps Health will not use or share your Part 2 Program records, or any testimony about the information in them, in any civil, criminal, administrative, or legislative proceedings by federal, state, or local government authorities unless you give your consent or a court issues an order after notifying you.

Sale of Health Information: Scripps does not sell health information about you. If we ever needed to use or share health information about you in a way that constitutes a sale, we would first get your written permission.

Research: If you enroll in a research study, that may include treatment, review of medical records, etc., we can only share health information about you with researchers if you sign a specific written authorization. Before the study starts, an Institutional Review Board (IRB) will review the research plan, set rules to protect your privacy, and approve the study. You are not required to sign the authorization, but if you choose not to, you cannot participate in the research study or receive the research-related treatment.

Marketing: In most cases, we need your permission for Scripps Health-related marketing activities. However, there are some exceptions. We do not need your authorization if the communication is face-to-face, if we give you a small gift of nominal value, or if the activity is to provide information about Scripps Health treatment options or services.

Fundraising: For fundraising purposes, we will get your authorization unless it is for Scripps Health's own fundraising efforts. You have the option to opt out of receiving these communications at any time, and you can choose to opt back in if you wish. Details on how to opt out or back in will be provided in our fundraising communications and on our website.

Your Rights Regarding Medical Information About You

Obtain a copy of our Notice of Privacy Practices in either paper or electronic format, via our webpage.

Reproductive and Gender Affirming Health Privacy: California's Confidentiality of Medical Information Act (CMIA) offers additional privacy protections beyond HIPAA, including stricter rules for sharing reproductive and gender-affirming health records. Under these rules, Scripps Health will not share information about reproductive or gender-affirming care with out-of-state agencies or law enforcement if it's for investigations or legal actions that violate California laws protecting your right to access this care. **We will continue to share this information about you for treatment, payment and operations, and when you receive healthcare services in another state, unless you opt out of Health Information Exchange.**

Rights for Minors: California state law allows some minors to consent to certain healthcare services, including family planning, pregnancy-related care, treatment for communicable or infectious diseases, care for sexual assault, sexually transmitted infections (STIs) including HIV, substance use disorder treatment, outpatient mental health services, and contraception. Minors who can legally consent to these services also have the right to privacy for this care. To honor this, we seek their permission before sharing any information, even with parents or guardians. Additionally, since parents or guardians often have proxy access to their minor's records through the patient portal, we adjust the settings at age 12 to limit parent or guardian access to these records in order to protect the minor's privacy when seeking treatment.

Request a restriction on certain uses and disclosures of information about you. Requests for restrictions on the use or sharing of health information about you must be made in writing, and we will respond in writing to let you know if we can agree to your request. However, we are not required to agree to a restriction if our systems or workflows cannot support it. For example, we cannot restrict access to information about you to only your specific care team, as staff from other departments, such as scheduling, billing, payment processing, and quality reporting may need to access health information about you for treatment, payment, or operations. If we do agree to a restriction, we will follow your request

unless the information is needed for emergency treatment or to comply with the law.

Services paid for out of pocket: We are legally required to honor your request to restrict sharing health information about you with your health plan or insurer for payment or operations if the information is about a healthcare item or service that you, or someone else on your behalf, paid for in full out-of-pocket at the time of service. To ensure we can accommodate your request, it is important that you make the request and pay before receiving the care.

Please note that we can only handle requests for providers whose billing is managed by Scripps Health. This restriction does not apply to practitioners who bill separately for their services or provide care in their private practices.

Inspect and request a copy of health record about you. You have the right to inspect and request a paper or electronic copy of health information about you. To do so, you must submit a written request to Scripps Health Information Management. There may be a reasonable fee for providing copies. In very limited situations, we may deny your request—for example, if access to the information could endanger your life or the safety of another person. If your request is denied, you can ask for the denial to be reviewed by another healthcare professional chosen by our team. We will follow the decision made after this review.

Request an amendment to health records about you if you feel the information is incorrect or incomplete. Your request to amend health information about you must be made in writing and include a reason to support your request. We may deny your request if the information was not created by our healthcare team, if it is not part of the information we maintain, if it is not part of the information you are allowed to inspect and copy, or if the information is already accurate and complete. Please note, if we approve your request for an amendment, we are not required to delete any information from health records about you.

Accounting of Disclosure by Scripps. You have the right to request a list, called an accounting of disclosures. This accounting does not list every individual who has accessed health information about you in our medical record system. Nor does it include when we shared health information about you for treatment, payment, and operations purposes or certain other disclosures, such as those you asked us to make. Other than these exceptions, it will include when and with whom we shared information about you outside of Scripps in the six years prior to your request.

Request confidential communications. You have the right to ask us to communicate with you about medical matters in a specific way or at a certain location. For example, you can request that we only contact you at work or by mail. We will do our best to accommodate any requests that are reasonable based on our system capabilities. To make this request, you must submit it in writing and clearly specify how and where you would like us to contact you.

Revoke your authorization. You have the right to revoke your authorization for the use or sharing of health information about you at any time. However, this does not apply to actions that have already been taken based on your previous authorization.

Right to be notified of a breach. Scripps Health is committed to protecting health information about you and takes steps to prevent breaches. If a breach of unsecured health information happens, we will notify you as required by state and federal laws.

Request for Copy of Health Information. Visit the Scripps webpage under **Medical Records for details on how to:**

- Obtain a copy of medical records about you
- Request an accounting of disclosures
- Amend health information about you
- Add an addendum to health information about you

Questions or Complaints: If you have questions or concerns about how we manage health information about you, you can contact us or the U.S. Department of Health and Human Services, Office for Civil Rights. To file a complaint about this notice or how Scripps Health handles health information about you, write to: Scripps Health Privacy Officer at 4555 Executive Drive, San Diego, CA 92121 or email: Privacy@scrippshealth.org.

We will not take any action against you for filing a complaint. You can also send a written complaint to the Secretary of the U.S. Department of Health and Human Services, Office for Civil Rights.

Calling, texting, and emailing: We may contact you about your healthcare using the phone numbers and email addresses you provide. This could include automated calls, pre-recorded or synthetic voice messages, texts, emails, or secure messages through our patient portal. These communications may include information such as appointment reminders, discharge planning, billing, prescription reminders, scheduling opportunities, updates on your general health, or regulatory notices sent by this method instead of first-class mail.

Texts and emails are not encrypted, which means there is a risk that someone else could read or access these messages. To protect your privacy, we limit the amount of protected health information included in these communications.

If you do not wish to receive text or email messages of this kind, you can update your communication preferences in our patient portal or let us know so we can adjust your preferences. You will also have the option to opt out of receiving similar communications in the future when we contact you.

Who is Covered by this Notice: This notice applies to all Scripps Health Hospitals, Scripps Clinic, Scripps Coastal Medical Center, Scripps Urgent Care, Scripps Walk-in Clinics, Scripps Specialty Centers, and Scripps Laboratories locations. This notice also applies to all practitioners in Scripps Clinic Medical Group, Scripps Coastal Medical Center, Scripps Inpatient Medical Group, and Scripps Cardiovascular and Thoracic Surgery Medical Group. For the details regarding each Scripps Health location, such as their address, that fall under this notice, please visit the Scripps Health website under the [Locations](#) tab.

Organized Health Care Arrangement (OHCA) at Scripps Health: Scripps Health participates in an Organized Health Care Arrangement (OHCA) under the Health Insurance Portability and Accountability Act (HIPAA). An OHCA is an arrangement that allows Scripps Health, and its affiliated partners to share health information about our patients and/or plan members to promote the joint operations of the participating entities. The entities covered by this notice, which are listed above, have formed an OHCA and share health information with each other for the treatment, payment, and healthcare operations of the OHCA. The above Scripps Health entities also have a separate OHCA and share health information with the Scripps Health Plan Services, a HIPAA Covered Entity that provides medical benefits to Scripps Health employees and their families. The Scripps Health Plan is covered by its own separate Notice of Privacy Practices, which can be found on [Scripps Health Plan](#) website under [Notice of Privacy Practices](#).

Changes to this Notice: We reserve the right to change our privacy practices and update this Notice as needed. Any revised or updated Notice will apply to health information we already have about you, as well as any information we receive in the future. Copies of the current Notice are posted on our website and are available in our registration areas. If there are significant changes to the Notice, we will post the updated version in our registration areas and provide it to you upon request.

Effective Date: The Effective Date of this Notice is April 14, 2003. Ability to restrict the sharing of health information with payers if patient pays cash for services was added on September 15, 2016. The Notice was updated on February 16, 2026 to include: information regarding rights of minors; additional protections for reproductive and gender-affirming care based on state law; information on calling, texting, and email communications; examples of restrictions we are not able to agree to; more details on what an accounting of disclosure does not include; and an explanation of who is covered by this Notice, including an explanation of the OHCA at Scripps Health.