



# Joint Notice of Privacy Practices

THIS NOTICE DESCRIBES HOW MEDICAL INFORMATION ABOUT YOU OR YOUR CHILD MAY BE USED AND DISCLOSED AND HOW YOU CAN GET ACCESS TO THIS INFORMATION.

## Who Follows This Joint Notice:

This Joint Notice describes the privacy practices of the following:

- Children's Hospital & Medical Center and Children's Physicians which are organizations affiliated under the common control of Children's Hospital & Medical Center and
- the organized health care arrangement composed of Children's Hospital & Medical Center, the physician and dentist members of Children's medical staff, and other independent health care providers authorized to provide care to Children's patients; including Children's Specialty Physicians.

## Where the Privacy Practices Outlined in This Joint Notice Apply:

- The privacy practices in this Joint Notice shall apply at all Children's facilities. Children's Urgent Care Centers, all Children's Physicians locations, Children's Home Healthcare service delivery locations including Children's Home Healthcare's World and patient residences.

## Our Pledge Regarding Medical Information

Children's Hospital & Medical Center medical staff members, Children's Specialty Physicians, and other independent providers, Children's Home Healthcare providers and Children's Physicians understand that information about you or your child's health is personal and we will make every effort to protect that information. We create a record of the care and services you or your child receive. This record helps us to provide quality care and meet legal requirements. This Notice covers all records of your or your child's care, whether created by Children's Hospital & Medical Center, Children's Home Healthcare Providers, a Children's Physicians' office, Children's Urgent Care or other Children's facility.

The privacy practices described in this Notice may be different than those of other doctors treating you or your child.

This Notice will tell you about the ways in which we may use and disclose medical information about you or your child. It also describes your rights and our responsibilities regarding the use and disclosure of your or your child's medical information.

## We are required by law to:

- make sure that medical information about you or your child is kept private;
- give you this Notice of our legal duties and privacy practices; and
- follow the terms of the privacy notice that are currently in effect.

## How We May Use and Disclose Medical Information about You or Your Child:

Below are some examples of how Children's medical staff, Children's Specialty Physicians and other independent providers, Children's Home Healthcare providers and Children's Physicians (herein collectively referred to as "Providers") may use and disclose medical information. However, not every use and disclosure is listed.

**For Treatment** – We may provide medical information about you or your child to doctors, nurses, technicians, residents, medical students, or other personnel who provide care for you or your child. For example, a doctor treating your child for a broken leg may need to know if your child has diabetes since diabetes may slow healing. In addition, the doctor may also need to tell a dietitian that your child has diabetes so we can arrange for the right meals.

We may share medical information about you or your child with people and companies outside the identified Providers who are involved in your or your child's ongoing medical care. We may also access medication history.

**For Payment** – We may use medical information about you or your child so that the treatment and services you or your child receive can be billed and payment may be collected from you, an insurance company or a third party. For example, we may need to give your insurance company information about your or your child's surgery so the insurance company will pay us for the surgery. We may tell your health plan about a treatment you or your child is going to receive to obtain approval or to determine whether your health plan will cover the treatment. We also may provide medical information about you or your child to companies outside the identified Providers who need this information to bill for services they provided.

**For Health Care Operations** – We may use medical information about you or your child for health care operations that help us to provide quality care. For example, we may use medical information to review our treatment, services and the performance of our staff. We may also combine medical information about patients to decide what additional services we should offer, what services are not needed, and whether certain new treatments work. We may provide information to doctors, nurses, technicians, medical students and other personnel for review and learning purposes. We may provide medical information about you or your child to companies outside of the identified Providers for health care operations as long as both companies have treated you or your child. We may also combine medical information we have with medical information from other hospitals to compare how we are doing and see where we can make improvements in care and services. We will remove information that identifies you or your child from this set of medical information so that others may use it to study health care and health care delivery without being able to identify you or your child.

**Business Associates** – We may provide medical information to other persons or organizations, known as business associates, who provide services for us under contract. Business associates are required by law to protect the medical information we provide to them.

**Appointment Reminders** – We may use and provide medical information to contact you as a reminder that you or your child have an appointment with us. If you do not want to be contacted for appointment reminders, you must contact Children’s Access Center in writing.

**Treatment Alternatives:** – We may use and provide medical information to tell you about possible treatment options or other items of interest. If you do not want to be contacted for these reasons, you must contact Children’s Access Center in writing.

**Health-Related Benefits and Services** – We may use and provide medical information to tell you about health-related benefits or services of interest. If you do not want to be contacted for these reasons, you must contact Children’s Access Center in writing.

**Fundraising Activities** – We may provide information about you or your child to our hospital-related foundation so the foundation may contact you in raising money for the hospital. We will release only information such as your or your child’s name, address and phone number and the dates you or your child received treatment or services. You will be provided with the opportunity to opt out of fundraising communications with each solicitation.

**Marketing Services and Sale of Protected Health Information** – Excepted for a limited set of exceptions, Children’s will obtain your consent before using your or your child’s Protected Health Information for marketing purposes or selling it to third parties.

**Breaches of Protected Health Information** – In the event that a breach of your or your child’s unsecured Protected Health Information occurs we will notify you.

## **Uses and Disclosures Made Only with**

**Your Authorization** – The following uses and disclosures will only be made with your authorization: (i) most uses and disclosures of psychotherapy notes (ii) uses and disclosures of Protected Health Information (PHI) for marketing purposes, including subsidized treatment communication; (iii) disclosures that constitute a sale of PHI; and (iv) other uses and disclosures not described in the Notice of Privacy Practices.

**Hospital Directory** – We may include limited information such as your child’s name and location in the hospital directory while your child is a patient, unless you notify us that you object. The directory information may also be given to people who contact the hospital and ask for your child by name. This is so your child’s family, friends and clergy may visit your child in the hospital.

**Individuals Involved in Your or Your Child’s Care or Payment for Your or Your Child’s Care** – We may provide medical information about you or your child to a friend, family member or any other person you say is involved in your or your child’s medical care or the payment of your or your child’s care. We will provide this information only if you tell us to or if we think that normally it is in your or your child’s best interest to allow a person to act on your or your child’s behalf. For example, you may identify a friend or family member to pick up medical supplies for you or your child. We will provide only the medical information needed to allow the person to complete that task. In addition, we may provide medical information about you or your child to someone helping in a disaster relief effort so that you or your family can be notified about your or your child’s condition, status and location.

**Research** – We may use medical information about you or your child for research purposes. For example, a research project may involve comparing the health of all patients who received one medicine to those who took another for the same condition. All research projects are subject to a specific approval process. This process reviews a proposed research project and its use of medical information, comparing the research needs with patients’ need for privacy of their medical information. We may provide medical information about you or your child to people preparing for a research project; for example, to help them look for patients with specific medical needs, as long as the medical information they receive does not leave the hospital. Normally, we will ask you to agree if the researcher will have access to your or your child’s name, address or other information that shows your or your child’s identity.

**As Required by Law** – We will provide medical information about you or your child when required to do so by federal, state or local law.

**To Avert a Serious Threat to Health or Safety** – We may use and provide medical information about you or your child when needed to prevent a serious threat to your or your child’s health and safety or the health and safety of other people. The information will be provided only to someone able to help prevent the threat.

**Organ and Tissue Donation** – If you are or your child is a potential candidate for organ donation, we may be required to provide medical information to organizations that handle organs for organ, eye or tissue transplantation or to an organ donation bank.

**Workers' Compensation** – We may provide medical information about you or your child for workers' compensation or similar programs that provide benefits for work-related injuries or illness.

**Public Health Activities** – We may provide medical information about you or your child for public health activities. These activities generally include the following:

- To prevent or control disease, injury or disability;
- To report births or deaths;
- To report reactions to medications or problems with products;
- To notify people of recalls of products they may be using;
- To notify a person who may have been exposed to a disease or may be at risk for getting or spreading a disease or condition; or
- To notify the government if we suspect a patient has been the victim of abuse, neglect or domestic violence.

We will make this disclosure if you agree or when required or authorized by law.

**Health Oversight Activities** – We may provide medical information to a health oversight agency for activities allowed by law. Oversight activities that allow the government to monitor the health care system, government programs and compliance with civil rights laws include audits, investigations and inspections.

**Lawsuits and Disputes** – We may provide medical information about you or your child in response to court or administrative order. We may also provide medical information about you or your child in response to a subpoena, discovery request, or other lawful process by someone else involved in a dispute, but only if efforts have been made to tell you about the request.

**Law Enforcement** – We may provide medical information if asked to do so by a law enforcement official, examples being:

- Response to a court order, subpoena, warrant, summons or similar process;
- To identify or locate a suspect, fugitive, material witness or missing person;
- Inquires as to the victim of a crime if, under certain limited circumstances, we are unable to obtain the person's agreement;
- Inquires as to death we believe may be the result of criminal conduct;
- Inquires as to criminal conduct at the hospital; and
- 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 provide medical information to a coroner or medical examiner. For example, to identify a person who has died or

to determine the cause of death. We may also provide medical information about patients to funeral directors who need to carry out their duties.

**National Security and Intelligence Activities** – We may provide medical information about you or your child to federal officials for intelligence, counterintelligence and other national security activities.

**Protective Services for the President and Others** – We may provide medical information about you or your child to federal officials so they may provide protection to the President, other authorized persons or foreign heads of state or to conduct special investigations.

**Inmates** – We may provide medical information about you or your child to a correctional institution or law enforcement official if you are or your child is an inmate of a correctional institution or under the custody of a law enforcement official. This release would be necessary (1) for the institution to provide you or your child with health care; (2) to protect your or your child's health and safety or the health and safety of others; or (3) for the safety and security of the correctional institution.

## Other Uses of Medical Information

Other uses of medical information not covered by this Notice or the laws that apply to us will be made only if you agree in writing. If you give us the right to use medical information about you or your child, you may change your mind, in writing, at any time. If you change your mind, we will no longer use the medical information for the reasons covered by your written request. You understand that we cannot take back any information that we have already released your written agreement and that we are required to retain records of the care we provide.

## Your Rights Regarding Medical Information About You or Your Child

You have the following rights regarding medical information we have about you or you or your child.

**Right to Look at and Copy** – You have the right to look at and copy medical information that may be used to make decisions about your or your child's care. Usually, this includes medical (including laboratory test results) and billing records. This may not include psychotherapy records.

You must send your request to look at and copy medical information that may be used to make decisions about you or your child in writing to Children's Health Information Department. If you ask for a copy of the information, we may charge a fee for the costs of copying, mailing or other supplies needed to meet your request.

We may deny your request to look at and copy medical information. If we do not let you look at your or your child's medical information, you may request that the denial be reviewed. A licensed health care professional chosen by the hospital will review your request and the denial. The person conducting the review will not be the person who denied your request. We will follow the outcome of the review.

**Right to Change** – If you feel that the medical information we have about you or your child is not correct, you may ask us to change the information. You have the right to ask for a change as long as the information is kept by the identified Providers.

Your request for a change must be in writing and sent to the Children’s Health Information Department. In addition, you must provide a reason that supports your request for a change.

We may deny your request for a change if it is not in writing or does not include a reason to support the request. In addition, we may deny your request to change information, if the information is:

- Not created by the identified Providers, unless the person or company that created the information is no longer available to make the amendment
- Not part of the medical information kept by or for the identified Providers
- Not part of the information you would be allowed to look at and copy under the law, or
- Correct and complete

**Right to an Accounting of Disclosures** – You have the right to ask for an accounting of disclosures, which is a list of medical information given out about you or your child.

To ask for an accounting of disclosures, you must send a request in writing to Children’s Hospital & Medical Center Health Information Department. Your request must state a time period that is not longer than six years (three years if disclosures were for treatment, payment or health care operations) and may not include dates before April 14, 2003. Your request should say in what form you want the list (for example, on paper, electronically). The first list of disclosures you ask for within a 12-month period will be free. We may charge for the costs of providing additional lists. We will notify you of the cost and you may choose to remove or change your request before any costs are incurred.

**Right to Request Restrictions** – You have the right to request that we limit the medical information we use or disclose about you or your child for treatment, payment or health care operations. You also have the right to ask for a limit on the medical information we provide about you or your child to someone who is involved in your or your child’s care or the payment for care, such as a family member or friend.

We do not have to agree with your request unless the requested restriction relates to disclosures to a health plan for payment and/ or health care operations and the product or service has been paid in full solely out-of-pocket. If we do agree to a limitation, we will follow your request unless the information is needed to provide emergency treatment.

You must request a limitation in writing to Children’s Hospital & Medical Center Health Information Department. 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.

**Right to Ask for Private Communications** – You have the right to ask that we communicate with you about your or your child’s medical matters in a certain way or at a certain place.

You may get a copy of this Notice at our website, [www.ChildrensOmaha.org](http://www.ChildrensOmaha.org). To obtain a paper copy of this Notice, contact the Privacy Officer at 402-955-4122.

To ask for private communications, you must make your request in writing to Children’s Health Information Department. We will not ask you the reason for your request and we will comply with all reasonable requests. Your request must say how or where you wish to be contacted.

**Right to a Paper Copy of This Notice** – You have a 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 may ask for a paper copy.

## Changes to This Notice

We maintain the right to change our privacy practices, and may be required by law to change such practices, which may result in changes to this Notice. We further keep the right to make the most current privacy practices notice effective for medical information we already have about you or your child as well as any information we receive in the future. We will post a copy of the current Notice in each Identified Providers’ service location and on Children’s website. The Notice will include the version number and effective date. In addition, if we make substantive changes to the Notice, the next time you or your child comes to the hospital or are otherwise treated by an identified Provider, we will offer you a copy of the current Notice in effect.

## Complaints

If you think your or your child’s privacy rights have been violated, you may make a complaint to Children’s Privacy Officer or the Secretary of the Department of Health and Human Services. You will not be penalized or otherwise retaliated against for filing a complaint.

## Children’s Contact Information

Privacy Officer	Access Center
8200 Dodge St.	8200 Dodge St.
Omaha, NE 68114	Omaha, NE 68114
(402) 955-4122	(402) 955-5410

Health Information	Foundation
Department	8401 West Dodge Road
8200 Dodge St.	Suite #120
Omaha, NE 68114	Omaha, NE 68114
(402) 955-3800	(402) 955-6851