# NOTICE OF PRIVACY PRACTICES

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.

## *I. About this notice*

This notice describes your rights regarding the use and disclosure of your medical information as well as the privacy practices of the following entities:

- Children's Hospital of The King's Daughters, Incorporated (CHKD), a pediatric acute care hospital, 601 Children's Lane, Norfolk, Virginia, 23507;
- Children's Medical Group, Inc. (CMG), pediatric primary care providers, 601 Children's Lane, Norfolk, Virginia, 23507;
- Children's Medical Group of North Carolina, Inc. (CMG), pediatric primary care providers, 601 Children's Lane, Norfolk, Virginia, 23507;
- Children's Surgical Specialty Group, Inc. (CSSG), pediatric surgical care providers, 601 Children's Lane, Norfolk, Virginia, 23507; and
- Children's Specialty Group, PLLC (CSG), pediatric specialty care providers, 601 Children's Lane, Norfolk, Virginia, 23507

Together, these legally separate covered entities have formed an organized health care arrangement (OHCA), which allow the members to manage care in a simpler, more patient-friendly manner. Each member of the OHCA is committed to protecting your medical information and will:

- Keep private any information that identifies you.
- Follow the terms of the notice currently in effect.
- Post the notice and make it available to you.

If you do not understand this notice, contact the Children's Hospital of The King's Daughters Health System Corporate Privacy Officer at (757) 668-8888.

## *II. How the organized health care arrangement may use and disclose your information*

Members of the OHCA may share information with each other for the purposes of treatment, payment or health care operations as described in this notice.

The following categories describe ways members of the OHCA may use and disclose medical information. For some categories, examples are not provided. Not every use and disclosure in a category is listed.

- **Treatment.** Members of the OHCA may use and disclose your information to provide, coordinate or manage your health care. Your information may be used and disclosed to doctors, nurses, technicians, students, or other health care personnel, both inside and outside the OHCA, who are involved in your care. For example,
  - A doctor treating you for a broken leg may need to refer you to a physical therapist for rehabilitation. Your information may be disclosed to the therapist to ensure continuity of care.
  - As a teaching hospital where attending physicians and specialists teach medical students, residents, and other allied health professionals the important lessons of specific care, you or your child may experience "walking rounds" when members of the CHKD medical team move from patient room to patient room discussing individual children.
  - To help coordinate your care, information may be disclosed to different entities such as pharmacies, laboratories and home health agencies.
- **Payment.** Members of the OHCA may use and disclose your information for billing and payment purposes. For example,
  - Your information may be disclosed to billing services and insurance companies so that payment may be received for the services provided to you.
  - Insurance companies and other payers may require prior approval to cover certain treatments or procedures. Your information may be disclosed to gain this approval.
  - Your information may be disclosed to insurance companies and other payers so they can review our billing practices.
- **Health Care Operations.** Your information may be used and disclosed to provide better health care services. The information may be used for education, performance improvement, quality enhancement, process improvement, customer service and community relations. For example, members of the OHCA may use and disclose your information:
  - To study the average wait time in the Emergency Department to determine how it can be improved.
  - To decide what additional services should be offered, what services are not needed, and whether new treatments are effective.
  - In combination with information from other health care facilities to compare and improve the quality of care and services offered.
- **Health-related Services.** Your information may be used and disclosed to contact you about products, services, treatment, case management and care coordination offered by members of the OHCA. For example,
  - If you have asthma, you may be notified of asthma education programs.
  - You may be provided with health-related educational newsletters and calendars of events.
  - You may be called to be reminded of scheduled appointments, unless you object.
  - You may be contacted regarding ongoing campaigns about new physicians, screenings, treatments, facilities or educational programs.
  - You may be notified about the latest treatments, support groups and other resources available for your condition.
- **Marketing.** Your information may be used and disclosed for the following marketing activities:
  - To communicate with you face-to-face.
  - To provide you with a promotional product of nominal value.
- **Fund Raising.** Certain information (name, address, other contact information including telephone number, dates of service, date of birth, age, gender, department of service, treating physician, outcome information and health insurance status) may be used or disclosed to contact you to raise money for certain members of the OHCA. The money raised will be used to maintain, expand and improve the services and programs provided to the community. You have the right to elect not to receive fundraising communications. If you do not wish to receive fundraising communications, call the CHKD Development office at 668-7070 and state that you do not want to receive fundraising communications.
- **Directories.** The facility directory may contain your name, the location at which you are receiving care, your condition (in general terms), and your religious affiliation. All of this information, except religious affiliation, may be disclosed to people who ask for you by name, unless you object. Only members of the clergy may be told your religious affiliation.
- **Individuals Involved in Your Care or Payment for Your Care.** Your information may be disclosed to a family member, other relative, close personal friend or any other person identified by you, if the information is directly relevant to that person's involvement with your care or payment related to your health care, unless you object. Your information may be disclosed to notify, or assist in the notification of (including identifying or locating), a family member, a personal representative or another person responsible for your care, of your location, general condition or death, unless you object. However, if you are incapacitated, not present or an emergency situation exists, and professional judgment deems it to be in your best interest, your information may be disclosed to a family member, other relative, close personal friend or any other person identified by you who is involved with your care or payment related to your care.

Your information may be used and disclosed to an entity assisting in a disaster relief effort so your family can be notified about your condition, status and location.

State law may deem a minor to be an adult in certain circumstances, prohibiting the release of information without the minor's authorization. An example of this is services or treatment provided to an emancipated minor.

- **Research.** Members of the OHCA are actively engaged in teaching and research to improve the quality and safety of patient care.

  Your information may be used and disclosed to researchers when an institutional review board, that has reviewed the research proposal and protocols to ensure the privacy of your information, has approved their research. Your information also may be used and disclosed as research projects are prepared for development. Data that does not contain direct patient identifiers may be provided to researchers.
- **Required By Law.** Your information may be used and disclosed when required by federal, state or local law.
- **Serious Threat to Health or Safety.** Your information may be used and disclosed to a person or persons able to lessen or prevent a serious and imminent threat to the health or safety of a person or the public.

## *III. Special situations involving your medical information*

- **Organ, Eye and Tissue Donation.** Your information may be used and disclosed to organ procurement organizations or other entities engaged in the procurement, banking or transplantation of cadaveric organs, eyes, or tissue for the purpose of facilitating organ, eye or tissue donation and transplantation.
- **Military and Veterans.** If you are a member of the armed forces, U.S. or foreign, members of the OHCA may use and disclose information about you as required by the military.
- **Workers' Compensation.** Your information may be used and disclosed for workers' compensation or similar programs. These programs provide benefits for work-related injuries or illnesses.
- **Public Health Activities.** Your information may be disclosed for public health activities. These activities may include the following:
  - To prevent or control disease, injury or disability;
  - To report births and deaths;
  - To report child abuse or neglect;
  - To report reactions to medications or problems with products;
  - To let patients know about product recalls;
  - To notify people who may have been exposed to a disease or may be at risk for contracting or spreading a disease or condition;
  - To notify the appropriate government authority if it is believed a patient has been the victim of abuse, neglect or domestic violence other than child abuse and neglect. This disclosure will be made only if you agree or when required or authorized by law.
- **Health Oversight Activities.** Your information may be disclosed to a health oversight agency 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.
- **Lawsuits and Disputes.** Your information may be disclosed in the course of any judicial or administrative proceeding in response to a court or administrative order. Your information also may be used and disclosed in response to a subpoena, discovery request or other lawful process that is not accompanied by a court or administrative order if satisfactory assurance is received from the party seeking your information that reasonable efforts have been made by such party to ensure that you have received notice of the request or such party has secured a qualified protective order.
- **Law Enforcement.** Your information may be disclosed:
  - In response to a court order, subpoena, warrant, summons or similar process;
  - To identify or locate a suspect, fugitive, material witness or missing person;
  - In response to law enforcement if you are suspected to be a crime victim and we are unable to obtain your agreement due to incapacitation or other emergency circumstances.
  - About a death we believe may be the result of criminal conduct;
  - About criminal conduct at one of our facilities; and
  - In emergency circumstances 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.** Your information may be disclosed to a coroner or medical examiner. This may be necessary, for example, to identify a deceased person or determine the cause of death. Your information may be disclosed to funeral directors as necessary to carry out their duties.
- **National Security and Intelligence Activities.** Your information may be disclosed to authorized federal officials for intelligence, counterintelligence and other national security activities authorized by law.
- **Protective Services for the President and Others.** Your information may be disclosed to authorized federal officials so they may provide protection to the President, other authorized individuals or foreign heads of state, or to conduct special investigations.
- **Custodial Situations.** If you are an inmate of a correctional institution or in the custody of a law enforcement official, your information may be disclosed to the correctional institution or to the law enforcement official. This release would be necessary (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) for the safety and security of the correctional institution.

## *IV. Your rights regarding your medical information*

You have the following rights regarding medical information members of the OHCA maintain about you:

- **Right to Inspect and Copy.** You have the right to inspect and request a copy of your information. Usually, this includes medical and billing records, but does not include:
  - Psychotherapy notes;
  - Information compiled in reasonable anticipation of, or for use in, a civil, criminal or administrative action or proceeding; and
  - Information that is prohibited by federal law.

  To inspect and request a copy of information, you must submit your request in writing to the Medical Record Department of your service provider. If your information is maintained in an electronic medical record, you have the right to receive a copy of information in electronic format and to have the copy transmitted directly to an entity or person provided your directions are clear, conspicuous and specific. If you request a copy of the information, a reasonable fee may be charged for the costs of copying, mailing or other supplies associated with your request. If the information is in an electronic form, the fee shall not be greater than the labor costs to respond to the request.

  Your request to inspect and copy may be denied in certain very limited circumstances. If you are denied access to medical information, you may request that the denial be reviewed. Another licensed health care professional chosen by us will review your request and the denial. The Medical Record Department will comply with the outcome of the review.
- **Right to Amend.** If you think your information is incorrect or incomplete, you may ask to amend the information. You have the right to request an amendment for as long as the information is kept by or for any member of the OHCA.

  To request an amendment, your request must be made in writing and submitted to the Children's Hospital of The King's Daughters Health System Corporate Privacy Officer. In addition, you must provide a reason that supports your request.

  Your request for an amendment may be denied if it is not in writing or does not include a reason to support the request. In addition, your request may be denied if you ask us to amend information that:
  - Is accurate and complete;
  - Was not created by a member of the OHCA, unless you provide a reasonable basis to believe that the originator of your information is no longer available to act on the requested amendment;
  - Is not part of the medical information kept by or for a member of the OHCA; or
  - Is not part of the information that you are permitted to inspect and copy.
- **Right to an Accounting of Disclosures.** You have the right to request an accounting of disclosures. An accounting of disclosures tracks, as required by HIPAA, certain disclosures of your information.

  To request this accounting, you must submit your request in writing to the Children's Hospital of The King's Daughters Health System Corporate Privacy Officer. You may request an accounting of disclosures for a period of time less than six years from the date of request. Accountings will not be provided for disclosures occurring prior to six years preceding the date of your request (or three years preceding the date of your request for disclosures through an electronic medical record). One free accounting will be provided within a 12-month period. For each additional accounting during the 12-month period, a reasonable fee may be charged. The Corporate Privacy Officer or another representative will notify you of the cost, at which time you may withdraw or modify your request.
- **Right to Request Restrictions.** You have the right to request a restriction or limitation on your information for treatment, payment or health care operations. You also have the right to request a limit on the information disclosed to someone involved in your care or the payment for your care. Members of the OHCA are not required to agree to your request except in the following circumstance. Members of the OHCA are required to agree to your request to restrict disclosure of your information to a health plan for the purposes of payment or health care operations (although not for the purposes of treatment) if the information pertains solely to a health care item or service for which the Member of the OHCA has been paid by you out of pocket in full. If your request is approved, it will be honored unless the information is needed to provide emergency treatment.

  CHKD must agree to your request to restrict disclosure of your health information to a health plan if the disclosure is for the purpose of carrying out payment or health care operations and is not otherwise required by law and the protected health information pertains solely to a health care item or service for which you have paid CHKDHS in full.

  To request restrictions, you must make your request in writing to the Children's Hospital of The King's Daughters Health System Corporate Privacy Officer. In your request, you must include (1) what information you want to limit; (2) whether you want to limit the use, disclosure or both; and (3) to whom you want the limits to apply.
- **Right to Request Confidential Communications.** You have the right to request that members of the OHCA communicate with you about medical matters in a certain way or at a certain location. For example, you can ask only to be contacted at work or by mail.

  **To request confidential communications from a specific service provider (department or office), you must make your request in writing to the given service provider.**

  To request confidential communications throughout the entire OHCA, you must make your request in writing to the Children's Hospital of The King's Daughters Health System Corporate Privacy Officer. You will not be asked the reason for your request. All reasonable requests will be accommodated. Your request must specify how or where you wish to be contacted.
- **Right to a Paper Copy of This Notice.** You have the right to a paper copy of this notice. You may ask for a copy of this notice at any time. Even if you have agreed to receive this notice electronically, you are still entitled to a paper copy of this notice.

  You may view or print a copy of this notice at www.chkd.org.

  To obtain a paper copy of this notice, contact your service provider.

## *V. Changes to this notice*

Members of the OHCA reserve the right to change this notice. Members of the OHCA reserve the right to make the revised or changed notice effective for medical information already maintained as well as any information received in the future. A copy of the current notice will be posted in each OHCA member's facility. The notice will contain on the first page, in the top right-hand corner, the effective date. In addition, each time you register at or are admitted to any facility in the OHCA for treatment or health care services as an inpatient or outpatient, you may request a copy of the current notice in effect.

## *VI. Other uses of medical information*

Other uses and disclosures of information not covered by this notice or the laws that apply to members of the OHCA will be made only with your written authorization. You may revoke the authorization in writing at any time unless CHKDHS has taken action in reliance on your authorization. The use and disclosure of psychotherapy notes requires your authorization. Also, the use and disclosure of your information for marketing (except as described in Section II above) and the sale of information requires your authorization. Written revocation of authorization must be submitted to the Children's Hospital of The King's Daughters Health System Corporate Privacy Officer. Members of the OHCA are unable to take back any disclosures that have already been made.

## *VII. Notification*

CHKDHS is required to notify you following a breach of unsecured protected health information.

## *VIII. Addresses on File*

CHKDHS has multiple information systems that house patient demographic and other data. Information related to you or your patient information may include or be sent to any past, current, or future addresses on file for you or your parents, guardians, account guarantors, or insurance policy holders within any of the various systems. If you have any concerns regarding any addresses that could be on file for you or your parents, guardians, account guarantors, or insurance policy holders, contact the CHKDHS Corporate Privacy Officer.

## *IX. Questions about your privacy rights*

If you believe your privacy rights have been violated, you may file a complaint with the Children's Hospital of The King's Daughters Health System Corporate Privacy Officer at (757) 668-8888 and/or with the Secretary of the Department of Health and Human Services. You will be required to submit the complaints in writing to the Children's Hospital of The King's Daughters Health System Corporate Privacy Officer. Complaints to the Secretary of the Department of Health and Human Services must be in writing.

**You will not be penalized for filing a complaint.**

**Discrimination is against the law. Children's Hospital of The King's Daughters complies with applicable civil rights laws and does not discriminate, exclude or treat people differently because of race, color, national origin, age, disability or sex. CHKD provides aids and services, such as qualified interpreters and information in alternative formats for written documents, to help people with disabilities and/or limited proficiency in English communicate with us. These aids are provided free of charge and in a timely manner. If you need these services, please contact cultural/language services at (757) 668-8246. If you believe that CHKD has failed to provide these services or discriminated in another way on the basis of race, color, national origin, age, disability, or sex, you can file a grievance with: Tina Allen, Corporate Compliance Officer, 601 Children's Lane, Norfolk, VA 23507, (757) 668-7776, Tina.Allen@chkd.org. You can file a grievance in person or by mail, fax, or email. If you need help filing a grievance, Tina Allen is available to help you. You can also file a civil rights complaint with the U.S. Department of Health and Human Services, Office for Civil Rights, electronically through the Office for Civil Rights Complaint Portal, available at https://ocrportal.hhs.gov/ocr/portal/lobby.jsf, or by mail or phone at: U.S. Department of Health and Human Services 200 Independence Avenue, SW, Room 509F, HHH Building Washington, D.C. 20201 1-800-368-1019, 800-537-7697 (TDD). Complaint forms are available at www.hhs.gov/ocr/office/file/index.html.**

ATENCIÓN: si habla español, tiene a su disposición servicios gratuitos de asistencia lingüística. Llame al 1 (757) 668-8246

주의: 한국어를 사용하시는 경우, 언어 지원 서비스를 무료로 이용하실 수 있습니다. 1 (757) 668-8246

ማስታወሻ: የሚናገሩት ቋንቋ አማርኛ ከሆነ የትርጉም እርዳታ ድርጅቶች፣ በነጻ ሊያግዝዎት ተዘጋጅተዋል፡ ወደ ሚከተለው ቁጥር ይደውሉ 1 (757) 668-8246

Dè ɖɛ nìà kɛ dyéɖé gbo: Ɔ jǔ ké mⁱBàsɔɔ-wùɖù-po-nyɔ̀ jǔ ní, nìí, à wuɖu kà kò ɖò po-poɔ ɓàn mgbo kpáa. Ɖá 1 (757) 668-8246

লক্ষ্য করুনঃ যদি আপনি বাংলা, কথা বলতে পারেন, তাহলে নিঃখরচায় ভাষা সহায়তা পরিষেবা উপলব্ধ আছে। ফোন 1 (757) 668-8246

注意：如果您使用繁體中文，您可以免費獲得語言援助服務。請致電 1 (757) 668-8246

**توجه:** اگر به زبان فارسی گفتگو می کنید، تسهیلات زبانی بصورت رایگان برای شما تماس بگیرید. 1 (757) 668-8246

ATTENTION : Si vous parlez français, des services d'aide linguistique vous sont proposés gratuitement. Appelez le 1 (757) 668-8246

ACHTUNG: Wenn Sie Deutsch sprechen, stehen Ihnen kostenlos sprachliche Hilfsdienstleistungen zur Verfügung. Rufnummer: 1 (757) 668-8246

ध्यान दें: यदि आप हिंदी बोलते हैं तो आपके लिए मुफ्त में भाषा सहायता सेवाएं उपलब्ध हैं। 1 (757) 668-8246

**Ntị**: Ọ bụrụ na asụ Ibo, asụsụ aka ọasụ n'efu, defu, aka. Call 1 (757) 668-8246

ВНИМАНИЕ: Если вы говорите на русском языке, то вам доступны бесплатные услуги перевода. Звоните 1 (757) 668-8246

PAUNAWA: Kung nagsasalita ka ng Tagalog, maaari kang gumamit ng mga serbisyo ng tulong sa wika nang walang bayad. Tumawag sa 1 (757) 668-8246

خبردار: اگر آپ اردو بولتے ہیں، تو آپ کو زبان کی مدد کی خدمات مفت میں دستیاب ہیں ۔ کال 1 (757) 668-8246

CHÚ Ý: Nếu bạn nói Tiếng Việt, có các dịch vụ hỗ trợ ngôn ngữ miễn phí dành cho bạn. Gọi số 1 (757) 668-8246

AKIYESI: Bi o ba nsọ èdè Yorùbú ọfé ni iranlọwọ lori èdè wa fun yin o. Ẹ pe ẹrọ-ibanisọrọ yi 1 (757) 668-8246