

# Cincinnati Children's Hospital Medical Center

## 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.*

### WHAT IS THIS NOTICE AND WHY IS IT IMPORTANT?

Cincinnati Children's Hospital Medical Center (Cincinnati Children's) is required by law to maintain the privacy of patient protected health information, provide patients with notice of our legal duties and privacy practices regarding protected health information, and notify individuals when a breach of unsecured protected health information occurs. We understand that your health information is highly personal. We are committed to safeguarding your privacy.

Please read this Notice thoroughly. It describes how we may use and disclose your protected health information for treatment, payment, and health care operations purposes, and for other purposes that the law allows. It also describes your legal right to access and control the use and disclosure of your protected health information.

The rights outlined below belong to the patient or the patient's personal representative, which is the patient's parent, legal guardian or any person that has the **legal** authority to represent the interests of the patient and act on the patient's behalf. If there is any question as to whether a person is legally qualified to act as a patient's personal representative, please contact the Privacy Officer at the phone number or address listed at the end of this Notice.

### WHAT DOES THIS NOTICE COVER?

This Notice covers information about your health condition, health care treatment, or payment for health care treatment *that could reasonably identify who you are*. It includes information in the possession of any Cincinnati Children's department or division. This Notice applies to all personnel, volunteers, contractors, or anyone working here who might have access to your health information. We have an Organized Health Care Arrangement Agreement with our Medical Staff, which makes this Notice and the rights and obligations contained herein, applicable to both Cincinnati Children's and to our Medical Staff when they are providing services to patients here.

### HOW CINCINNATI CHILDREN'S WILL USE YOUR HEALTH INFORMATION

We are permitted to use or to disclose to others outside Cincinnati Children's your health information without permission from you for three basic types of activities:

- **Treatment** – We are permitted to use your health information or disclose it to others outside Cincinnati Children's to provide proper medical care to you. This means we can provide your health information to nurses, technicians, doctors, medical students, or outside laboratories involved in your care. For example, dietitians may need to know your condition if it requires special meals; X-ray and laboratory technicians may need to know your condition to conduct the proper test; other physicians may need to have your information to advise those providing your care. In some circumstances, we may require you to complete an Authorization form for disclosure of your protected health information to an outside health care provider.
- **Payment** – We are permitted to use your health information or disclose it to others outside Cincinnati Children's to submit bills for the care and services you receive. For example, information about your care or services may be sent to your insurance company, a government insurance program, or another company that

processes the information and submits it for payment. We may also provide information to your health plan about treatment you may receive so they may determine whether you are covered for that care.

- **Health care operations** – We are permitted to use your health information or disclose it to others outside Cincinnati Children’s in order to run the hospital and ensure high quality care. For example, we may use or disclose your information to review how we provide care to you, help us improve how we operate the hospital, meet compliance or licensing requirements, or send you appointment reminders.

There are some other situations in which we may use your information or disclose it to others outside Cincinnati Children’s without a written authorization from you, such as:

- **Treatment Alternatives** – We may use or disclose your health information to tell you about or recommend possible treatment-related options, activities, or alternatives that may be helpful to you.
- **Health-Related Benefits and Services** – We may use or disclose your health information to tell you about health-related benefits or services that may be of interest to you.
- **Fundraising Activities** – We may contact you to raise funds for Cincinnati Children’s, and you have the right to opt out of receiving fund-raising communications. We may use or disclose your health information to contact you for fundraising activities for or by Cincinnati Children’s or on our behalf by others. In fundraising, we will only use or disclose demographic information (name, address and contact information, age, gender, and date of birth) and health insurance status, dates of care provided, department of service, treating physician, and outcome information. *If you do not want to be contacted for fundraising efforts, you must notify the Director of Business Operations in writing at Department of Development, MLC 9002, Cincinnati Children’s Hospital Medical Center, 3333 Burnet Avenue, Cincinnati, Ohio 45229-3039.*
- **Patient Directory** – We may include your name, hospital location, general condition, and religious affiliation in the hospital’s electronic patient directory while you are a patient at the hospital. This information, except for your religious affiliation, may be disclosed to any person, including a member of the media who asks for you by name. Your religious affiliation may be given to a member of the clergy. *During registration, you will be given an opportunity to withhold your information from the patient directory. If, at any time, you wish to remove your information from the patient directory, you must notify the registration desk or a customer service representative.*
- **Individuals Involved in Your Care or Payment for Your Care** – During times of treatment, we will disclose your health information to you or your personal representative. We may also disclose your health information to individuals involved in your care or payment for your care that relates to that involvement or to an entity assisting in a disaster relief effort so that your family can be notified about your condition, status, and location.
- **Research** – Under certain circumstances, we may use and disclose your health information for research purposes. For example, we may disclose your information to researchers preparing to conduct an investigation to help them look for patients with specific medical conditions.
- **As Required By Law** – We will disclose your information when required by law.
- **Public Health Activities** -- We may use and disclosure your information for public health activities, such as reporting of diseases, injuries, vital events, or exposures to communicable diseases.
- **Government Oversight Activities** – We may use and disclosure your information to a health oversight agency responsible for overseeing, for example, the health care system or government benefits and regulatory programs. In some circumstances, such as if we believe a crime has been or is being committed on our premises, in an emergency, or for national security purposes, we may disclose limited information to law enforcement officials.

- ***To Avoid a Serious Threat to Health or Safety*** – We may use and disclose your health information to prevent a serious threat to your health and safety or the health and safety of the public or another person. Any disclosure, however, would only be to someone able to help prevent the threat.
- ***Organ and Tissue Donation*** – If you are an organ donor and/or recipient, we may release medical information to organizations that handle organ procurement or organ, eye or tissue transplantation or to an organ donation bank to support the process. These entities include, but are not limited to, Ohio Solid Organ Transplant Consortium, United Network for Organ Sharing (UNOS) and Ohio Valley Life Center.
- ***Marketing*** – We are not permitted to use your information in order to conduct marketing activities unless you have specifically authorized the communication.
- ***Psychotherapy notes*** – Psychotherapy notes are notes recorded by a mental health professional that document or analyze the contents of a conversation in a counseling session and are kept separated from the rest of your medical record. There are very limited circumstances in which we will use or disclose psychotherapy notes without a written authorization from you. The originator of the notes may use them for treatment purposes. Cincinnati Children’s may use psychotherapy notes in its own mental health counseling training programs. We may also use psychotherapy notes in defense of a legal action or other proceeding brought by you, as required by law, or to avert a serious threat to a person’s or the public’s health or safety.
- ***Sale of Protected Health Information*** – We are not permitted to sell your information unless you have specifically authorized the disclosure.

## YOUR RIGHTS REGARDING YOUR HEALTH INFORMATION

- ***Authorization to Use Your Information*** – In order for us to use or disclose your information, other than as described in the previous section, we will generally need to obtain your written authorization which you may revoke at any time to stop any future uses and disclosures.

***Right to Access to Your Information*** – You have the right to look at or have a copy of your health information, except for psychotherapy notes; information that may be used in a civil, criminal or administrative action or proceeding; or where prohibited by law. Cincinnati Children’s may also deny you or your personal representative access to your health information if a licensed health care provider determines that releasing it could endanger or cause substantial harm to you or someone else. If you are denied access under these circumstances, you may appeal that decision and another licensed health care professional at Cincinnati Children’s who did not make the original decision to deny your request will review the request and provide a written response to you.

A request for inspection or a copy of your health information must be in writing and directed to Health Information Management (MLC 5015) or Professional Billing Services/Patient Financial Services (MLC 9013), Cincinnati Children’s Hospital Medical Center, 3333 Burnet Avenue, Cincinnati, Ohio 45229. We will charge a fee for copying costs.

- ***Right to Amend Your Information*** – If you believe the information we have about you is incorrect or if important information is missing, you have the right to request that we correct the existing information or add the missing information. The request must be in writing and directed to Health Information Management (MLC 5015), Cincinnati Children’s Hospital Medical Center, 3333 Burnet Avenue, Cincinnati, Ohio 45229.
- ***Right to Request Confidential Information be Provided in Certain Way*** – You may request that when we send your information to you, we do so in a specific way that is convenient for you, such as only using a work number or by mail. We are not required to follow your request, but we will make every reasonable effort to do so or find a mutually satisfactory alternative.

- ***Right to an Accounting of Our Disclosures of Your Information*** – You also have the right to receive a list of instances where we have disclosed your health information to others for reasons other than for purposes of treatment, payment, operations, national security or intelligence, or to notify persons involved in your care, or for use a facility directory, to you or persons involved in your care, or as a part of a limited data set, or as Authorized by you. The request must be in writing and directed to Health Information Management (MLC 5015), Cincinnati Children’s Hospital Medical Center, 3333 Burnet Avenue, Cincinnati, Ohio 45229..
- ***Right to Limit Our Use or Disclosure of Your Information*** – You may request in writing that we not use or disclose your information for treatment (other than emergency treatment), payment, or operations purposes, or to individuals involved in your care, unless required by law We will consider your request and respond, but we are not required to accept the request. However, we will accept a request for a restriction on a disclosure of your information to a health for payment or operations purposes, if not otherwise required by law, if the information pertains solely to an item or service for which or someone other than a health plan on your behalf has paid in full.
- ***Right to a Paper Copy of this Notice*** – You have the right to obtain a paper copy of this Notice upon request.

## CINCINNATI CHILDREN’S DUTIES REGARDING YOUR HEALTH INFORMATION

We are required to protect the privacy of your information, establish Policies and Procedures that do so, provide this Notice about our privacy practices, and to follow the practices described in this Notice.

We reserve the right to change our Policies and Procedures for protecting health information. When we make a significant change in how we use or disclose your health information, we will also change this Notice and post the new Notice in waiting rooms and registration areas. You can request a written copy of the most recent version of this Notice at any time. It is also posted on our website at [www.cincinnatichildrens.org](http://www.cincinnatichildrens.org).

## HOW TO MAKE A COMPLAINT ABOUT HOW YOUR INFORMATION IS USED

If you believe we have not properly protected your privacy, have violated your privacy rights, or you disagree with a decision we made about access to your protected health information, you may contact our Privacy Officer at the address listed below. You also may send a written complaint to the U.S. Department of Health and Human Services. The Cincinnati Children’s Privacy Officer can provide you with the appropriate address upon request. There will not be retaliation against those who choose to file a complaint.

## HOW TO GET MORE INFORMATION ABOUT CINCINNATI CHILDREN’S PRIVACY PRACTICES

To act on any of the information provided in this Notice or for more information about our privacy practices, you may contact our Privacy Officer: phone: 1-800-344-2462 or 513-636-4707; fax: 513-636-4076; email: [privacyofficer@cchmc.org](mailto:privacyofficer@cchmc.org); or mail: CCHMC Privacy Officer, Risk Management/Corporate Compliance, MLC 9010. Cincinnati Children’s Hospital Medical Center, 3333 Burnet Avenue, Cincinnati, Ohio 45229-3039.

## THE EFFECTIVE DATE OF THIS NOTICE

This Notice was issued on August 15, 2013.

**ACKNOWLEDGMENT OF  
CINCINNATI CHILDREN'S NOTICE OF PRIVACY PRACTICES**

Please sign and date below to indicate that you have received a copy of the Cincinnati Children's Notice of Privacy Practices and an explanation of what it contains.

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Signature \_\_\_\_\_ Date \_\_\_\_\_

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Name (Please Print)

Please circle appropriate relationship:

Patient      Parent      Legal Guardian      Agency      Other \_\_\_\_\_

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The following is to be completed by Cincinnati Children's personnel:

Please check the applicable box:

The Notice of Privacy Practices was offered and accepted by the patient and the patient signed this Acknowledgment.

The Notice of Privacy Practices was offered and accepted by the patient and the patient refused to sign this Acknowledgment.

The Notice of Privacy Practices was offered and refused by the patient and the patient agreed to sign this Acknowledgment.

The Notice of Privacy Practices was offered to and refused by the patient and the patient refused to sign this Acknowledgment.