



# Notice of Privacy Practices



 The Children's Hospital of Philadelphia®  
Hope lives here.

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 a Notice of Privacy Practices?

The Children's Hospital of Philadelphia (CHOP) knows your medical information is personal and private. Medical information may include notes from doctor's appointments and hospital stays, reports from surgery, test and lab results, and copies of X-rays. These are just a few examples. Other types of information about your medical care may also be included.

By law, we must maintain the privacy of your medical information and give you this Notice of Privacy Practices (Notice) that tells you:

- how CHOP may use and share your medical information without your written permission
- your rights concerning the privacy of your medical information, including how you may look at or get a copy of your information from CHOP

If you are a parent or legal guardian receiving this Notice because your child receives care at CHOP, please understand that when we say "you" in this Notice, we are referring to your child. We are talking about the privacy of his or her medical information.

## Who must follow the rules in this Notice?

Staff at all CHOP locations who handle your medical information must follow the rules in this Notice. "CHOP" means The Children's Hospital of Philadelphia, and all related organizations including:

- The Children's Seashore House of The Children's Hospital of Philadelphia
- The Children's Hospital of Philadelphia Practice Association
- CHOP Clinical Associates
- Children's Anesthesiology Associates, Children's Health Care Associates, Children's Surgical Associates, Radiology Associates of Children's Hospital, and their New Jersey organizations
- The Children's Hospital Foundation
- First Medical Insurance Company (A Risk Retention Group)

## My child is younger than 18 years old.

### What are his or her privacy rights?

Patients younger than the age of 18 are usually considered minors. Most of the time, the parents or legal guardians of minor patients make decisions about their children's medical care and have the privacy rights described in this Notice. However, there are times when minor patients may make decisions about their own care and have the rights described in this Notice. For example, by law, minors may seek help on their own for medical conditions such as mental health issues, sexually transmitted diseases, drug dependencies and pregnancy. Some minors (for example, those who are married or have given birth to a child) are considered "emancipated minors" who have the same rights as adults in making decisions about all their own medical care. When minor patients are allowed by law to make decisions about their own medical care, they can usually control the release of their medical information even to their parents/legal guardians.

## How do we use and share your information without your permission?

Healthcare providers may use and share your medical information for certain reasons without your written permission. The most common reasons are listed below along with some examples.

### *Treatment*

Members of the CHOP healthcare team may use and share your medical information to provide you with care. For example, we may share information to:

- arrange for the different services you need, such as prescription drugs, lab tests, X-rays, home health services and medical equipment
- manage your ongoing care with your pediatrician, referring physician and other physicians
- provide information about treatment choices or other health-related benefits and services
- refer you to community-based programs that provide or arrange healthcare or related services, such as early intervention services, educational or assistance services, and crisis counseling

### *Payment for care*

Staff at CHOP may use and share your medical information so we can get paid for your care. For example, we may share information to:

- get approval from your health insurance company to pay for your medical services
- collect payment from you, your health insurance company or another person who has agreed to pay for your healthcare

### *Manage our healthcare facilities*

Staff at CHOP may use and share your medical information to help us manage our healthcare facilities. For example, we may use information to:

- evaluate and improve the services provided to our patients
- prepare for inspections or reviews of our facilities
- investigate and resolve complaints from patients, parents or staff members
- educate our staff

### *Contacting you*

Staff at CHOP may use your address and telephone number to contact you to:

- cancel, reschedule or remind you about an appointment
- give you instructions about how to prepare for a procedure or care for your health
- tell you about our services and fundraising programs

If you are not available, we may leave a message on your answering machine or with a person who answers your telephone.

### *Medical research*

CHOP does research to learn more about health and disease. Researchers often need to use medical information to do their work. Many research studies where your medical information will be used and shared can only be done with your written permission. Sometimes, researchers can use your medical information without your written permission to:

- decide if a research project can be done
- conduct research studies, in limited situations, using medical information already collected

When a researcher wants to use your information to do a research study without asking your permission, a special committee at CHOP must approve the request. This committee works with the researcher to protect your privacy.

Information created or collected about you during a research study may be used and shared as described in this Notice.

## **How else may we share your information without your permission?**

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### *Public health and safety*

We may share your medical information to obey federal, state and local laws that require us to share information that affects public health and safety. By law we must:

- report contagious diseases to public health agencies
- report births, deaths, burn injuries, and cases of suspected abuse or neglect, to state and local offices of the government that keep track of this data
- share information necessary for disaster relief activities with the Red Cross or other relief agencies so that they can tell your family members where you are and your health condition

### *To prevent a serious threat to health or safety*

We may share your medical information to prevent or reduce a serious threat to your health and safety or the health and safety of others. For example, if you have a contagious disease, such as meningitis, we may tell anyone you have come in contact with so they can get medical care.

### *Organ and tissue donation*

We may share medical information with organ donation banks and groups involved in organ donation or transplantation. This information can help to determine if a patient who has died or is near death may be a candidate for organ donation.

### *Respond to a court order, subpoena or other lawful request*

We may share your medical information with a lawyer or other authorized official in response to a:

- court order
- subpoena or other similar request authorized by law. The person requesting your information needs to tell us that efforts have been made to give you notice of the request or get a court order that protects the privacy of your information once it is received.

Certain highly sensitive medical information, such as HIV or substance abuse information, can only be shared with a lawyer or other authorized official if a court order is obtained.

### *Correctional institution*

We may share your medical information with a correctional institution or official if you are an inmate of a jail or prison or under the custody of a law enforcement official. For example, we may share information if the institution or official tells us that it is needed to:

- provide you with healthcare or to provide care to another individual
- protect your health and safety or that of others
- provide for the safety and security of those in the correctional institution

We may also share medical information with law enforcement authorities to identify or catch a person who has escaped from a correctional institution or other lawful custody.

### *Law enforcement*

We may share your medical information, with some limitations, with the police or other law enforcement officials when sharing is allowed or required by law. For example, we may:

- report certain types of wounds, if required by law, such as wounds caused by firearms
- alert law enforcement to a death that we believe may be the result of a crime
- respond to a request for information, if you are the victim of a crime and agree to information sharing or in certain cases where you are not able to agree due to your injuries
- provide information to identify or catch a person who has admitted to participating in a violent crime when we believe there may have been serious physical harm to the victim
- respond to a request for information needed to help identify or find someone who is a suspect, fugitive, witness or missing person
- report evidence of a crime at one of our locations
- respond to a warrant, summons or similar legal process

### *Special government activities*

We may share your medical information with authorized federal officials for:

- national security activities permitted by law
- protection of government officials or foreign heads of state or to conduct investigations of threats against these persons
- military and veterans activities as allowed by law if you are or were a member of the armed forces

### *Health oversight activities*

We may share medical information with agencies that oversee healthcare programs. These agencies use the information to issue licenses, conduct investigations and monitor whether healthcare providers follow the law. For example, these activities include:

- audits by Medicaid agencies
- inspections by the Department of Health

### *Coroner, medical examiner and funeral director*

We may share medical information with a coroner or medical examiner when needed to identify a person who has died or to learn what caused the death. We also may share information with a funeral director, when needed to perform his or her duties.

### *Work-related claim*

We may share medical information with workers' compensation or similar programs that provide benefits for work-related injuries or illness.

### *As allowed or required by law*

We may share your medical information in other situations when allowed or required to do so by law.

### *Provide services on behalf of CHOP*

We may share your medical information with individuals and organizations that assist CHOP with our business activities. CHOP has agreements with these individuals and organizations to make sure that the medical information we share with them is protected and only used and shared to provide services on our behalf.

For example, we may share your information with others who:

- bill insurance companies on our behalf
- provide us with software support to assist us with maintaining our computer systems
- evaluate our operations to help us improve
- assist us with our fundraising programs



## How may we use and share your information if you do not object?

### *Inpatient directory*

We may share directory information with a caller or visitor who asks about you by name, unless you object. Directory information includes your name, room number, location and telephone number at CHOP, and your general condition (such as undetermined, good, fair, serious or critical). We may give directory information, including your religion (if you share that with us) to members of the clergy so they can visit you.

### *Involvement in care*

We may share your information with someone who is not your parent or legal guardian if that person is involved in your care or payment for your care. For example, if a family member or friend comes with you to CHOP and is present while medical care is being provided, then we will assume that person may hear about your condition and care, unless you tell us otherwise. We will attempt to learn who the person is, and if possible and appropriate, give you the chance to tell us whether that person may hear certain information. We will try to share just the information that relates to his or her involvement in your care.

### *Fundraising activities*

We may use and share limited information (such as your name, address, telephone number and dates when you received care at CHOP) to contact you to support our fundraising activities. You may receive calls, letters or other communications from The Children's Hospital Foundation, which does fundraising for CHOP, or from an outside organization helping CHOP with fundraising, asking you to consider making a donation. Any fundraising materials we send will include information about how you can be removed from our mailing list. We rely on fundraising to support advances in pediatric care, research, and education and to provide many special services and programs to our patients and the community.

## When is your written permission needed to use and share your information?

For other types of use or sharing, we need your written permission. For example, we usually need written permission to share your medical information directly with your school, camp or daycare provider. We also need special permission before we share certain types of highly sensitive medical information that are given extra protections under the law. For example, federal and state law may require us to get your written permission to share the following:

- psychotherapy notes written and kept by your therapist
- other mental health information
- substance (drug and alcohol) abuse treatment information
- HIV/AIDS testing, diagnosis or treatment information

## What are your privacy rights?

You have the following rights concerning your medical information. If you would like to make use of any of these rights, contact your doctor or other healthcare provider at CHOP or our Health Information Management Department at the address listed below. You may need to send your request in writing in some cases.

### *Right to look at and obtain a copy of your records*

You have the right to look at and get a copy of your medical records, billing records and other records used by CHOP to make treatment or billing decisions about you, with certain exceptions. If you request a copy of your records, we may charge a reasonable fee for copying and mailing costs, as allowed by state law.

### *Right to request a change to your medical information*

You have the right to request a change to information you believe is wrong or incomplete in your medical records, billing records or other records used by CHOP to make treatment or billing decisions about you. We will carefully consider all requests and inform you whether the change you request can be made.

### *Right to a list of certain disclosures of your medical information*

You have the right to know when CHOP has shared your information without your permission as allowed or required by law. Certain disclosures will not be on this list, for example, those made before April 14, 2003, or to provide treatment, collect payment or manage our healthcare facilities.

### *Right to request a restriction*

You have the right to ask us to limit how we use and share your medical information, including the information we share with someone involved in your care or payment for your care. We will carefully consider all requests, and tell you whether we can agree to your request. Please understand that we will not be able to agree to most requests because they may prevent us from using or sharing information needed for treatment, payment and to manage our healthcare facilities.

### *Right to request confidential communication*

You have the right to ask us to communicate with you in a certain way or at a certain place to better protect your privacy. For example, you may ask us to contact you only at work or only at home. You do not have to give a reason for the request. We will agree to reasonable requests. If agreeing to a request could prevent CHOP from collecting payment for your care, you will need to provide more information about how your bill will be paid.

### *Right to revoke an authorization*

You have the right to change your mind after you sign a permission form allowing CHOP to release your medical information. You may cancel your written permission at any time.

If you cancel your permission, we will not release any more of your medical information. We cannot take back information we have already released.

### *Right to a paper copy of this Notice*

You have the right to get a paper copy of the current version of this Notice. We may change this Notice at any time. All changes we make will apply to medical information CHOP already has about you. We will follow the terms and conditions of the Notice that is in effect. A copy of our current Notice and other helpful information about patient privacy is also on our Web site at: [http://www.chop.edu/about\\_chop/hipaa/index.shtml](http://www.chop.edu/about_chop/hipaa/index.shtml).

## Whom do you contact if your privacy rights have been violated or if you have a question about this Notice?

If you believe the privacy of your medical information has been violated, you may file a complaint directly with the CHOP Privacy Officer either by telephone or in writing (see contact information below). We respect your right to file a complaint and will not take any action against you for doing so. All complaints we receive are fully investigated.

You may also file a complaint with the United States Department of Health and Human Services, Office for Civil Rights. Information on how to file a complaint with this government agency may be found at <http://www.hhs.gov/ocr/privacyhowtofile.htm> or by calling 1-800-368-1019.

If you have questions about this Notice or need help exercising any of your privacy rights, you can contact the CHOP Privacy Officer (see contact information below).

### *Privacy Officer*

The Children's Hospital of Philadelphia  
Attention: Privacy Officer  
34th Street and Civic Center Boulevard  
Philadelphia, PA 19104  
215-590-1000

### *Health Information Management Department*

The Children's Hospital of Philadelphia  
Attention: HIM  
34th Street and Civic Center Boulevard  
Level A, Room 246  
Philadelphia, PA 19104  
215-590-1000

*Effective date: September 1, 2006*



Founded in 1855, The Children's Hospital of Philadelphia is the birthplace of pediatric medicine in America. Throughout its history, a passionate spirit of innovation has driven this renowned institution to pursue scientific discovery, establish the highest standards of patient care and train future leaders in pediatrics. For a century and a half, Children's Hospital has served as a haven of hope for children and families worldwide.

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