WHAT IS A NOTICE OF PRIVACY PRACTICES?
Children's Hospital of Philadelphia (CHOP) respects the fact that your medical information is personal and private. Medical information about you can be found in notes from doctors’ appointments and hospital stays, reports from surgery, test and lab results, copies of X-rays and elsewhere.

By law, we must maintain the privacy of your medical information and provide 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?
All CHOP staff at any of our locations who handle your medical information must follow the rules in this Notice. “CHOP” means Children’s Hospital of Philadelphia and all related organizations including, but not limited to:
•  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
•  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, control release of their children’s medical information and have the privacy rights described in this Notice. However, there are times when minor patients may make decisions about their own care. In such situations, the minor patient controls release of the medical information and has the rights described in this Notice. For example, by law, minors such as adolescents may seek care on their own for medical conditions such as mental health issues, sexually transmitted diseases, drug dependencies, HIV and pregnancy. In addition, some minors (for example, those who are married, have been pregnant or have graduated from high school) 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 control release of their medical information even to their parents/legal guardians and have the privacy rights described in this Notice.

HOW DO WE USE AND SHARE YOUR MEDICAL INFORMATION?
Healthcare providers may use and share your medical information for certain reasons without your written permission. The reasons are listed below, along with some examples and exceptions.

Treatment
Members of the CHOP healthcare team may use and share your medical information to provide you with care. For example, we may share your 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 your 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
•  respond to requests from your insurance company when they are performing reviews and audits

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

Health Information Exchanges
We may share your medical information electronically through Health Information Exchanges (HIEs) to ensure that your healthcare providers outside of CHOP have access to your medical information regardless of where you receive care. In addition, CHOP staff may use HIEs to obtain information about care you received from healthcare providers outside of CHOP when those providers share your medical information with an HIE. Having immediate access to your medical information through an HIE allows healthcare providers to improve the safety and quality of care they provide to you. Organizations that participate in HIEs may also use medical information for purposes other than treatment as allowed by law.

A patient’s participation in HIEs at CHOP is voluntary. Before your medical information is shared by CHOP in an HIE you will be asked either to provide your written permission (authorization) or be given an opportunity to opt out of HIE information sharing. After providing your authorization, you have the right to change your mind and ask that CHOP no longer share your medical information with HIEs going forward. You can find additional information about CHOP’s participation in HIEs at our website, chop.edu/HIE.

Contacting you
Staff at CHOP may contact you by mail, telephone, text, email or other electronic means, to:
• cancel or reschedule your appointment
• 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
• notify you in the event of a breach of your information

If you are not available, or unless you tell us otherwise (see Right to Request Confidential Communication below), we may leave a message on your answering machine or with a person who answers your telephone. If CHOP staff cannot reach you, your emergency contact may be called for assistance in reaching you.

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 and share your medical information without your written permission. This may include the following:
• a researcher may review your medical information to decide if a research project can be done
• a researcher may review your medical information to determine if you might be eligible for a particular research study and to contact you to see if you might be interested in participating in that study
• a researcher may use your medical information to perform a research project if (i) the information does not include your name or other information that directly identifies you, and (ii) the researcher agrees to protect your information
• a researcher may use deceased patients’ medical information for research

A researcher may also use your information to do a research study without asking your permission if a special committee at CHOP reviews and grants the request. This committee works with the researcher to protect your privacy. Some of the researchers who use your information may work outside of CHOP, including other hospitals, universities or for-profit companies.

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 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 to 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 that require 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

Proof of immunization to a school
We may share documentation with schools, including most child care facilities, showing that your child (or you if you are an adult or an emancipated minor) has been immunized as required under law, as long as we have your verbal agreement or you have requested we share this information.
HOW WE MAY USE AND SHARE MEDICAL INFORMATION THAT DOES NOT IDENTIFY YOU?
We may use and share medical information when identifiers have been removed for any purpose without your written permission as permitted by law. We may use information that contains limited identifiers in certain situations such as public health, research and healthcare operations, with appropriate protections as provided by law.

HOW MAY WE USE AND SHARE YOUR MEDICAL 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, friend or caregiver 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 to contact you about our fundraising activities. Information that we may use for our fundraising include your name, address, age, gender, date of birth, telephone number and other contact information (such as email address), dates when you received care at CHOP, the name of your treating physician, your general department of service, your treatment outcomes, and health insurance status. You may receive calls, letters or other communications from Children’s Hospital Foundation, the fundraising arm of CHOP, or from an outside organization helping CHOP with fundraising asking you to consider making a donation. Any fundraising communications you receive from CHOP will include information about how you can be removed from our contact 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 MEDICAL INFORMATION?
Any other use and sharing not described in this Notice require your authorization.
For any use or sharing of medical information not described in this Notice, we need your specific and complete written permission (also called an authorization). For example, we need written permission if we were to use and/or share your information for marketing purposes, or if we were to sell your information.

Certain types of medical information are given additional protection under federal and state laws.
Certain types of highly sensitive medical information are given extra protections under federal and state law. We may be required under these laws to get your written permission to share the following:
• psychotherapy notes written and kept by your therapist, except for purposes related to treatment, payment, healthcare operations, or as allowed or required by law
• other mental health information documented by a mental health provider
• substance (drug and alcohol) abuse treatment information
• HIV/AIDS testing, diagnosis or treatment information
• genetic information when shared with certain nonhealthcare providers

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 either your doctor or other healthcare provider at CHOP, our Health Information Management Department or the Privacy Officer at the contact information 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 an electronic or paper copy of your records, we may charge a reasonable fee for copying and mailing costs, as allowed by state law. You may also be able to obtain some medical and billing information directly from CHOP using our online patient portal, MyCHOP. For more information, see chop.edu/mychart.

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. All requests must be in writing. We will carefully consider all requests and inform you whether the change can be made.
Right to request a list of certain disclosures of your medical information outside of CHOP
You have the right to request a list of disclosures by CHOP of your medical information. This list will not include every release made by CHOP, but will contain information that CHOP is required by law to have in such a report.

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. All requests must be in writing. We will carefully consider your request and tell you whether we can agree to it. 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 healthcare operations. However, if you ask us not to share your medical information with your health plan regarding a service or item you paid for in full out-of-pocket, we will comply with your request.

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 to share your medical information
You have the right to change your mind after you sign an authorization form that allows CHOP to release your medical information, including to Health Information Exchanges. You may cancel your authorization at any time by submitting a written request. If you cancel your authorization, it will be effective when we receive it and we will not release any more information based on that authorization. We cannot take back information we have already released.

Right to a paper copy of this Notice and availability of Notice on our website
You have the right to get a paper copy of the current version of this Notice. A copy of our current Notice and other helpful information about patient privacy is on our Web site at: chop.edu/hipaa.

Right to receive notification of a breach of your information
You have the right to and will receive written notification if, after evaluation under standards established by law, it is determined that your medical information has been breached.

Revisions to 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. You may obtain a paper copy of our current Notice at any CHOP location or on our website.

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 U.S. 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 hhs.gov/ocr/privacy/hipaa/complaints 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).
CHOP IS COMMITTED TO LANGUAGE ACCESSIBILITY

If you speak another language, assistance services, free of charge, are available to you. Call 1-800-879-2467.

Español - Spanish
ATENCIÓN: Si habla español, tiene a su disposición servicios gratuitos de asistencia lingüística. Llame al 1-800-879-2467.

繁體中文 - Chinese
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1-800-879-2467。

العربية
محوطة: إن كانت تتحدث اللغة العربية فإن خدمات المساعدة اللغوية تكون لجان، تصل بالرغم.
1-800-879-2467

Tiếng Việt-Vietnamese
CHÚ YÊU: Nếu bạn nói Tiếng Việt, có các dịch vụ hỗ trợ ngôn ngữ miễn phí dành cho bạn. Gọi số 1-800-879-2467.

Français-French
ATTENTION: Si vous parlez français, des services d’aide linguistique vous sont proposés gratuitement.Appelez le 1-800-879-2467.

Português-Portuguese
ATENÇÃO: Se fala português, encontram-se disponíveis serviços linguísticos, grátis. Ligue para 1-800-879-2467.

Nepali
ध्यान दिनुहोस्: नेपाली बोल्ने नेपाली सोहाडुङ्ख मने नेपाली विभिन्न भाषा सहयोग सेवाहरु निर्धारित रूपमा उपलब्ध छ। फोन गर्नुहोस् 1-800-879-2467।

Khmer-Cambodian
ប្រការ: សូមស្វាគមន៍ស្តើងស្តាប់ក្នុងការប្រើភាសាខ្មែរ។ ការងារនេះជាគ្រប់គ្រាន់។ សូមទទួលការជួសជុលទៅកាន់ 1-800-879-2467។

Bengali
বাংলা বলার জন্য আপনার ভাষা বর্ণবিদ্যা এবং ভাষাবিশ্লেষণার জন্য বিশেষ সেবাসমূহ উপলব্ধ। ফোন করুন 1-800-879-2467।

Русский -Russian
ВНИМАНИЕ: Если вы говорите на русском языке, то вам доступны бесплатные услуги перевода. Звоните 1-800-879-2467.

한국어 -Korean
주의: 한국어를 사용하시는 경우, 언어 지원 서비스를 무료로 이용하실 수 있습니다. 1-800-879-2467 번으로 전화해 주십시오.

Bahasa Indonesia -Indonesian
PERHATIAN: Jika Anda berbicara dalam Bahasa Indonesia, layanan bantuan bahasa akan tersedia secara gratis. Hubungi 1-800-879-2467.

ئردو -Urdu
خدیراد: اگر آپ ہندی بولنے والی ہوں، تو آپ کو زبان کی خدمات مفت سہولت پیپن کریں۔
1-800-879-2467.

Türkçe -Turkish
DİKKAT: Eğer Türkçe konuşuyor iseniz, dil yardımını hizmetlerrinden ücretsiz olarak yaaralanabilirsiniz. 1-800-879-2467 irtibat numaralarını arayın.

Polski -Polish
UWAGA: Jeżeli mówisz po polsku, możesz skorzystać z bezpłatnej pomocy językowej. Zadzwoń pod numer 1-800-879-2467.

Italiano -Italian
ATTENZIONE: In caso la lingua parlata sia l’italiano, sono disponibili servizi di assistenza linguistica gratuiti. Chiamare il numero 1-800-879-2467.

हिंदी-Hindi
ध्यान दें: यदि आप हिंदी बोलते हैं तो आपके लिए मुफ्त में भाषा सहायता सेवाएं उपलब्ध हैं। 1-800-879-2467 पर कॉल करें।

ગુજરાતી-Gujarati
૦૧૦૦૧૨૮૩૫૫૬૮૭, તેના માટે આપણે સેવાસમૂહે તમારા માટે ઉપલબ્ધ છે. ફોન કરો 1-800-879-2467.

Tagalog - Tagalog - Filipino
PAUNAWA: Kung nagsasalita ka ng Tagalog, maaari kang gumamit ng mga serbisyo ng tulong sa wika nang walang bayad. Tumawag sa 1-800-879-2467.

日本語 -Japanese
注意事項：日本語を話される場合、無料の言語支援をご利用いただけます。1-800-879-2467まで、お電話にてご連絡ください。

Deutsch -German
ACHTUNG: Wenn Sie Deutsch sprechen, stehen Ihnen kostenlos sprachliche Hilfsdienstleistungen zur Verfügung. Rufnummer: 1-800-879-2467.

Deitsch -Pennsylvania Dutch
Wann du Deitsch (Pennsylvania German / Dutch) schwestzch, kannsch du mitaus Koschte ebber gricke, ass dihr helft mit de englich Schprooch. Ruf selli Nummer uff: 1-800-879-2467
OUR COMMITMENT TO DIVERSE POPULATIONS

Children's Hospital of Philadelphia complies with applicable federal civil rights laws and does not discriminate on the basis of race, color, national origin, age, disability or sex. Children's Hospital of Philadelphia does not exclude people or treat them differently because of race, color, national origin, age, disability or sex.

**Children’s Hospital of Philadelphia:**

- Provides free aids and services to people with disabilities to communicate effectively with us, such as:
  - Qualified sign language interpreters
  - Written information in other formats (large print, audio, accessible electronic formats, other formats)
- Provides free language services to people whose primary language is not English, such as:
  - Qualified interpreters
  - Information written in other languages

If you need these services, contact 1-800-879-2467.

If you believe that Children's Hospital of Philadelphia 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:

**Family Relations Office**
3401 Civic Center Blvd., Philadelphia, PA 19104
phone: 267-426-6983; fax: 267-426-7412
e-mail: familyrelations@email.chop.edu.

You can file a grievance in person or by mail, fax or email. If you need help filing a grievance, Family Relations 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 ocrportal.hhs.gov or by mail or phone at:

**U.S. Department of Health and Human Services**
200 Independence Ave.
SW Room 509F, HHH Building
Washington, DC 20201
1-800-368-1019, 800-537-7697 (TDD)
Complaint forms are available at hhs.gov/ocr/office/file.

October 2016