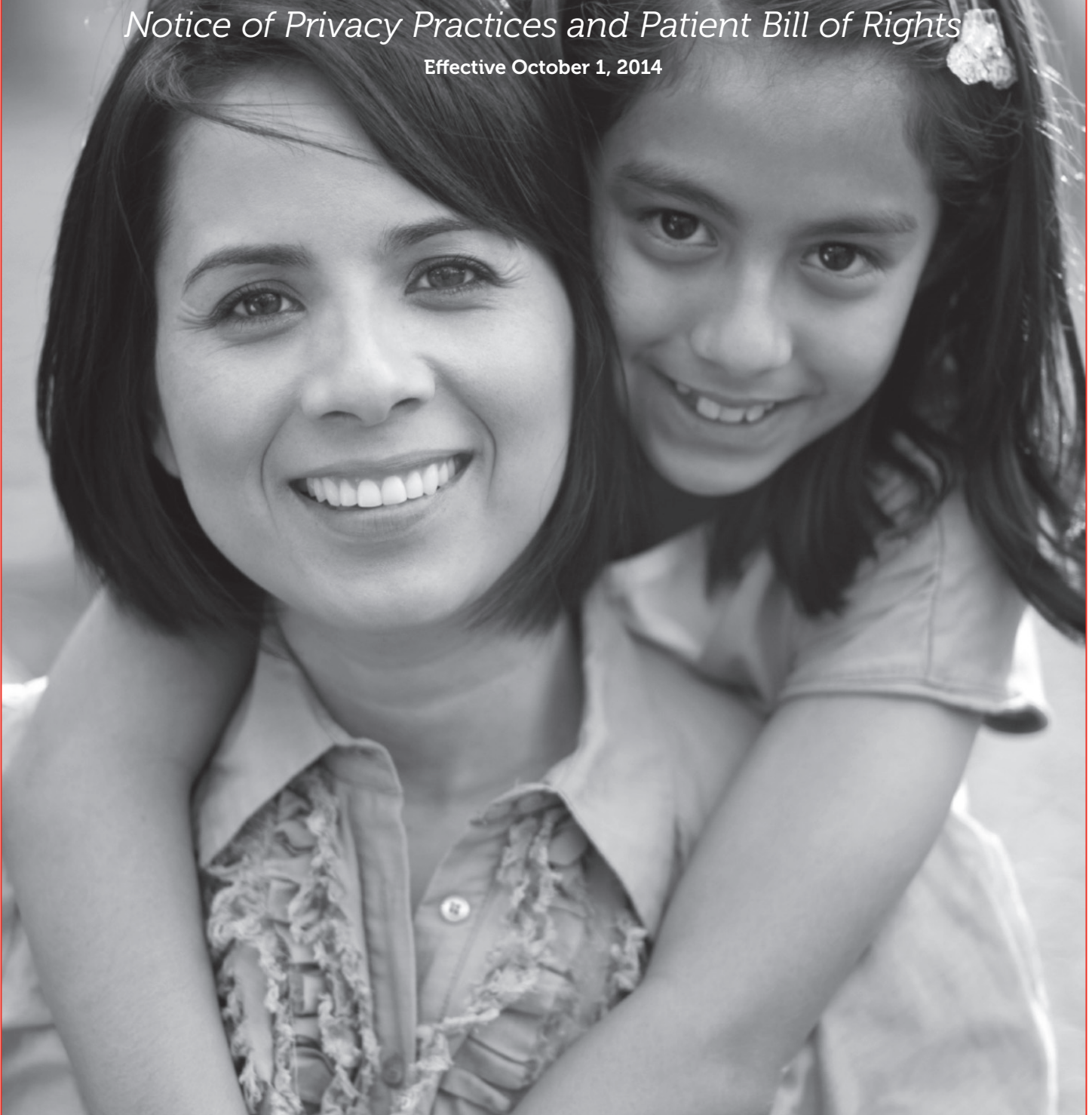


# Children's National Health System

*Notice of Privacy Practices and Patient Bill of Rights*

Effective October 1, 2014



If you have any questions about this notice or about our privacy practices, you can contact Children's National at any time:

By e-mail: [privacyofficer@childrensnational.org](mailto:privacyofficer@childrensnational.org)

By phone: 301-572-6348

By mail: Chief Privacy Officer

111 Michigan Ave NW • Washington DC 20010



## What is a Notice of Privacy Practices?

The Notice of Privacy Practices, a requirement of the Health Insurance Portability and Accountability Act (HIPAA), describes how we can use our patient's private health information, how it can be shared, the safeguards we have in place to protect the information, your rights of access, and the requirements we have to follow as a provider of health care.

## Acknowledgement of the Receipt of this Notice

You will be given a Notice when you come to Children's National, on your first visit. Our intent is to make you aware of the possible uses and disclosures of your child's protected health information and your privacy rights. We will ask you to initial a spot on the Consent for Services and Treatment Form that shows we gave you this information.

The delivery of healthcare services is not conditioned on your signed acknowledgement of receiving this Notice.

## Who Will Follow this Notice of Privacy Practices?

Children's National Health System (Children's National, including all corporate entities, the hospital, and off-site locations, its employees, contractors, and volunteers, will comply with the protections of privacy as described in this Notice.

## What is Protected Health Information and What are Our Duties to You?

Protected Health Information (PHI) is individually identifiable health information. This information includes demographics (such as your child's name, address, age, or phone number) and medical care information (such as the name of an illness, health services we provide, or your child's medications). Past, present, and future information is protected.

We are required by HIPAA to do the following:

- Make sure your private information is kept private.
- Give you this Notice that explains how we use your information.
- Do what we say in this Notice.
- Tell you about any changes we make to the information in this Notice.

We reserve the right to change or revise this Notice. The effective date of the Notice is on the top of the first page and on the top of the last page. This Notice and any changes apply both to information we have already collected about you and your child and information we may collect in the future. You can ask for a Notice of our

Privacy Practices any time. Our Notice is also posted in our locations and on our website, [www.ChildrensNational.org](http://www.ChildrensNational.org).

## How We May Use and Disclose Your Protected Health Information

The following are examples of the permitted uses and disclosures of your child's protected health information. These are examples and not intended to be exhaustive.

### ■ *Required Uses and Disclosures*

By law we must disclose your child's information to you unless a medical authority determines that access to that information may be harmful to you or your child. We also must disclose information to the Secretary of the Department of Health and Human Services for investigations or determinations of our compliance with laws about privacy.

### ■ *Treatment*

We will use and disclose your child's information to provide, coordinate, or manage your child's healthcare and related services. This includes the coordination or management of your child's healthcare with a third party. For example, we would disclose your child's information to his/her primary care physician, a specialist involved with the care, a laboratory, or others providing assistance with the healthcare diagnosis or treatment.

In emergencies we will use and disclose the information to provide the treatment your child requires.

### ■ *Payment*

The information will be used as needed to obtain payment for healthcare services. This might include determining eligibility, obtaining referrals or approval for your child's admission.

### ■ *Healthcare Operations*

We may use your child's information to support improvement in our daily activities related to healthcare operations, such as quality planning and improvement, staff performance reviews, completing licensing requirements, and other normal processes needed in healthcare.

We will disclose your child's information, when needed, to schedule an appointment, remind you of appointments, call your child's name in the waiting areas, and have you sign in when you arrive.

We may share your child's information with third party business associates who perform various activities for us, such as billing or transcription services and those who promise to protect our information in the same manner as we protect it.

We also may use your child's information to provide alternative options for care. For example, we may ask if you wish to receive a newsletter that helps other families with your child's disease. We may send you information about products or services that might benefit you and your family.

### ■ **Required by Law**

We may use or disclose information if law or regulation requires it. For example, Children's will comply with regulations that require reporting certain medical outcomes to government agencies.

### ■ **Public Health**

We may disclose your child's protected health information to a public health authority who is permitted by law to collect or receive the information.

The disclosure may be necessary to:

- Prevent or control disease, injury, or disability.
- Report deaths.
- Report child abuse or neglect.
- Report reactions to medications or problems with products.
- Notify a person who may have been exposed to a disease or may be at risk for contracting or spreading a disease or condition.
- Notify the appropriate government authority if we believe a patient has been the victim of abuse, neglect, or violence.

### ■ **Communicable Diseases**

We may disclose your child's protected health information, if authorized by law, to a person who might have been exposed to a communicable disease or might otherwise be at risk of contracting or spreading the disease or condition.

### ■ **Health Oversight**

We may find it necessary to disclose your child's health information to an oversight agency for activities such as audits, investigations, or inspections. These health oversight agencies may include the government that oversees the healthcare system, voluntary inspections, or credentialing organizations and other licensed groups.

### ■ **Food and Drug Administration**

We may find it necessary to disclose your child's health information to a person or company required by the Food and Drug Administration to:

- Report adverse events.
- Track products.
- Enable product recalls.
- Make repairs or replacements.

### ■ **Legal Proceedings**

We may find it necessary to disclose health information during any judicial or administrative proceedings in response to a court order, warrant, subpoena, discovery request, or other lawful process.

### ■ **Law Enforcement**

We may find it necessary to disclose health information for law enforcement purposes such as:

- Response to legal proceedings.
- Information requests for identification or location.
- Circumstances pertaining to victims of a crime.
- Deaths or medical emergencies suspected to have resulted from criminal conduct.
- If it is necessary to identify or apprehend an individual.

### ■ **Criminal Activity**

We may find it necessary to disclose your child's health information if we believe that its use and disclosure is necessary to prevent or lessen a serious and imminent threat to the health or safety of a person or the public.

### ■ **Special Situations**

We may find it necessary to disclose your child's health information to coroners, funeral directors, or medical examiners for their performance of duties as authorized by law. Protected health information may be used and disclosed to organizations that handle the procurement for cadaveric organ, eye, or tissue donations to facilitate organ or tissue donation or transplant.

### ■ **Research**

We may disclose your child's protected health information to researchers when allowed by law, for example, if their research has been approved by an Institutional Review Board that has reviewed the research proposal and established a plan to ensure the privacy of your child's protected health information. We may disclose your child's protected health information to researchers preparing and planning a research project, for example to help look for patients who may have specific medical conditions, as long as the information does not leave Children's.

### ■ **Parental Access**

Some state laws concerning minors permit or require disclosure of protected health information to parents, guardians, and persons acting in a similar capacity or legal status, such as a patient representative. We will act consistently with state laws where the treatment is provided and will make disclosures following such laws whenever the state law is more protective of privacy than the Federal law. We will make every effort to protect children's rights to a private physician/patient relationship.

### **When Will Your Permission for Uses and Disclosures of Your Child's Information Be Required?**

In some circumstances you have the opportunity to agree or object to the use or disclosure of all or part of your child's information. For example, we would require your written authorization for most uses and disclosures of psychotherapy notes as well as for uses and disclosures of PHI for marketing purposes.

### ■ **Marketing and Fund Raising Activities**

We may use medical information about you to contact you in an effort to raise money for the hospital and its operations. We may disclose medical information to a foundation related to the hospital so that the foundation may contact you to raise money for the hospital. We only would release contact information such as your name, address and phone number and the dates your child received treatment or services at the hospital and Children's will not sell your child's protected health information. If you do not want the hospital to contact you for marketing or fundraising efforts, you must notify Children's PR/Marketing or Children's Foundation at 111 Michigan Avenue, NW, Washington, DC, 20010, in writing and we will remove your family information from our database.

### ■ **Internet Use and Access**

On our website we describe the policies and practices of Children's National regarding the collection and use of your personal information when you visit our website and your use of our other Internet services. These include, but are not limited to, Request an Appointment, Refer a Patient, the Physician Portal, and all existing forms submitted through the website. Children's is committed to maintaining the privacy of visitors to our website and users of our Internet services. We do not track individual user's visits to our websites.

When you use our website to make appointments, register for events, purchase products or services, or join groups, we will collect information necessary to process the transaction. This may include your name, address, telephone and fax numbers, e-mail address, and credit card number or other payment information. This information is encrypted to ensure that your private information is transmitted in a secure fashion, but please understand that no one can guarantee that unlawful or inappropriate use by third parties will not happen. Please see "Other Uses of Medical Information" for details of how we use some of this information for other purposes.

When you use our website, we will sometimes use your e-mail address, address, fax number, or other information to confirm a transaction, verify your identity, send you general information such as newsletters, or for similar purposes, either directly or through others we contract with. We will not disclose any information to third parties for any other purpose, and we will not sell mailing lists. In some cases, you will be given the choice on the website not to have your information used for some of these purposes. In those cases, you will see information on how to make that choice.

### ■ **Individuals Involved in Your Child's Care**

We will always make every effort to get permission from you to disclose information about your child's care. We will make every effort to help you be the agent for information about your child. When you are not available, this may mean that you will need to identify the names of any alternate representative(s) that are authorized to receive patient information.

Except in cases where Children's National has been presented with a court document restricting or redirecting parental rights, either parent may see the medical record, visit the patient, take the child home, or make care decisions.

We may need to disclose information to an authorized public or private entity to assist in disaster relief efforts and coordinate uses and disclosures to family or other individuals.

## What are Your Patient Rights?

You have the following rights regarding your child's protected health information:

1. The right to a copy of this Notice of Privacy Practices. You can ask for a paper copy of this Notice at any time, even if you have agreed to receive it electronically.
2. The right to reasonable requests that health information not be used or disclosed for treatment, payment, or healthcare operations (except for those required by law). For example, you have the right to ask that protected health information not be given to a health plan if the information relates to services for which you have already paid the provider in full out of your own pocket.
3. The right to change your mind and take back an authorization for use or disclosure of protected health information, when it is reasonable. All requests to withdraw permission for uses and disclosures of protected health information should be made in writing to our Privacy Officer.
4. The right to request that we communicate with you about confidential matters in a particular way (such as by phone or mail) or at a certain location (such as at home or work).
5. The right to look at and review your child's health information as well as ask for copies of your child's health information.
6. The right to request direct access to your or your child's laboratory test results as outlined by regulations set forth by the Centers for Medicare & Medicaid Services. Outpatient inquiries for lab results should be made at the clinic location or via Health Information Management by dialing 202-476-5267. Inpatient inquiries for lab results can be made at the bedside or through Health Information Management. We also recommend that you discuss your child's lab results with your provider so you can be fully informed and have the opportunity to ask clarifying questions.
7. The right to request an amendment to your child's health record. All requests to add or change information in your child's health record will be carried out. Inclusion of such amendments to a patient's health record is not an indication that the provider or Children's agrees with the amended information. Such requests to amend or add to the record must be made in writing to our Privacy Officer.
8. The right to receive your child's information in an electronic format to the extent possible. If we maintain your child's health information in electronic format, you have the right to request that an electronic copy of the record be given to you or transmitted to another individual or entity.
9. The right to request a report of each time your child's health information has been shared with anyone other than for uses related to treatment, payment or healthcare operations as described in this Notice.
10. The right to be notified upon a breach of any of your child's unsecured protected health information. A breach may be an unauthorized use or disclosure of unsecured protected health information. We will notify you if your child's protected information has been breached as required by state and federal law.
11. The right to not receive communications regarding fundraising. Should you not want to receive such communications please contact our Children's PR/Marketing or Children's Foundation at 111 Michigan Avenue, NW, Washington, DC, 20010.
12. The right to file a complaint if you believe your child's privacy rights have been violated. See "How Do I file a Complaint?"

### ■ Other Uses of Medical Information

Other uses and disclosures of medical information not covered by this notice or the laws that apply to us will be made only with your permission. If you provide authorization to use and disclose information about your child, you have the right to revoke the permission in writing at any time. If you revoke your permission, we will no longer disclose the information for the reasons covered in your written authorization. You understand that we are unable to take back any disclosures we have already made with your permission and that we are required to retain our records of the care that we provided to your child.

### How Do I File a Complaint?

**Any patient, parent, legal guardian, or patient representative may file a verbal or written formal complaint.**

1. Call the Patient Experience/Ombudsman department at 202-476-2885 for assistance.
2. The Patient Experience/Ombudsman department is responsible for ensuring that the complaining party receives a written response within 45 days. Responses will include the steps we are taking to investigate the complaint and the results of the investigation, the date of completion and a contact person and phone number.

You also may file a complaint with the U.S. Office of Civil Rights. In any case, no retaliation will be made against you for filing such a complaint.

# Statement of Patient and Family Rights

Effective October 1, 2014

Children's National Health System (Children's National) is dedicated to providing quality healthcare, respecting the rights of each patient and family, and recognizing each patient's personal dignity.

**We want you to know that each patient at Children's National has these rights:**

- To receive the care you ask for and need, if we are able to provide it.
- To have us tell you if it is necessary to transfer you or your child somewhere else to receive the needed care.
- To be heard and be spoken to in a respectful way, regardless of age, gender, race, ethnicity, orientation, disability, or any unique attributes.
- To know and understand what your rights are at all times. A copy of the Notice of Privacy Practice, which describes your right to privacy and confidentiality, will be given to you.
- To have an interpreter, if needed.
- To take part in the development of the plan of care for yourself or your child and to take part in carrying it out. We will provide you with advice and support. We respect your views as you and your child make treatment decisions.
- To make decisions about care after being fully informed about your child's or your condition, the risks and benefits of proposed treatments, and other treatment choices. You will be informed about expected and unexpected treatments and outcomes. You have the right to request or refuse treatment. You have the right to participate in resolving ethical questions about these care decisions.
- To consult about care decisions with the Ethics Consultation Service. You can ask your doctor or any member of your health care team for an ethics consult, or you can call the Children's operator and ask the operator to page a member of the Ethics Program.
- To make medical treatment decisions for yourself, if you are 18 years-of-age or older, or if you are a minor permitted by law to consent on your own.
- To plan for your future medical care or the future medical care of your child by expressing preferences in advance directives. You have the right to have Children's National follow those directives.
- To have medical records and other information kept confidential; to review your own or your child's medical record with a staff member present; to add your comments to the record; to request a copy of the record; to restrict disclosure of the record as allowed by federal law; to receive documentation about the disclosure of the medical record to others.
- To receive information about pain relief and have us effectively assess and manage pain for you or your child.
- To receive information and access to services such as guardianship, child and adult protective services, and services for persons unable to care for themselves, or who are victims of violence, abuse, or neglect.
- To receive information about Children's National financial assistance policy with instructions on how to apply. This information is on our website and in the booklets called *Staying Overnight* and *Having a Procedure*.
- To have a family member, or another person you choose, and your doctor notified promptly if you or your child is admitted to Children's National.
- To assign the role of patient representative to any person you want to receive your health information.
- To have Children's National respect your personal privacy and your religious and cultural views, within the parameters of the laws of the District of Columbia and the policies and procedures of the hospital.
- To receive care in a safe setting and be free from all forms of abuse or harassment.
- To be free of restraint or seclusion unless it is necessary to protect the patient, other patients, or hospital staff.
- To talk to someone if you have any questions, concerns, or problems, and have us respond. Please talk to your doctor, nurse, or other hospital employee first.

*If your concerns are not resolved, please contact the Patient Experience/Ombudsman department at 202-476-2885. You have the right to a round-table meeting with the clinical team. If you are not satisfied with the response, you may file a complaint or grievance, either written or verbal, with the Ombudsman and you will receive a written response.*

*Additionally, you may contact the DC Department of Health, Licensing Regulation Administration at 717 14th Street, NW, Suite 600, Washington, DC 20005.*

*Phone: 202-442-5833. Fax: 202-442-9431.*

*If you are not satisfied with the response from the DC Department of Health, the next step is to contact The Joint Commission, Office of Quality Monitoring, 1 Renaissance Blvd., Oak Brook Terrace, Illinois 60181.*

*Toll free: 1-800-994-6610 Fax: 630-792-5636*

## Patient and Family Responsibilities:

**As a parent or legal guardian of a patient or as an adult patient, the following are your responsibilities:**

- Give full information about your child's condition – or your condition if you are an adult patient – including past illnesses and medicines. Work with the staff of Children's National in planning your care. You also need to follow your doctors' and nurses' instructions.
- Accurately identify yourself and your child.
- Tell us if you do not understand something about your child's care or your care.
- Tell us about any risks you think there may be in your child's or your care. Also tell us about any unexpected changes in your child's or your condition.
- Tell us if you are in pain or if you think your child is in pain.
- Keep your hands clean. This is an important way to cut down on infection. If your hands are visibly soiled, use soap and water. If your hands are not visibly soiled, but you want to clean them as a precaution, you can use waterless gel.
- Follow the care, service, or treatment plan. Tell us if you have any concerns about the plan of care. Help us to be sure that safe care is delivered to your child or to you.
- Respect the rights of others. Follow the rules about patient care and personal conduct at Children's National.
- Show respect for the staff and property at Children's National.
- Give us complete information so we can file insurance claims. Tell us if you need advice about how to pay your child's or your medical or hospital bill.

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A member of the Children's Miracle Network

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