



## 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.

We are committed to protecting the confidentiality of your medical information, and are required by law to do so. This Notice describes how we may use your medical information within Phoenix Children's Hospital and its Outpatient Clinics, Ambulatory Surgery Centers, Outpatient Treatment Centers, and Urgent Care Centers ("PCH"), and how we may disclose it to others. This Notice also describes the rights you have concerning your own medical information. Please review it carefully and let us know if you have questions.

#### HOW WILL WE USE AND DISCLOSE YOUR MEDICAL INFORMATION?

**Treatment:** We may use your medical information to provide you with medical services and supplies. We may also disclose your medical information to others who need that information to treat you, such as doctors, physician assistants, nurse practitioners, nurses, medical and nursing students, technicians, technologists, therapists, emergency service and medical transportation providers, medical equipment providers, and others involved in your care. For example, we will allow your physician to have access to your PCH medical record to assist in your treatment at PCH and for follow-up care.

We also may use and disclose your medical information to contact you to remind you of an upcoming appointment, to inform you about possible treatment options or alternatives, or to tell you about health-related services available to you.

**Patient Directory:** In order to assist family members and other visitors in locating you while you are in the Hospital, the Hospital maintains a patient directory. This directory includes your name, room number, your general condition (such as fair, stable, or critical), and your religious affiliation (if any). We will disclose this information to someone who asks for you by name, although we will disclose your religious affiliation only to clergy members. If you do not want to be included in the Hospital's patient directory, please speak with the Hospital Admitting Department.

**Family Members and Others Involved in Your Care:** We may disclose your medical information to a family member or friend who is involved in your medical care, or to someone who helps to pay for your care. We also may disclose your medical information to disaster relief organizations to help locate a family member or friend in a disaster. If you do not want PCH to disclose your medical information to family members or others, please speak with the PCH Department Manager at the time of your visit.

**Payment:** We may use and disclose your medical information to get paid for the medical services and supplies we provide to you. For example, your health plan or Health Insurance Company may ask to see parts of your medical record before they will pay us for your treatment.

**Health Care Operations:** We may use and disclose your medical information if it is necessary to improve the quality of care we provide to patients or to run health care operations. We may use your medical information to conduct quality improvement activities, to obtain audit, accounting or legal services, or to conduct business management and planning. For example, we may look at your medical record to evaluate whether PCH personnel, your doctors, or other health care professionals did a good job.

**Fundraising:** Many of our patients like to make contributions to support the care provided by PCH. PCH may use and disclose medical information to contact you in the future to raise money for this purpose. If you do not want PCH or its Foundation to contact you for fundraising, please notify the PCH Foundation in writing at 2929 East Camelback Road, Phoenix, Arizona 85016.

**Research:** We may use or disclose your medical information for research projects, such as studying the effectiveness of a treatment you received. These research projects must go through a special process that protects the confidentiality of your medical information.

**Required by Law:** Federal, state, or local laws sometimes require us to disclose patients' medical information. For instance, we are required to report child abuse or neglect and must provide certain information to law enforcement officials in domestic violence cases. We also are required to give information to the Arizona Workers' Compensation Program for work-related injuries.

**Public Health:** We also may report certain medical information for public health purposes. For instance, we are required to report births, deaths, and communicable diseases to the State of Arizona. We also may need to report patient problems with medications or medical products to the FDA, or may notify patients of recalls of products they are using.

**Public Safety:** We may disclose medical information for public safety purposes in limited circumstances. We may disclose medical information to law enforcement officials in response to a search warrant or a grand jury subpoena. We also may disclose medical information to assist law enforcement officials in identifying or locating a person, to prosecute a crime of violence, to report deaths that may have resulted from criminal conduct, and to report criminal conduct at PCH. We also may disclose your medical information to law enforcement officials and others to prevent a serious threat to health or safety.

**Health Oversight Activities:** We may disclose medical information to a health oversight agency for activities authorized by law, such as audits, investigations, and inspections. Oversight agencies seeking this information include government regulatory agencies that oversee PCH or its personnel, such as the Arizona Department of Health Services, the federal agencies that oversee Medicare, or licensing agencies who govern physicians and other health care professionals. These agencies need medical information to monitor PCH's compliance with state and federal laws.

**Coroners, Medical Examiners and Funeral Directors:** We may disclose medical information concerning deceased patients to coroners, medical examiners and funeral directors to assist them in carrying out their duties.





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**Organ and Tissue Donation:** We may disclose medical information to organizations that handle organ, eye or tissue donation or transplantation.

**Military, Veterans, National Security and Other Government Purposes:** If you are a member of the armed forces, we may release your medical information as required by military command authorities or to the Department of Veterans Affairs. PCH may also disclose medical information to federal officials for intelligence and national security purposes or for presidential Protective Services.

**Judicial Proceedings:** PCH may disclose medical information if PCH is ordered to do so by a court or if PCH receives a subpoena or a search warrant. You will receive advance notice about this disclosure in most situations so that you will have a chance to object to sharing your medical information.

**Information with Additional Protection:** Certain types of medical information have additional protection under state or federal law. For instance, medical information about communicable disease and HIV/AIDS, drug and alcohol abuse treatment, genetic testing, and evaluation and treatment for a serious mental illness is treated differently than other types of medical information. For those types of information, PCH is required to get your permission before disclosing that information to others in many circumstances.

**Other Uses and Disclosures:** Unless permitted by law, we will not sell your information to a third party, use your medical information for marketing purposes, or use and disclose most psychotherapy notes without your permission. If you give your permission, you may take back that permission any time, unless we have already relied on your permission to use or disclose the information. If you want to revoke your permission, please notify the Health Information Management Department.

### WHAT ARE YOUR RIGHTS?

**Right to Request Your Medical Information:** You have the right to look at your own medical information and to get a copy of that information whether in paper or electronic format. (The law requires us to keep the original record.) This includes your medical record, your billing record, and other records we use to make decisions about your care. To request your medical information, please contact the Health Information Management Department. If requested, and the medical information is maintained electronically, PCH will provide the information if readily producible or in a readable electronic format mutually agreed upon. If you request a copy of your information, we may charge you for our costs to copy the information. We will tell you in advance what this copying will cost. You can look at your record at no cost.

**Right to Request Amendment of Medical Information You Believe Is Erroneous or Incomplete:** If you examine your medical information and believe that some of the information is wrong or incomplete, you may ask us to amend your record. To ask us to amend your medical information, please contact the Health Information Management Department.

**Right to Get a List of Certain Disclosures of Your Medical Information:** You have the right to request a list of many of the disclosures we make of your medical information. If you would like to receive such a list, please contact the Health Information Management Department. We will provide the first list to you free, but we may charge you for any additional lists you request during the same year. We will tell you in advance what this list will cost.

**Right to Request Restrictions on How PCH Will Use or Disclose Your Medical Information for Treatment, Payment, or Health Care Operations:** You have the right to ask us not to make uses or disclosures of your medical information to treat you, to seek payment for care, or to operate PCH. We are not required to agree to your request, but if we do agree, we will comply with that agreement. If you want to request a restriction, please contact the Health Information Management Department.

**Right to Receive Confidential Communications:** You have the right to ask us to communicate with you by an alternate method or at an alternate location if you tell us that our usual methods of communicating with you might place you in danger. For example, you can ask us not to call your home, but to communicate only by mail or to call you only on your mobile phone or send mail to your work address instead of your home address. If you want to request a restriction, please contact the PCH Privacy Officer.

**Right to Receive a Notification of a Breach:** You have the right to be notified if your unsecured medical information is inappropriately accessed or disclosed by PCH, except when there is a low probability that the information has been compromised.

**Right to Restrict Disclosures of Your Medical Information to Health Plans:** If you paid out of pocket (or in other words, you have requested that we not bill your health plan) in full for a specific item or service, you have the right to ask that your medical information with respect to that item or service not be disclosed to a health plan for purposes of payment or health care operations, and we will honor that request. If you want to request this restriction, please contact the Health Information Management Department.

**Right to a Paper Copy:** If you have received this Notice electronically, you have the right to a paper copy at any time. You may download a paper copy of the Notice from our web site, at [www.phoenixchildrens.com](http://www.phoenixchildrens.com), or you may obtain a paper copy of this Notice at any PCH facility, from the PCH Admitting Office, or the Health Information Management Department.

### CHANGES TO THIS NOTICE

From time to time, we may change our practices concerning how we use or disclose patient medical information, or how we will implement patient rights concerning their information. We reserve the right to change this Notice and to make the provisions in our new Notice effective for all medical information we maintain. If we change these practices, we will publish a revised Notice of Privacy Practices. You can get a copy of our current Notice of Privacy Practices at any time by visiting the Phoenix Children's Hospital's web site at [www.phoenixchildrens.com](http://www.phoenixchildrens.com) or by stopping by any PCH facility.





## **NOTICE OF PRIVACY PRACTICES**

### **WHICH HEALTH CARE PROVIDERS ARE COVERED BY THIS NOTICE?**

This Notice of Privacy Practices applies to Phoenix Children's Hospital and its Outpatient Clinics, ambulatory Surgery Center, Outpatient Treatment Centers, and Urgent Care Centers and their personnel, volunteers, students, and trainees. The Notice also applies to the Medical Staff of Phoenix Children's Hospital, which is composed of physicians, nurse practitioners, physician assistants, therapists, other health care providers who may not be employees of PCH but who come to PCH to provide care to PCH patients. The notice also applies to emergency service personnel, medical transportation personnel, and medical equipment suppliers and others involved in your care at PCH. PCH may share your medical information with these providers for their treatment purposes, to get paid for treatment, or to conduct health care operations. These health care providers will follow this Notice for information they receive about you from PCH. These other health care providers may follow different practices at their own offices or facilities.

### **DO YOU HAVE CONCERNS OR COMPLAINTS?**

Please tell us about any problems or concerns you have with your privacy rights or how PCH uses or discloses your medical information. If you have a concern, please contact the PCH Privacy Officer in writing at 1919 East Thomas Road, Phoenix, Arizona 85016 or by telephone at (602) 933-1964.

If for some reason PCH cannot resolve your concern, you may also file a complaint with the Secretary of Health and Human Services. We will not penalize you or retaliate against you in any way for filing a complaint with PCH or the Secretary of Health and Human Services.

### **DO YOU HAVE QUESTIONS?**

PCH is required by law to give you this Notice and to follow the terms of the Notice that is currently in effect. If you have any questions about this Notice, or have further questions about how PCH may use and disclose your medical information, please contact the PCH Privacy Officer in writing at 1919 East Thomas Road, Phoenix, Arizona 85016 or by telephone at 602-933-1964.

Effective date: September 20, 2013

