

NOTICE OF PRIVACY PRACTICES

Effective date: June 21, 2021

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?

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.

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.

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
- how you may contact someone at CHOP if you have any questions about this Notice or a privacy concern

Contact information for obtaining your medical information or voicing a concern can be found in the “Contact Information” section at the end of this Notice.

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. This includes healthcare professionals, other employees, students, trainees, volunteers and other CHOP personnel. “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 and subsequently coordinate your care with social service agencies, community-based organizations or similar individuals or organizations that provide or coordinate support for your medical, social, educational and other needs that impact your health, such as early intervention services, educational or assistance services, crisis counseling, food assistance, or similar services

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

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 and share your information to:

- evaluate and improve the services provided to our patients, including through the use of surveys managed by CHOP and/or third parties for which you may be contacted by live, prerecorded or automated calls, text messages or email
- prepare for inspections or reviews of our facilities
- investigate and resolve complaints from patients, parents or staff members
- educate our staff
- evaluate performance of healthcare providers
- engage in business planning, development, management and general administrative activities

Health Information Exchanges

A Health Information Exchange (HIE) is a way to share your medical information electronically with your healthcare providers not affiliated with CHOP and with insurers, and other entities for purposes of treatment, payment, healthcare operations and other purposes allowed by law. One of the benefits of HIE data sharing is that it allows us to quickly and securely share your medical information with other healthcare providers caring for you so that they can provide safer, more effective care to you.

CHOP participates in HIEs. When you receive care from us, your CHOP medical information is automatically shared with these HIEs. While sensitive information from CHOP clinics that provide services such as mental health, drug and alcohol, HIV-AIDS and certain reproductive health treatment is blocked from the HIEs, information about these conditions and services may be included in other medical information CHOP shares with HIEs. Once CHOP shares your medical information, the HIE organization (and not CHOP) will determine, control and administer how your information will be viewed, shared, accessed, exchanged or used.

You have the right to decline to have your medical information shared with HIEs by completing the opt-out form at www.chop.edu/hieoptout and submitting it online. You may also opt-out while at CHOP for a visit. Even if you opt-out of HIE data sharing, we will continue to share your medical information with healthcare providers involved in your care and others as provided in this Notice by fax, email or telephone, to facilitate high-quality care and other activities. You can find additional information about the HIEs that CHOP participates in, as well as details about the types of medical information shared, at www.chop.edu/HIE.

Contacting you

CHOP and our vendors may contact you by mail, phone, text, email or other electronic means to, among other things:

- schedule, cancel, reschedule or remind you of your appointment
- provide or collect information from you before or after an appointment, such as pre-visit instructions, satisfaction surveys or test result notification

- provide information about how to care for your health
- tell you about our services, treatment alternatives, fundraising and community services
- notify you in the event of a breach of your information

When contacting you, an automatic dialer, pre-recorded message, and/or artificial voice may be used. If you are not available, or unless you tell us otherwise (see Right to Request Confidential Communication below), a voicemail or message may be left on the phone number you provide. If you cannot be reached, your emergency contact may be contacted 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 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

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 or 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.

Highly sensitive medical information:

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 Office 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 your online patient portal, MyCHOP account. If you need more information than what is available in your MyCHOP account, you may request your medical records directly from your CHOP provider or by submitting your request in MyCHOP. For more information about MyCHOP, including starting an account, see www.chop.edu/mychop.

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. Your request must specify how you wish to be contacted. 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. 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: www.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.

For more information about your rights under HIPAA, you can go to www.hhs.gov/ocr/privacy/hipaa/understanding/consumers/index.html.

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 YOU HAVE CONCERNS ABOUT THE PRIVACY OF YOUR INFORMATION, OR IF YOU HAVE A QUESTION ABOUT THIS NOTICE OR YOUR PRIVACY RIGHTS?

If you have a concern about the privacy of your medical information or your rights, you may contact the CHOP Privacy Office either by telephone or email (*see contact information below*). We respect your right to raise concerns and will not take any action against you for doing so. All concerns are fully investigated.

You may also contact the U.S. Department of Health and Human Services, Office for Civil Rights. Information on how to report a concern to this government agency may be found at www.hhs.gov/ocr/privacy/hipaa/complaints or by calling 800-368-1019.

CONTACT INFORMATION

Privacy Office
267-426-6044
PrivacyOffice@chop.edu

Health Information
Management Department
215-590-3640
HIMROI@chop.edu

Effective date: June 21, 2021

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-Arabic

ملحوظة: إذا كنت تتحدث اللغة العربية فإن خدمات المساعدة اللغوية تتوفر لك بالمجان. اتصل بالرقم 1-800-879-2467

Tiếng Việt-Vietnamese

CHÚ Ý: 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.

नेपाली-Nepali

ध्यान दिनुहोस्: तपाईंले नेपाली बोल्नुहुन्छ भने तपाईंको निम्ति भाषा सहायता सेवाहरू नि:शुल्क रूपमा उपलब्ध छ । फोन गर्नुहोस् 1-800-879-2467 ।

ខ្មែរ-Cambodian

ចុះយក្មេង៖ បើអ្នកនិយាយភាសាខ្មែរ, សេវាជំនួយភាសាសម្រាប់អ្នកនិយាយភាសាខ្មែរនឹងត្រូវបានផ្តល់ឱ្យអ្នកឥតគិតថ្លៃ។ ទូរស័ព្ទ 1-800-879-2467

বাঙালি-Bengali

শুধু করুন যদি আপনি বাংলা, কথা বলতে পারেন, তাহলে নিঃশরচায় ডাবা সহায়তা পরিষেবা উপলব্ধ আছে। 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.

اردو-Urdu

خبردار: اگر آپ اردو بولتے ہیں، تو آپ کو زبان کی مدد کی خدمات مفت میں دستیاب ہیں۔ کال کریں 1-800-879-2467

Türkçe-Turkish

DIKKAT: Eğer Türkçe konuşuyor iseniz, dil yardımı hizmetlerinden ücretsiz olarak yararlanabilirsiniz. 1-800-879-2467 irtibat numaralarımı 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

ધુ ના: જો તમે ગુજરાતી બોલતા હો, તો નિ:શુલ્ક ભાષા સહાય સેવાઓ તમારા માટ ઉપલબ્ધ છે. ફોન કરો 1-800-879-2467.

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.

Deutsch-Pennsylvania Dutch

Wann du Deutsch (Pennsylvania German / Dutch) schwetzsch, kannst du mitaus Koschte ebber gricke, ass dihr helft mit die englisch 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

email: familyrelations@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

800-368-1019, 800-537-7697 (TDD)

Complaint forms are available at hhs.gov/ocr/office/file.

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