

Notice of Privacy Practices | Effective March 31, 2016



Children's National[™]

This Notice of Privacy Practices, a requirement of the Health Insurance Portability and Accountability Act (HIPAA) describes how medical information about you may be used and disclosed and how you can get access to this information.



Please Review This Notice Carefully

Most patients of Children's National are children; references in this notice to "you" or "your" refer to the patient. References to disclosures of information to "you" mean disclosures to the patient, a patient's parent, guardian, or other persons legally authorized to receive information about the patient.

Who Does This Notice Apply To

This Notice applies to all patient health information maintained by Children's National for services provided by the following: Children's National Medical Center, Children's Pediatricians & Associates (CP&A), Regional Outpatient Centers and Specialty Services, Specialty Clinical Practices, Children's Research Institute, Inc., and other entities owned or controlled by Children's National Medical Center. Children's National health care professionals, employees, medical staff members, affiliated students, volunteer groups, and our vendors will follow the terms of this Notice.

What is Protected Health Information (PHI)?

Protected Health Information (PHI) is individually identifiable health information. This information includes demographics (e.g., name, address, age) medical information (e.g., illness, health service provided, medications) and genetic information.

Our Commitment To You

Children's National is required by federal and state law to maintain the privacy of your health information, and provide you with this description of our privacy practices. We will abide by the terms of this Notice.

Changes to this Notice

We may change this Notice at any time. Unless prohibited by law, a change to this Notice is effective immediately for medical information already in our keeping, as well as information received in the future. Any changes to this notice will be posted throughout Children's National locations, the Patient Portal, and our website.

Contact Us

All mail to our Privacy Officer should be sent to the following address:

Children's National Medical Center
Privacy Officer
111 Michigan Ave NW, Washington, DC 20010

E-mail: privacyofficer@childrensnational.org

Phone: 202-476-6464

All mail to our Health Information Management Department should be sent to the following address:

Children's National Medical Center
Health Information Management
12200 Plum Orchard Drive – Suite 105
Silver Spring, MD 20904

You have a right to the following:

Medical records

- A copy of your medical record
- To see or get an electronic or paper copy of your medical record or other health information we have about you
- PHI maintained electronically must be provided to you electronically if requested in electronic format.
- We will provide you a copy/summary of your health information, normally within 30 days of your request. (We may charge a reasonable fee for this.)

To limit sharing and specify contact

- You can ask us to contact you in a specific way (e.g., via home phone or office phone, but not via cellular phone).
- You can ask us not to use or share certain health information for treatment, payment, or our operations.
- We are not required to agree, and we may decline if it would affect your care.
- If you pay for a service or health care out of pocket in full, you can ask us not to share that information for payment purposes or our operations with your health insurer. (We will agree unless we are required to share by law.)

Right to amend

- If you feel your protected health information is incorrect or incomplete, you may ask us to amend our records, your request must be made in writing and submitted to our Health Information Management Department.
- You must provide a reason that supports your request. We may deny your request for an amendment. If we deny your request, you can appeal our decision, in writing.
- Requests to amend should include a reason to support the request, and may only be honored if the information was created by Children's National and is information kept by us.

To obtain a copy of this Privacy Notice

- You may request a paper copy of this notice at any time, even if you have agreed to receive the notice electronically.

Right to complain

- You may file a complaint if you feel your privacy rights have been violated, or if you have a question. You can contact the Privacy Officer by mail:
111 Michigan Ave NW, Washington, DC 20010
by e-mail: privacyofficer@childrensnational.org,
or phone: 202-476-6464
- You may also file a complaint with the US Department of Health and Human Services, Office for Civil Rights by sending a letter to:
200 Independence Ave, SW,
Washington, DC 20201
Phone: 1-877-696-6775
Web: www.hhs.gov/ocr/privacy/hipaa/complaints/

Our Uses and Disclosures

We use or share your health information in the following ways:

Treatment

- We use your health information and share it with other health professionals who are treating you.

Payment

- We can use and share your health information to bill and get payment from you, your health insurers or other entities.

Health Care Operations

- We can use and share your health information to run our facilities, improve your care, and contact you when necessary.

Other Allowable Uses and Releases

Health Related Benefits and Services

- We may send you information related to your health needs, such as appointment reminders, educational instructions, upcoming events, or follow up checks. If you prefer not to receive these items, please notify our Privacy Officer in writing.

Health Information Exchange

- We may share information that we obtain or create about you with other health care providers or entities for treatment, payment, and health care operations through health information exchanges such as the Chesapeake Regional Information System for our Patients (CRISP) or the Children's Integrated Quality Network (CIQN).
- You may opt out of these networks, however, certain information may be retained by the exchange. Public health reporting and Controlled Dangerous Substances information, as part of the Maryland Prescription Drug Monitoring Program (PDMP), will still be available to providers as permitted by law.
- You may opt-out and prevent sharing and searching of your medical information in CRISP and CIQN by contacting:
CRISP at 1-877-952-7477 or at www.crisphealth.org and
CIQN by e-mailing ciqn@childrensational.org.

Help with Public Health and Safety Issues

- Prevent disease
- Help with medical product recalls
- Reporting suspected abuse, neglect, or violence
- Preventing or reducing a serious threat to anyone's health or safety

Research

- We may use or share your information to identify prospective research participants, as long as the medical information reviewed does not leave our control.
- Researchers may contact you to determine your interest in having your child participate in our research studies.

To Comply With the Law

- We will share information about you if state, District of Columbia, or federal laws require it, including with the US Department of Health and Human Services.

To Respond to Lawsuits and Legal Actions

- We can share your health information in response to a court or administrative order, or in response to a subpoena.

Business Associates

- We may share your child's medical information with third-party vendors that provide services on our behalf. They are referred to as "Business Associates." We require our Business Associates comply with federal laws protecting your privacy.

Incidental Disclosures

- While we employ appropriate safeguards to ensure the privacy of your medical information, certain disclosures may occur incidentally. An example may be, overhearing a provider's confidential discussion with another provider or patient.



Your Choices

For some health information, you can tell us your choices about what we share. If you have a preference for how we share information in the situations described below, tell us.

Sharing your information

We may share information with your family, close friends or others involved in your care.

For example, you may ask us not to discuss your child's condition in the presence of family members. If you are not able to tell us your preference, we may share information if we believe it is in your best interest.

Fundraising

We may contact you for fundraising efforts, using demographic information, dates of service, department of service, treating physician and outcome status, but you can tell us not to contact you again.

To opt out of fundraising on behalf of Children's National Medical Center, contact the Privacy Office. We will never condition treatment or payment on your choice to opt out.

Public Relations

We may contact you to determine whether you would like to participate in a media item for Children's National or an external news media. Journalists often ask to interview injured patients, those with a particular medical condition or those who have had a particular procedure. We will need your written authorization before releasing your name.

Student Immunizations

With your written or oral agreement, we may disclose proof of immunization to schools in locations with school entry laws.

Prohibitions

With limited exceptions, we are prohibited from the following without your explicit consent

Contacting you via cell phone for health care related communications regarding treatment and payment

Selling your PHI

Marketing using your PHI

Not informing you of a breach of your PHI