

## Joint Notice of Privacy Practices of Seattle Children's Hospital and Certain Other Providers

Effective 07/08/2009

### Summary

While you are receiving care at Seattle Children's Hospital, doctors, nurses and others create and receive information about you, your health history and treatment. This is known as "your patient health information."

Most patients of Seattle Children's Hospital are children. When we talk about "you" or "your" in this notice, we are talking about the patient. It doesn't matter if the patient is a child or an adult. When we talk about "disclosures to you," we mean disclosures to the patient, the patient's legal representative, or a person allowed to receive information about the patient. We are responsible for protecting your health information.

### You have certain rights. You may:

- See and receive copies of your patient health information.
- Ask for a change or addition to your patient health information.
- Ask for a list of ways your patient health information has been disclosed or shared outside Children's.
- Ask us to contact you another way.
- Ask that we limit the use of your patient health information.
- Make a complaint about the privacy of your patient health information.

### You may also:

- Ask us not to give your name and health status to callers and visitors during your hospital stay.
- Ask us not to share information with family members.

### Following certain rules, we may use and share your patient health information:

- To perform treatment, healthcare operations or to get payment.
- To teach and train staff and students.
- To do research approved by an Institutional Review Board.
- As required or allowed by law, or with your written authorization.

### The law provides extra protection for these types of patient health information:

- Sexually transmitted disease information (including HIV/AIDS)
- Drug and alcohol abuse treatment records
- Mental health records

### We are required by law to:

- Protect the privacy of your information.
- Provide this notice about our privacy practices.
- Follow the privacy practices described in this notice.

**This notice describes how your medical information may be used and disclosed and how you can get access to this information. Please read it carefully.**

This notice describes your rights and our responsibility to protect the privacy of your patient health information. It tells you about laws that give you protection for this information. Children's privacy practices apply to all Children's patients. This notice explains how your patient health information is used, and how and when it may be disclosed. It also tells you that we may change this notice and how you can find out about the changes.

### Healthcare providers covered by this notice

- Seattle Children's Hospital
- Seattle Cancer Care Alliance
- UW Medicine, including University of Washington Physicians and other University organizations
- UW School of Dentistry
- Children's University Medical Group

### Healthcare providers covered by this notice

Children's works with other organizations and providers for healthcare services and other healthcare operations. This notice gives you information about the use and disclosure of your patient health information by these providers: Seattle Children's Hospital; Seattle Cancer Care Alliance; UW Medicine, which includes University of Washington Physicians and other University organizations; the UW School of Dentistry; and Children's University Medical Group.

### Children's

Children's includes organizations that work together and share patient health information. When it's appropriate, Children's shares your information to give clinical care services, get payment for these services and perform other joint healthcare operations. Children's includes its medical staff, healthcare providers, employees, contract staff, residents, students and volunteers at:

- Seattle Children's Hospital
- Odessa Brown Children's Clinic
- Children's Clinics in Alaska, Bellevue, Everett, Federal Way, Olympia, Tacoma and Tri-Cities
- Children's Dental Medicine Clinic
- Children's Autism Center
- Children's Consulting Nurses
- Children's Home Care Services
- Children's Orthotics & Prosthetics at Madison Tower
- Garfield/NOVA Teen Clinic

### Your patient health information rights

You have rights for the use and disclosure of your patient health information. You may:

#### Review and receive copies.

You have the right to look at or ask for a copy of your health record unless there are other protections under the law. You will need to make your request in writing. In some cases, you may be charged copying fees.

#### Request a change or addition to your record.

If you think information in your record is not correct or that important

### Your patient health information rights

- Review and receive copies
- Request a change or addition to your record
- Know about disclosures
- Request restricted use
- Receive confidential communications
- Make complaints

information is missing, you have the right to ask that we correct or add information. You must make this request in writing. Your request must give a reason for the change or addition. We are not required to grant your request, but we will add a copy of your request to the record.

### Know about disclosures.

You have the right to receive a list of disclosures of your patient health information that Children's has made since April 14, 2003. This list does not include disclosures related to treatment, payment or healthcare operations or disclosures you have authorized. The first request you make for your information in a 12-month period is free of charge. You will be charged a processing fee for all other requests made within the same 12 months.

### Request restricted use.

You have the right to ask us in writing to restrict certain uses and disclosures of your patient health information. We are not required to grant the request, but we will honor any request we do grant.

### Receive confidential communications.

You have the right to ask us to tell you about health matters in a certain way or at a certain location. You must request this in writing. For example, you may ask us to contact you only at work or only by mail. Your request must tell us how or where you want to be contacted. We will let you know if we will grant your request.

### Make complaints.

If you are concerned that we may have violated your privacy, or you disagree with a decision we have made about access to your records, you may file a complaint with Children's Privacy Office. Children's will not retaliate against you for filing a privacy complaint.

### How we use your patient health information

This notice applies to patient health information created at or received by Children's providers. It identifies you and relates to your past, present or future physical or mental condition. It also has to do with the care you receive, and past, present or future payment for the care. This information is often found in your health record. The main reasons we use your patient health information are to:

- Communicate among health professionals who help with your care.
- Provide a legal record for the care you receive.
- Send bills so that we can get payment for the care you receive.
- Let you or a third-party payer make sure your bill matches with the services you received.

Children's may also give information to:

- Teach health professionals.
- Support public health activities.
- Monitor, measure and improve the care we give and the results we achieve.
- Provide medical research data.
- Do planning for the organization.

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### How we can use and disclose your information without your authorization

- Treatment
- Payment
- Healthcare operations
- Training
- Research
- Contacting you
- Fundraising
- Joint activities
- Business Associates
- Other uses and disclosures

Understanding your record and how your patient health information is used helps you to:

- Make sure the record is accurate.
- Learn who, what, when, where and why others may access your patient health information.
- Make an informed decision when you give permission to share information with others.

### How we can use and disclose your information without your authorization

Here are some examples of how we may use and share your patient health information without your authorization:

#### Treatment

We may use and share your patient health information to give or arrange care for you. For example:

- Your doctors use your information to decide if they should order specific diagnostic tests, therapies and medications.
- Nurses, technicians or other employees may need to know about and talk about your information. They may use it to provide treatment and to measure your response to treatment.
- We may share your information with your other care providers in the community.

#### Payment

We use and share your patient health information to get payment for healthcare services. For example, if you are covered by health insurance and we bill the insurance directly, we include information that identifies you, your diagnosis, procedures you received and supplies we used.

#### Healthcare operations

We may use and share your patient health information to schedule, check and improve healthcare services. We may also use it to measure the performance of staff caring for you and others. For example, supervising doctors may look at your patient record to measure quality of care.

#### Training

We may use and share your information to teach and train staff and students. For example, teaching doctors may look at patient health information with medical students.

#### Research

We may use and share your information for research. An Institutional Review Board (IRB) looks at each request to use or disclose information for research. An IRB looks at projects for safety and to make sure the rights of people who take part in the research are protected.

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Your patient health information may be used or shared for some research without your consent. For example, we might:

- Look at medical charts to see if people who wear bicycle helmets get fewer head injuries.
- Use patient health information to decide if we have enough patients for a cancer research study.
- Include patient health information in a research database.

In these cases, an IRB first decides if we have a good reason to use your information without your permission. The IRB also makes sure we take steps to limit the use of your information. The IRB may let researchers record information that identifies you, if it is important for the research.

In all other cases, we must get your permission to use or share your information before you take part in a research project. We may share patient health information about you with researchers at other institutions with your permission, or if an IRB approves it.

### Contacting you

Your patient health information may be used to contact you. For example, we may call you or send you a letter to:

- Remind you about appointments.
- Provide test results.
- Let you know about treatment options.
- Let you know about health education events or services.

### Fundraising

Children's may give patient health information like your name, address, phone number and dates of service to our Foundation and Guild Association. This information may be used to contact you about fundraising for Children's healthcare mission. If you are contacted for fundraising, you may request not to be contacted again.

### Joint activities

Providers may use or share your patient health information for joint activities with other individuals or organizations to:

- Provide clinical care services.
- Make sure we receive payment for clinical care services.
- Perform other joint healthcare operations.

For example, we may share your patient health information for joint activities with doctor groups and other doctors who are part of Children's medical staff.

### Business Associates

Some of our services are provided by Business Associates. We may share your patient health information with them so they can do their jobs. Some examples of associates we use are management consultants, auditors, transcription services and information storage services. We require associates to sign contracts to protect your information.

### Other uses and disclosures

We may share your patient health information to make healthcare services better, protect patient safety and public health, make sure we follow government and accreditation standards, and when otherwise allowed by law. For example, we may give information to:

- Healthcare oversight agencies for auditing or licensure
- Public health authorities about infectious diseases and vital records
- Government agencies when we suspect abuse or neglect
- Appropriate individuals to avoid a serious threat to health or safety, or to prevent serious harm to others
- Organizations that specialize in organ donation activities
- Law enforcement when required or allowed by law
- Courts when ordered, or by lawful subpoena
- The FDA
- Coroners, medical examiners and funeral directors
- Government officials as required for specific government functions like national security
- Public or private organizations (such as FEMA or the American Red Cross) that are authorized by law to help in disaster relief efforts

### Uses and disclosures that must have your authorization

Other than the uses and disclosures listed in this notice, we will not use or share your patient health information without your written authorization. If you give us written authorization, you may cancel that authorization at any time unless:

- We require disclosure to get payment for services you have already received.
- We have already relied on the authorization.
- The law prohibits you from cancelling it.

In some situations, the law provides special protections for specific kinds of patient health information like drug and alcohol treatment records and mental health records. When required by law, we will contact you to get written authorization to use or disclose that information.

### Times when you can ask us not to share your patient health information

#### Hospital Inpatient Directory

If you are admitted to the hospital, we list you in a directory. This information only includes name, location in the hospital and general health condition (for example, “satisfactory,” “serious,” “critical”). Unless you tell us not to, we may provide this information to visitors or callers who ask for you by name. You can choose to put your family’s religion on the admission form. If you do, we may give your name and location to clergy of your religion.

#### Times when you can ask us not to share your patient health information

- Hospital Inpatient Directory
- Disclosure to family, friends or others

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### Disclosure to family, friends or others

Unless you tell us not to, your healthcare providers will use their professional judgment to give appropriate patient health information to a family member, friend or other person you name.

### Other providers covered by this notice

#### Seattle Cancer Care Alliance (SCCA)

SCCA operates together with Children's, UW Medicine and Fred Hutchinson Cancer Research Center to provide both inpatient and outpatient cancer care. Patient health information is shared among these organizations when appropriate for treatment, payment and certain joint healthcare operations. This notice applies to SCCA's use and disclosure of your information for treatment SCCA provides at Children's. For a description of SCCA's privacy practices, which apply to all other SCCA activities, please refer to its Notice of Privacy Practices.

#### UW Medicine and UW School of Dentistry (UW SOD)

UW Medicine and UW SOD, through faculty doctors, dentists and other healthcare providers, provide or take part in clinical care services at Children's. Patient health information is shared among Children's and these organizations when appropriate for treatment, payment and certain joint healthcare operations such as peer review and quality improvement activities, accreditation activities and evaluation of trainees.

#### Children's University Medical Group (CUMG)

Faculty doctors of the University of Washington School of Medicine who practice with CUMG, a nonprofit healthcare provider, provide or take part in clinical care services at Children's. Patient health information is shared between Children's and CUMG when appropriate for treatment, payment and certain joint healthcare operations. Examples include conducting quality assessment and improvement activities; reviewing the competence or qualifications of healthcare professionals; developing compliance programs; and engaging in business planning, development and management and general administrative activities.

#### To exercise your privacy rights or to make a complaint, you may contact:

Children's Privacy Office	206-987-1200
Mailstop A-4902	1-866-987-2000, ext. 7-1200 (Toll-free)
PO Box 5371	
Seattle, WA 98105-0371	<a href="mailto:privacy.questions@seattlechildrens.org">privacy.questions@seattlechildrens.org</a>

#### If you have a complaint, you may also contact:

Office for Civil Rights, Region X	206-615-2290
U.S. Department of Health and Human Services	206-615-2296 (TTY)
Mailstop RX-11	206-615-2297 (Fax)
2201 Sixth Avenue	1-800-362-1710 (Toll-free)
Seattle, WA 98121-1831	1-800-537-7697 (TTY)



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4800 Sand Point Way NE  
PO Box 5371  
Seattle, WA 98105-0371

206-987-2000 (Voice)  
206-987-2280 (TTY)  
1-866-987-2000 (Toll-free for business use only)  
1-866-583-1527 (Family Interpreting Line)

[www.seattlechildrens.org](http://www.seattlechildrens.org)

We reserve the right to change the privacy practices in this notice and the right to make these changes for both your existing and future patient health information. We post the current notice at Children's facilities. You can request a copy at any Children's facility, from the Family Resource Center at the hospital or from our Web site ([www.seattlechildrens.org](http://www.seattlechildrens.org)).

Children's offers interpreter services for Deaf, hard of hearing or non-English speaking patients, family members and legal representatives free of charge. Children's will make this information available in alternate formats upon request. Call the Family Resource Center at 206-987-2201.