

we will no longer use or disclose medical information for the reasons covered by your written authorization. You understand that we are unable to take back any disclosures we have already made with your authorization, and we are required to retain records of the care provided.

Your Rights Regarding Medical Information About Your Child

■ **Right to Inspect and Copy** – You have the right to inspect and copy medical information that may be used to make decisions about your child’s care. Usually, this includes medical and billing records. This does not include psychotherapy records.

You must submit your request to inspect and copy medical information that may be used to make decisions about your child in writing to the Clinic Office Manager. If you request a copy of the information, we may charge a fee for the costs of copying, mailing or other supplies associated with your request.

We may deny your request to inspect and copy medical information under certain circumstances. If you are denied access to medical information, you may request that the denial be reviewed. A licensed health care professional chosen by the clinic will review your request and the denial. The person conducting the review will not be the person who denied your request. We will comply with the outcome of the review.

■ **Right to Amend** – If you feel that medical information we have about your child is incorrect or incomplete, you may ask us to amend the information. You have the right to request an amendment for as long as the information is kept by or for the clinic.

To request an amendment, your request must be in writing and submitted to the Clinic Office Manager. In addition, you must provide a reason that supports your request for amendment.

We may deny your request for an amendment if it is not in writing or does not include a reason to support the request. In addition, we may deny your request if you ask us to amend information that is:

- Not created by us, unless the person or entity that created the information is no longer available to make the amendment.
- Not part of the medical information kept by or for a Children’s Hospital Medical Practice Corporation entity.
- Not part of the information which you would be permitted to inspect and copy under the law.
- Accurate and complete.

■ **Right to an Accounting of Disclosures** – You have the right to request an accounting of disclosures, which is a list of certain medical information disclosures made about your child.

We are required by law to keep a list of certain disclosures. You may submit a request for such list in writing to the Clinic Office Manager. Your request must state a time period, which may not be longer than six years and may not include dates before April 14, 2003. The first list of disclosures you request within a 12-month period will be free. We may charge for the costs of providing additional lists. We will notify you of the cost involved, and you may choose to withdraw or modify your request before any costs are incurred.

■ **Right to Request Restrictions** – You have the right to request a restriction or limitation on the medical information we use or disclose about your child for treatment, payment or health care operations. You also have the right to request a limit on the medical information we disclose about your child to someone who is involved in your child’s care or the payment for care, like a family member or friend.

We are not required to agree to your request. If we do agree to a requested restriction, we will comply with your request unless the information is needed to provide emergency treatment.

To request restrictions, you must make your request in writing to the Clinic Office Manager. In your request, you must tell us 1) what information you want to limit, 2) whether you want to limit our use, disclosure or both and 3) to whom you want the limits to apply.

■ **Right to Request Confidential Communications** – You have the right to request that we communicate with you about your child’s medical matters in a certain way or a certain location.

To request confidential communications, you must make your request in writing to the Clinic Office Manager. We will not ask you the reason for your request. We will accommodate all reasonable requests to the extent possible. Your request must specify how or where you wish to be contacted.

■ **Right to a Paper Copy of This Notice** – You have the right to a paper copy of this notice. You may ask us to give you a copy of this notice at any time.

Changes to This Notice

We reserve the right to or may be required by law to change our privacy practices which may result in changes to this notice. We further reserve the right to make the revised or changed privacy practices notice effective for medical information we already have about your child as well as any information we receive in the future.

Complaints

If you believe your child’s privacy rights have been violated, you may file a complaint with the Children’s Hospital Medical Practice Corporation Privacy Officer or with the Secretary of the Department of Health and Human Services. **You will not be penalized or otherwise retaliated against for filing a complaint.**

Contacts

Children’s Hospital Medical Practice Corporation
Privacy Officer/Executive Director
298 Henry Clay Avenue
New Orleans, LA 70118
(504) 896-9827
Fax (504) 894-5370

Federal law makes provisions for health information to be released to an appropriate health oversight agency, public health authority or attorney, provided that a work force member or business associate believes in good faith that we have engaged in unlawful conduct or have otherwise violated professional standards and are potentially endangering one or more patients, workers or the public.

This notice is effective in its entirety as of April 14, 2003.



Children’s Hospital Medical Practice Corporation Notice of Privacy Practices April 2003 • Version 1.0

THIS NOTICE DESCRIBES HOW MEDICAL INFORMATION ABOUT YOU MAY BE USED AND DISCLOSED AND HOW YOU CAN GET ACCESS TO THIS INFORMATION. PLEASE REVIEW CAREFULLY.

If you have any questions or would like additional information about this notice or our Privacy Practices, please contact the Executive Director at (504) 896-9827.

Who Will Follow This Notice

This notice describes the privacy practices of Children’s Hospital Medical Practice Corporation entities including:

- Any health care professional authorized to enter information into your child’s medical record.
- All departments and units of Children’s Hospital Medical Practice Corporation.
- Any member of a volunteer group we allow to help your child while he/she is provided care.
- Children’s Hospital Medical Practice Corporation employed physicians.

Our Responsibilities

Children’s Hospital Medical Practice Corporation is required to:

- Maintain the privacy of your child’s health information.
- Provide you or your child with a notice as to our legal duties and privacy practices with respect to information we collect and maintain about you and your child.
- Abide by the terms of this notice.
- Notify you or your child if we are unable to agree to a requested restriction.
- Accommodate reasonable requests you or your child may have to communicate health information by alternative means or at alternative locations.

We reserve the right to change our practices and to make the new provisions effective for all protected health information we maintain. Should our information practices change, we make available a revised notice to the address you’ve supplied us.

We will not use or disclose your child’s health information without your authorization, except as described in this notice.

We are Required by Law to:

- Make sure that medical information that identifies your child is kept private.
- Give you or your child this notice of our legal duties and privacy practices with respect to medical information about your child.
- Follow the terms of this notice.

Understanding Your Child's Health Record

Each time your child visits a clinic, physician or other health care provider, a record of your child's visit is made. Typically, this record contains symptoms, examination and test results, diagnoses, treatment and a plan for future care or treatment. This information, often referred to as a health or medical record, serves as a:

- Basis for planning care and treatment.
- Means of communication among the many health professionals who contribute to your child's care.
- Legal document describing the care received.
- Means by which you or your child or a third-party payer can verify that services billed were actually provided.
- Tool in educating health professionals.
- Source of data for medical research.
- Source of information for public health officials charged with improving the health of the nation.
- Source of data for facility planning and marketing.
- Tool with which we can assess and continually work to improve the care we render and the outcomes we achieve.

How We May Use and Disclose Medical Information About Your Child

The following categories describe different ways we use and disclose medical information. For each category of uses and disclosures, we will explain what we mean and give some examples. Not every use or disclosure in a category will be listed. All of the ways we are permitted to use and disclose information will fall within one of the identified categories.

■ **For Treatment** – We may disclose medical information about your child to doctors, nurses, technicians, residents, medical students or other personnel who are involved in taking care of your child. Children's Hospital Medical Practice Corporation may also share medical information about your child in order to coordinate the different things your child needs, such as prescriptions, lab work, X-rays and follow-up care. We may disclose medical information about your child to people and entities outside Children's Hospital Medical Practice Corporation who may be involved in your child's ongoing medical care.

■ **For Payment** – We may use and disclose medical information about your child so that the treatment and services your child receives may be billed to and payment may be collected from you, the Medicaid program, insurance company or a third party. For example, we may need to give your child's health plan information about a procedure/office visit your child received so the health plan will pay us or reimburse you. We may tell your health plan about a treatment your child is going to receive to obtain prior approval or to determine whether your health plan will cover the treatment. We also may

disclose medical information about your child to entities outside Children's Hospital Medical Practice Corporation who may need this information to bill for services they provided your child.

■ **For Health Care Operations** – We may use and disclose medical information about your child for Children's Hospital Medical Practice Corporation operations. These uses and disclosures are necessary to operate the entity and promote quality care. For example, we may use medical information to review our treatment and services and to evaluate the performance of our staff. We may also combine medical information about many patients to decide what additional services we should offer, what services are not needed, and whether certain new treatments are effective. We may disclose information to doctors, nurses, technicians, medical students and other personnel for review and learning purposes. We may disclose medical information about your child to entities outside of Children's Hospital Medical Practice Corporation for certain health care operations as long as both entities have treated your child. We may also combine the medical information we have with medical information from other healthcare professionals to compare how we are doing and see where we can make improvements in care and services. We may remove information that identifies your child from this set of medical information so that others may use it to study health care and health care delivery without learning patient-specific information.

■ **As Required by Law** – We will disclose medical information about your child when required to do so by federal, state or local law. For example, we are required to report all burns, gunshot wounds, closed head injuries, etc.

■ **Business Associates** – We may disclose medical information to other persons or organizations, known as business associates, who provide services on our behalf under contract. For example, certain laboratory tests and a copy service we use when making copies of your health record. When these services are contracted, we may disclose your health information to our business associate so that they can perform the job we've asked them to do and bill you or your third-party payer for services rendered. To protect your health information, however, we require the business associate to appropriately safeguard your information.

■ **Treatment Alternatives** – We may use and disclose medical information to tell you or your child about or recommend possible treatment options or alternatives of interest.

■ **Health-related Benefits and Services** – We may use and disclose medical information to tell you or your child about health-related benefits or services of interest.

■ **Appointment Reminders** – We may use and disclose medical information to contact you or your child as a reminder that your child has an appointment for treatment or medical care.

■ **Individuals Involved in Your Child's Care or Payment for Your Child's Care** – We may release medical information about your child to a friend, family member or any other person whom you involve in your child's medical care or in the payment for your child's care. We will only release this information if, in our professional judgement, it would be common practice to act on their behalf, as in the case of a friend or family member bringing the child in for treatment, picking up a prescription, or picking up other medical record information, such as completed health form previously requested by you. In addition, we may disclose medical information about your child to an entity assisting in a disaster relief effort so that your family can be notified about your child's condition, status and location.

■ **Registration and Waiting Areas** – We may disclose your child's health information on registration/sign-in sheets, in call outs to facilitate services in waiting rooms, and during the overhead paging process.

■ **Research** – Under certain circumstances, we may use and disclose medical information about your child for research purposes. For example, a research project may involve comparing the health and recovery of all patients who received one medication to those who received another for the same condition. All research projects, however, are subject to a specific approval process which evaluates a proposed research project and its use of medical information, trying to balance the research needs with patients' need for privacy of their medical information.

■ **To Avert a Serious Threat to Health or Safety** – We may use and disclose medical information about your child when necessary to prevent a serious threat to your child's health and safety or the health and safety of the public or another person. Any disclosure would only be to someone able to help prevent the threat.

■ **Workers' Compensation** – We may disclose health information as authorized by law to workers' compensation insurers responsible for paying for your child's health care.

■ **Public Health Activities** – We may disclose medical information about your child for public health activities. These activities generally include the following:

- To prevent or control disease, injury or disability.
- To report births or deaths.
- To report reactions to medications or problems with products.
- To notify people of recalls of products they may be using.
- To notify a person who may have been exposed to a disease or may be at risk for contracting or spreading a disease or condition.
- To notify the appropriate government authority if we suspect a patient has been the victim of abuse, neglect or domestic violence. We will make this disclosure if you agree or when required or authorized by law.

■ **Health Oversight Activities** – We may disclose medical information to a health oversight agency for activities authorized by law. Oversight activities that are necessary for the government to monitor the health care

system, government programs and compliance with civil rights laws include audits, investigation and inspections.

■ **Lawsuits and Disputes** – If your child is involved in a lawsuit or a dispute, we may disclose medical information about your child in response to a court or administrative order. We may also disclose medical information about your child in response to a subpoena, discovery request, or other lawful process by someone else involved in the dispute, but only if efforts have been made to tell you about the request so you may obtain an order protecting the information requested.

■ **Law Enforcement** – We may release medical information if asked to do so by a law enforcement official:

- In response to a court order, subpoena, warrant, summons or similar process.
- To help identify or locate a suspect, fugitive, material witness or missing person.
- In response to inquiries as to the victim of a crime if, under certain limited circumstances, we are unable to obtain the person's agreement.
- In response to inquiries as to a death we believe may be the result of criminal conduct.
- In response to inquiries as to criminal conduct at the hospital.
- In emergency circumstances to report a crime, the location of the crime or victims, or the identity, description or location of the person who committed the crime.

■ **Coroners, Medical Examiners and Funeral Directors** We may release medical information to a coroner or medical examiner as necessary, for example, to identify a deceased person or determine the cause of death. We may also release medical information about patients to funeral directors as necessary to carry out their duties.

■ **National Security and Intelligence Activities** – We may release medical information about your child to authorized federal officials for intelligence, counter-intelligence, and other national security activities by law.

■ **Protective Services for the President and Others** – We may disclose medical information about your child to authorized federal officials so they may provide protection to the President, other authorized persons or foreign heads of state, or to conduct special investigations.

■ **Correctional Institutions** – We may release medical information about your child to a correctional institution or law enforcement official if your child is an inmate of a correctional institution or under the custody of a law enforcement official. This release would be necessary 1) for the institution to provide your child with health care, 2) to protect your child's health and safety or the health and safety of others or 3) for the safety and security of the correctional institution.

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 authorization. If you provide us authorization to use or disclose medical information about your child, you may revoke that authorization, in writing, at any time. If you revoke your authorization,